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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)

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

OMB No 1545-0047

2008

Open to Public Inspection

A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

B Check if applicable

☐ Address change

☐ Name change

☐ Initial return

☐ Termination

☐ Amended return

☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization

BOLEY CENTERS INC

Doing Business As

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

Room/suite

445 31ST STREET NORTH

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

ST PETERSBURG, FL 33713

D Employer identification number

59-1290089

E Telephone number

(727) 821-4819

G Gross receipts \$ 17,428,477

F Name and address of Principal Officer

GARY MACMATH

445 31ST STREET NORTH

ST PETERSBURG, FL 33713

H(a) Is this a group return for affiliates?

☐ Yes ☒ No

H(b) Are all affiliates included?

☐ Yes ☐ No

(If "No," attach a list See instructions)

H(c) Group Exemption Number

I Tax-exempt status

☒ 501(c) (3) ☐ (insert no) ☐ 4947(a)(1) or ☐ 527

J Web site:

WWW.BOLEYCENTERS.ORG

K Type of organization

☒ Corporation ☐ trust ☐ association ☐ other

L Year of Formation

1970

M State of legal domicile

FL

Part I Summary			
Activities & Governance	1	Briefly describe the organization's mission or most significant activities BOLEY CENTERS' MISSION IS TO ENRICH THE LIVES OF PEOPLE IN RECOVERY BY PROVIDING THE HIGHEST QUALITY TREATMENT, REHABILITATION, EMPLOYMENT AND HOUSING SERVICES	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets	
	3	Number of voting members of the governing body (Part VI, line 1a)	3 13
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4 13
	5	Total number of employees (Part V, line 2a)	5 330
	6	Total number of volunteers (estimate if necessary)	6
	7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a -74
	b	Net unrelated business taxable income from Form 990-T, line 34	7b -74
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 14,158,508 Current Year 13,956,739
	9	Program service revenue (Part VIII, line 2g)	3,728,927 3,003,827
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	22,663 33,795
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	195,472 -279,568
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,105,570 16,714,793
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,464,523 2,701,260
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	8,791,226 8,877,146
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
	b	(Total fundraising expenses, Part IX, column (D), line 25 ⁰)	
	17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	5,431,098 4,882,605
	18	Total expenses—add lines 13–17 (must equal Part IX, line 25, column (A))	16,686,847 16,461,011
	19	Revenue less expenses Subtract line 18 from line 12	1,418,723 253,782
Net Assets or Fund Balances			Beginning of Year End of Year
	20	Total assets (Part X, line 16)	13,772,863 14,326,565
	21	Total liabilities (Part X, line 26)	5,302,052 5,660,503
	22	Net assets or fund balances Subtract line 21 from line 20	8,470,811 8,666,062

Part II Signature Block

Please 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

Signature of officer

2010-04-05

Date

GARY MACMATH CEO

Type or print name and title

Paid Preparer's Use Only

Preparer's signature

BYRON C SMITH CPA

Date

2010-04-07

Check if self-employed

☐

Preparer's PTIN (See Gen Inst)

Firm's name (or yours if self-employed), address, and ZIP + 4

GREGORY SHARER & STUART PA

100 2ND AVE SOUTH STE 600

SAINT PETERSBURG, FL 337014336

EIN

Phone no (727) 821-6161

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

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Cat No 11282Y

Form 990 (2008)

Part III

Statement of Program Service Accomplishments (See the instructions.)

1

Briefly describe the organization's mission

BOLEY CENTERS' MISSION IS TO ENRICH THE LIVES OF PEOPLE IN RECOVERY BY PROVIDING THE HIGHEST QUALITY TREATMENT, REHABILITATION, EMPLOYMENT AND HOUSING SERVICES

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 (4) organizations and 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 \$ 5,060,126 including grants of \$) (Revenue \$)

BOLEY CENTERS' EXEMPT PURPOSE IS TO PROVIDE RESIDENTIAL HOUSING PROGRAMS WITH VARIOUS LEVELS OF STRUCTURE, SUPERVISION, INDEPENDENT LIVING-SKILLS TEACHING, COUNSELING, REHABILITATION AND TREATMENT SERVICES TO INDIVIDUALS WITH CHRONIC MENTAL ILLNESS IN PINELLAS COUNTY, FLORIDA

4b

(Code) (Expenses \$ 2,870,105 including grants of \$ 2,503,542) (Revenue \$)

BOLEY HOUSING SERVICES HAS PROVIDED HOUSING AND SUPPORT TO INDIVIDUALS WITH CHRONIC MENTAL ILLNESS SINCE 1970 BOLEY CURRENTLY OWNS AND MANAGES A TOTAL OF 446 BEDS COMPRISED OF 72 GROUP HOME BEDS, 45 SAFE HAVEN BEDS, 32 SUPERVISED APARTMENT BEDS, 26 TRANSITIONAL HOMELESS SUPERVISED APARTMENTS, 43 PERMANENT HOMELESS APARTMENT BEDS, 192 PERMANENT SUPPORTED HOUSING APARTMENT BEDS AND 36 INTEGRATED APARTMENT UNITS ADDITIONALLY, BOLEY CENTERS ACTS AS A HOUSING AUTHORITY AND MANAGES 402 HOUSING VOUCHERS FOR A TOTAL OF 848 UNITS OF HOUSING UNDER MANAGEMENT

4c

(Code) (Expenses \$ 1,788,664 including grants of \$) (Revenue \$)

CLINICAL SERVICES PROVIDES PSYCHIATRIC SERVICES TO BOLEY CENTER'S RESIDENTIAL CUSTOMERS THESE SERVICES INCLUDE PSYCHIATRIC ASSESSMENT, MEDICATION MANAGEMENT STABILIZATION AND THERAPY ON A REGULARLY SCHEDULED BASIS NON-SCHEDULED APPOINTMENTS ARE ALSO AVAILABLE TO THOSE INDIVIDUALS IN NEED OF INTERVENTION ADDITIONAL SERVICES PROVIDED INCLUDE AN INDIGENT DRUG PROGRAM, MEDICATION ADMINISTRATION, MEDICATION GROUPS AND LABORATORY SERVICES THE PSYCHIATRISTS PROVIDE 24-HOUR CRISIS INTERVENTION FOR BOLEY CENTER'S RESIDENTIAL PROGRAM

(Code) (Expenses \$ 4,760,187 including grants of \$ 197,718) (Revenue \$)

VOCATIONAL PROGRAMS PROVIDE JOB DEVELOPMENT, JOB PLACEMENT, JOB COACHING, AND FOLLOW-ALONG SERVICES TO BOLEY CONSUMERS THIS PROGRAM ALSO ASSISTS INDIVIDUALS IN ACHIEVING THEIR CHOSEN VOCATIONAL GOALS INDIVIDUALS ARE ASSISTED IN UNDERSTANDING THE MEANING, VALUE, AND DEMANDS OF WORKING SERVICES PROVIDED ARE DESIGNED TO DETERMINE A DISABLED INDIVIDUAL'S PHYSICAL CAPACITY, LEARNING STYLES, WORK HABITS, PRODUCTIVITY LEVEL, ACADEMIC ACHIEVEMENT, APTITUDES, INTERESTS, OCCUPATIONAL AWARENESS, AND SOCIAL SKILLS BY UTILIZING A WIDE ARRAY OF TESTS AND EQUIPMENT RECIPIENTS ARE PROVIDED WITH THE ASSESSMENTS, COUNSELING AND VOCATIONAL SERVICES NEEDED TO OBTAIN AND MAINTAIN EMPLOYMENT

4d


















Other program services (Describe in Schedule O)

(Expenses \$ 4,760,187 including grants of \$ 197,718) (Revenue \$)












4e

Total program service expenses \$ 14,479,082 Must equal Part IX, Line 25, column (B).

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)? If "Yes," complete Schedule A 	1	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	No
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
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? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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? If "Yes," complete Schedule D, Part IV 	9	No
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 	10	No
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable 	11	Yes
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 	12	Yes
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the U S?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S? If "Yes," complete Schedule F, Part I	14b	No
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? If "Yes," complete Schedule F, Part II	15	No
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? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 	17	No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 	18	Yes
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 	19	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21	Yes
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 	22	Yes
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	No
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 questions 24b–24d and complete Schedule K. If "No," go to question 25	24a	No
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	No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I 	25b	No
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	No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III 	27	No

Part IV Checklist of Required Schedules *(Continued)*

		Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i> 		No
b	Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 	Yes	
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> 		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> 	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> 		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> 		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> 		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> 	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
36	501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> 		No
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> 		No

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a363		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a330		
b	If at least one is reported in 2a, did the organization file all required federal employment tax returns? . . . Note: <i>If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		No
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		No
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		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?	5c		
6a	Did the organization solicit any contributions that were not tax deductible?	6a		No
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).			
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		No
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		No
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
a	Did the organization make any taxable distributions under section 4966?	9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		No
10	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter			
a	Gross income from members or shareholders	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		

Part VI

Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

1a

Enter the number of voting members of the governing body

13

1b

Enter the number of voting members that are independent

13

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

Yes

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

No

4

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

4

No

5

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

5

No

6

Does the organization have members or stockholders?

6

No

7a

Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

7a

Yes

7b

Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

7b

Yes

8

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

8a

the governing body?

8a

Yes

8b

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

8b

Yes

9a

Does the organization have local chapters, branches, or affiliates?

9a

No

9b

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?

9b

10

Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990

10

Yes

11

Is there any officer, director or 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

11

No

Section B. Policies

12a

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

12a

Yes

12b

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

12b

Yes

12c

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

12c

Yes

13

Does the organization have a written whistleblower policy?

13

Yes

14

Does the organization have a written document retention and destruction policy?

14

Yes

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

15a

The organization's CEO, Executive Director, or top management official?

15a

Yes

15b

Other officers or key employees of the organization?

15b

Yes

Describe the process in Schedule O

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

No

16b

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

FL

18

Section 6104 requires an organization to make its Form 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.
☐ own website ☒ another's website ☒ 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. See Additional Data Table.

20

State the name, physical address, and telephone number of the person who possesses the books and records of the organization.
GARY MACMATH
445 31ST ST NORTH
ST PETERSBURG, FL 33713
(727) 821-4819

Form **990** (2008)

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

☐ Check this box if the organization did not compensate any officer, director, trustee or key employee

[illegible]

Part VIII

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns 1a		13,956,739				
	b	Membership dues						
	c	Fundraising events	61,029					
	d	Related organizations 1d						
	e	Government grants (contributions) 1e	13,512,849					
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	382,861					
	g	Noncash contributions included in lines 1a-1f \$ 254,866						
	h	Total (Add lines 1a-1f)						
	Program Service Revenue	2a	MEDICAID					Business Code
b		CLIENT FEES & RENTS		680,212	680,212			
c		FOOD STAMP INCOME		117,399	117,399			
d		MAINTENANCE REVENUE		108,392	108,392			
e		MANAGEMENT REVENUE		48,254	48,254			
f		All other program service revenue		27,288	27,288			
g		Total. Add lines 2a-2f \$ 3,003,827						
Other Revenue		3	Investment income (including dividends, interest other similar amounts)		30,095			30,095
		4	Income from investment of tax-exempt bond proceeds					
	5	Royalties						
	6a	Gross Rents	(i) Real	(ii) Personal				
	b	Less rental expenses						
	c	Rental income or (loss)						
	d	Net rental income or (loss)						
	7a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other	3,700			
				3,700				
				3,700				
	b	Less cost or other basis and sales expenses						
	c	Gain or (loss)		3,700				
	d	Net gain or (loss)		3,700			3,700	
	8a	Gross income from fundraising events (not including \$ 47,600 of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 a			4,027	-700		4,727
			61,029					
			Less direct expenses b 43,573					
			Net income or (loss) from fundraising events c					
9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000 a							
		Less direct expenses b						
		Net income or (loss) from gaming activities c						
10a	Gross sales of inventory, less returns and allowances a	355,159		-314,952			-314,952	
		Less cost of goods sold b 670,111						
		Net income or (loss) from sales of inventory c						
Miscellaneous Revenue		Business Code						
11a	OTHER REVENUE		31,431			31,431		
b	BOARDWALK CONVENTION PARTNERS	721,110	-74		-74			
c								
d	All other revenue							
e	Total. Add lines 11a-11d \$ 31,357							
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		16,714,793	3,003,127	-74	-244,999		

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	197,718	197,718		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	2,503,542	2,503,542		
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	445,053	73,927	371,126	
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	6,838,238	6,030,543		
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	353,023	272,593	80,430	
9	Other employee benefits	694,795	607,389	87,406	
10	Payroll taxes	546,037	461,139	84,898	
11	Fees for services (non-employees)				
a	Management				
b	Legal	4,584	3,609	975	
c	Accounting	76,166		76,166	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	366,371	333,366	33,005	
12	Advertising and promotion				
13	Office expenses	101,849	61,243	40,606	
14	Information technology				
15	Royalties				
16	Occupancy	581,661	553,387	28,274	
17	Travel	159,008	142,267	16,741	
18	Payments of travel or entertainment expenses for any Federal, state or local public officials				
19	Conferences, conventions and meetings				
20	Interest	30,295	-1,788	32,083	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	404,859	376,465	28,394	
23	Insurance	211,189	163,369	47,820	
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	CLIENT SERVICE & SUPPLIES	635,953	636,163	-210	
b	REPAIRS & MAINTENANCE	571,576	505,350	66,226	
c	TRANSPORTATION	479,792	479,792		
d	FOOD SERVICE COST	409,412	402,198	7,214	
e	OTHER EXPENSE	262,293	164,635	97,658	
f	All other expenses	587,597	512,175	75,422	
25	Total functional expenses. Add lines 1 through 24f	16,461,011	14,479,082	1,981,929	0
26	Joint Costs. Check <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				

Part X

Balance Sheet

		(A)		(B)	
		Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing	1,282,435	1	1,995,971
	2	Savings and temporary cash investments	8,412	2	
	3	Pledges and grants receivable, net	1,974,106	3	1,810,597
	4	Accounts receivable, net	102,130	4	431,251
	5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i>		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i>		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	102,267	8	100,425
	9	Prepaid expenses and deferred charges	143,222	9	197,490
	10a	Land, buildings, and equipment cost basis			
		<div>10a14,829,637</div>			
	b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i>			
		<div>10b5,784,089</div>	8,037,570	10c	9,045,548
	11	Investments—publicly traded securities	70,495	11	58,574
	12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i>		12	
	13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i>		13	
14	Intangible assets		14		
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i>	2,052,226	15	686,709	
16	Total assets. Add lines 1 through 15 (must equal line 34)	13,772,863	16	14,326,565	
Liabilities	17	Accounts payable and accrued expenses	1,415,490	17	1,712,118
	18	Grants payable		18	
	19	Deferred revenue	55,566	19	33,524
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability <i>Complete Part IV of Schedule D</i>		21	
	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i>		22	
	23	Secured mortgages and notes payable to unrelated third parties	3,830,996	23	3,914,861
	24	Unsecured notes and loans payable		24	
	25	Other liabilities <i>Complete Part X of Schedule D</i>		25	
	26	Total liabilities. Add lines 17 through 25	5,302,052	26	5,660,503
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	8,039,217	27	8,255,431
	28	Temporarily restricted net assets	431,594	28	410,631
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	8,470,811	33	8,666,062
	34	Total liabilities and net assets/fund balances	13,772,863	34	14,326,565

Part XI

Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes" to lines 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	Yes	
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	Yes	
b	If "Yes," did the organization undergo the required audit or audits?	3b	Yes	

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)
nonexempt charitable trusts.
Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

2008

Open to Public
Inspection

Name of the organization BOLEY CENTERS INC	Employer identification number 59-1290089
-----------------------------------------------	----------------------------------------------

Part I Reason for Public Charity Status (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only **one** organization)

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). (Attach Schedule H)
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 checked="" 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 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). (See instructions)
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 <div><div>a <input type="checkbox"/> Type I</div><div>b <input type="checkbox"/> Type II</div><div>c <input type="checkbox"/> Type III - Functionally Integrated</div><div>d <input type="checkbox"/> Type III - Other</div></div>
e	<input type="checkbox"/>	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 section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	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
g	<input type="checkbox"/>	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <div><div>(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 the supported organization?</div><div>(ii) a family member of a person described in (i) above?</div><div>(iii) a 35% controlled entity of a person described in (i) or (ii) above?</div></div>
h	<input type="checkbox"/>	Provide the following information about the organizations the organization supports

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

(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support?
			Yes	No	Yes	No	Yes	No	
Total									

Part II

Support Schedule for Organizations Described in IRC 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.)

Public Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	11,511,817	12,781,887	13,343,571	14,158,508	14,311,898	66,107,681
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 line 1-3	11,511,817	12,781,887	13,343,571	14,158,508	14,311,898	66,107,681
5 The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
6 Public Support subtract line 5 from line 4						66,107,681

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	11,511,817	21,101	13,343,571	14,158,508	14,311,898	66,107,681
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	10,884	21,101	31,249	22,663	30,095	115,992
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)	417,928	626,904	127,788	248,357	31,431	1,452,408
11 Total Support (Add lines 7 through 10)						67,676,081
12 Gross receipts from related activities, etc (See instructions)					12	18,148,989
13 First Five Years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Computation of Public Support Percentage		
14 Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	14	97.682 %
15 Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	15	96.762 %
16a 33 1/3% Test - 2008. 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 checked="" type="checkbox"/>		
b 33 1/3% Test - 2007. If the organization did not check the 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 - 2008. 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 - 2007. 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 the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions <input type="checkbox"/>		

Part IIISupport Schedule for Organizations Described in IRC 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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3Gross receipts from activities that are not an unrelated trade or business under section 513						
4Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5The value of services or facilities furnished by a governmental unit to the organization without charge						
6Total Add lines 1-5						
7aAmounts included on lines 1, 2, and 3 received from disqualified persons						
bAmounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
cTotal of lines 7a and 7b						
8Public Support (Subtract line 7c from line 6)						

Total Support						
Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9Amounts from line 6						
10aGross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
bUnrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
cAdd lines 10a and 10b						
11Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13Total Support (Add lines 9, 10c, 11 and 12)						
14First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here						

Computation of Public Support Percentage			
15	Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	15	
16	Public Support Percentage for 2007 Schedule A, Part IV -A, line 27g	16	

Computation of Investment Income Percentage			
17	Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	17	
18	Investment Income Percentage from 2007 Schedule A, Part IV -A, line 27h	18	
19a	33 1/3% Tests - 2008. 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% Tests - 2007. 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		

Part IV

Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)

Facts and Circumstances Test

SCHEDULE D

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization BOLEY CENTERS INC	Employer identification number 59-1290089
------------------------------------------------------	---------------------------------------------------------

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? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>	

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) <div><input type="checkbox"/> Preservation of land for public use (e g , recreation or pleasure)<input type="checkbox"/> Preservation of an historically importantly land area<input type="checkbox"/> Protection of natural habitat<input type="checkbox"/> Preservation of certified historic structure<input type="checkbox"/> Preservation of open space</div>											
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year											
		<table><tr><th></th><th>Held at the End of the Year</th></tr><tr><td>a</td><td>Total number of conservation easements</td></tr><tr><td>b</td><td>Total acreage restricted by conservation easements</td></tr><tr><td>c</td><td>Number of conservation easements on a certified historic structure included in (a)</td></tr><tr><td>d</td><td>Number of conservation easements included in (c) acquired after 8/17/06</td></tr></table>		Held at the End of the Year	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
	Held at the End of the Year											
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 taxable 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, violations, and enforcement of the conservation easements it holds? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>											
6	Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ▶											
7	Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)? <div><input type="checkbox"/> Yes<input checked="" type="checkbox"/> No</div>											
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	▶ \$

Part III

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

3

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

a

☐

Public exhibition

b

☐

Scholarly research

c

☐

Preservation for future generations

d

☐

Loan or exchange programs

e

☐

Other

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

Trust, Escrow and Custodial Arrangements. Complete if the 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 why in Part XIV and complete the following table

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

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

☐ Yes

☒ No

b

If "Yes," explain the arrangement in Part XIV

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	Investment earnings or 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

3a(i)

No

(ii)

related organizations

3a(ii)

No

b

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

3b

No

4

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

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) Depreciation	(d) Book value
1a Land		2,680,525		2,680,525
b Buildings		9,866,204	3,954,185	5,912,019
c Leasehold improvements		276,876	264,339	12,537
d Equipment		1,022,520	935,770	86,750
e Other		983,512	629,795	353,717
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				9,045,548

(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 and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) 		

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) 		

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Total. (Column (b) should equal Form 990, Part X, col (B) line 25) 	

Schedule D (Form 990) 2008

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements		
1	Total revenue (Form 990, Part VIII, column (A), line 12)	116,714,793
2	Total expenses (Form 990, Part IX, column (A), line 25)	216,461,011
3	Excess or (deficit) for the year Subtract line 2 from line 1	3253,782
4	Net unrealized gains (losses) on investments	
5	Donated services and use of facilities	
6	Investment expenses	
7	Prior period adjustments	
8	Other (Describe in Part XIV)	74
9	Total adjustments (net) Add lines 4 - 8	74
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	253,856

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return		
1	Total revenue, gains, and other support per audited financial statements	117,513,972
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)	2d996,897
e	Add lines 2a through 2d	2e996,897
3	Subtract line 2e from line 1	316,517,075
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)	4b197,718
c	Add lines 4a and 4b	4c197,718
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	516,714,793

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return		
1	Total expenses and losses per audited financial statements	117,260,116
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	Losses reported on Form 990, Part IX, line 25	2c
d	Other (Describe in Part XIV)	2d996,823
e	Add lines 2a through 2d	2e996,823
3	Subtract line 2e from line 1	316,263,293
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)	4b197,718
c	Add lines 4a and 4b	4c197,718
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	516,461,011

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 XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	THRIFT SHOP EXPENSE 670,111 SPECIAL EVENT EXPENSE 43,573 BOARDWALK CONVENTION PTNRS - K-1 74 REIMBURSEMENT FROM AFFILIATES 283,139 GRANT TO OTHER ORGANIZATIONS -197,718 THRIFT SHOP EXPENSE -670,111 SPECIAL EVENT EXPENSE -43,573 REIMBURSEMENT FROM AFFILIATES -283,139 GRANT TO OTHER ORGANIZATIONS 197,718
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	THRIFT SHOP EXPENSE 670,111 SPECIAL EVENT EXPENSE 43,573 BOARDWALK CONVENTION PTNRS - K-1 74 REIMBURSEMENT FROM AFFILIATES 283,139
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	GRANT TO OTHER ORGANIZATIONS 197,718
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	THRIFT SHOP EXPENSE 670,111 SPECIAL EVENT EXPENSE 43,573 REIMBURSEMENT FROM AFFILIATES 283,139
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	GRANT TO OTHER ORGANIZATIONS 197,718

OMB No 1545-0047

59-1290089

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

Revenue			(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
			JINGLE BELL RUN	GOLF TOURNAMENT		(Add col (a) through col (c))
			(event type)	(event type)	(total number)	
	1	Gross receipts	75,671	32,958		108,629
Direct Expenses	2	Less Charitable contributions	37,671	23,358		61,029
	3	Gross revenue (line 1 minus line 2)	38,000	9,600		47,600
	4	Cash Prizes				
	5	Non-cash Prizes				
	6	Rent/Facility costs	700			700
	7	Other direct expenses	34,128	8,745		42,873
	8	Direct expense summary Add lines 4 through 7 in column (d)				43,573
	9	Net income summary Combine lines 3 and 8 in column (d).				4,027

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
	1	Gross revenue				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	<div><input type="checkbox"/> Yes _____ % <input type="checkbox"/> No</div>	
	7	Direct expense summary Add lines 2 through 5 in column (d)				
	8	Net gaming income summary Combine lines 1 and 7 in column (d)				

		Yes	No
9	Enter the state(s) in which the organization operates gaming activities _____		
a	Is the organization licensed to operate gaming activities in each of these states?	9a	
b	If "No," Explain _____ _____		
10a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b	If "Yes," Explain _____ _____		
11	Does the organization operate gaming activities with nonmembers?	11	
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12	

	Yes	No
13 Indicate the percentage of gaming activity operated in		
a The organization's facility	13a	
b An outside facility	13b	
14 Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
c If "Yes," enter name and address		
Name ►		
Address ►		
16 Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer <input type="checkbox"/> Employee <input type="checkbox"/> Independent contractor		
17 Mandatory distributions		
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____		

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
BOLEY CENTERS INC

Grants and Other Assistance to Organizations,
Governments and Individuals in the U.S.

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

OMB No 1545-0047

2008

Open to Public
Inspection

Employer identification number
59-1290089

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?

☒ Yes ☐ No
- 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" on 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 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
PINELLAS AFFORDABLE LIVING INC445 31ST ST NORTH ST PETERSBURG, FL 33713	59-3171557		15,588				PROGRAM SERVICES
PINELLAS AFFORDABLE LIVING INC445 31ST ST NORTH ST PETERSBURG, FL 33713	59-3171557		115,154				YOUTH BUILD PROGRAM
BOLEY FOUNDATION INC 445 31ST ST NORTH ST PETERSBURG, FL 33713	59-3731437		66,976				GRANT

2

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

2

3

Enter total number of other organizations

Part III

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Use Schedule I-1 (Form 990) 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
ASSISTANCE TO INDIVIDUALS	361	2,503,542			SEE SCHEDULE O

Part IV

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

Identifier	Return Reference	Explanation
PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS INSIDE THE UNITED STATES	SCHEDULE I, PAGE 1, PART I, LINE 2	ALL GRANTS ARE MONITORED BY VERIFYING THEIR USE IN ACCORDANCE WITH THE PROGRAM TO WHICH IT RELATES

Schedule L
(Form 990 or 990-EZ)

OMB No 1545-0047

2008

Open to Public Inspection

Transactions with Interested Persons

▶ Attach to Form 990 or Form 990-EZ.
▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V lines 38b or 40b.

Name of the organization
BOLEY CENTERS INC

Employer identification number
59-1290089

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

To be completed by organizations that 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

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38a

(a) Name of interested person and purpose	(b) Loan to or from the organization?		(c)Original principal amount	(d)Balance due	(e) In default?		(f) Approved by board or committee?		(g)Written agreement?	
	To	From			Yes	No	Yes	No	Yes	No

Total ▶ \$

Part III Grants or Assistance Benefitting Interested Persons

To be completed by organizations that answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons

To be completed by organizations that 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
MARCIA MACMATH	WIFE OF CEO	57,102	TRNG DIR - BOLEY CTR		No

SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Non-Cash Contributions

To be completed by organizations that answered
"Yes" on Form 990, Part IV, lines 29 or 30.
Attach to Form 990

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BOLEY CENTERS INC

Employer identification number
59-1290089

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	X		254,866	SALE OF GOODS
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
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 (describe _____)				
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
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?	30a	No
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?	31	No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a	No
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		

Part II

[illegible]

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

► **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization

BOLEY CENTERS INC

Employer identification number

59-1290089

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS DESCRIPTION	FORM 990, PAGE 2, PART III, LINE 4D	VOCATIONAL PROGRAMS PROVIDE JOB DEVELOPMENT, JOB PLACEMENT, JOB COACHING, AND FOLLOW-ALONG SERVICES TO BOLEY CONSUMERS THIS PROGRAM ALSO ASSISTS INDIVIDUALS IN ACHIEVING THEIR CHOSEN VOCATIONAL GOALS INDIVIDUALS ARE ASSISTED IN UNDERSTANDING THE MEANING, VALUE, AND DEMANDS OF WORKING SERVICES PROVIDED ARE DESIGNED TO DETERMINE A DISABLED INDIVIDUAL'S PHYSICAL CAPACITY, LEARNING STYLES, WORK HABITS, PRODUCTIVITY LEVEL, ACADEMIC ACHIEVEMENT, APTITUDES, INTERESTS, OCCUPATIONAL AWARENESS, AND SOCIAL SKILLS BY UTILIZING A WIDE ARRAY OF TESTS AND EQUIPMENT RECIPIENTS ARE PROVIDED WITH THE ASSESSMENTS, COUNSELING AND VOCATIONAL SERVICES NEEDED TO OBTAIN AND MAINTAIN EMPLOYMENT

Identifier	Return Reference	Explanation
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	GARY MACMATH MARCIA MACMATH CEO TRAINING DIR HUSBAND/WIFE

Identifier	Return Reference	Explanation
ELECTION OF MEMBERS AND THEIR RIGHTS	FORM 990, PAGE 6, PART VI, LINE 7A	BOARD OF DIRECTORS IS ELECTED BY EXISTING BOARD MEMBERS

Identifier	Return Reference	Explanation
DECISIONS SUBJECT TO APPROVAL OF MEMBERS	FORM 990, PAGE 6, PART VI, LINE 7B	THE ACT OF A MAJORITY OF THE BOARD MEMBERS AT A MEETING IN WHICH A QUORUM IS PRESENT SHALL APPROVE ANY DECISIONS

Identifier	Return Reference	Explanation
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 10	PRIOR TO FILING, FORM 990 IS EMAILED TO THE BOARD MEMBERS AND PRESENTED AT A BOARD MEETING FOR REVIEW

Identifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST FORM ANNUALLY

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION IS DEPENDENT UPON YEARS OF EXPERIENCE, EDUCATION, AND CERTIFICATIONS

Identifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION IS DEPENDENT UPON YEARS OF EXPERIENCE, EDUCATION, AND CERTIFICATIONS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE R	SCHEDULE R, PART V, LINE 2 - ITEMS K, M AND N BOLEY CENTERS PROVIDES MANAGEMENT, PERSONNEL, ACCOUNTING SERVICES, OTHER OPERATIONAL TASKS AND USE OF FACILITIES TO ALL RELATED EXEMPT ORGANIZATIONS

Identifier	Return Reference	Explanation
ADDITIONAL INFORMATION	SCHEDULE O	SCHEDULE I PART III - ASSISTANCE TO INDIVIDUALS THE TYPE OF ASSISTANCE PROVIDED TO 361 INDIVIDUALS IS FOR FINANCIAL DISTRESS PAYMENTS, UTILITIES, TRAINING, SEC 8 HOUSING, MEDICAL AND RENT

SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization
BOLEY CENTERS INC

Employer identification number
59-1290089

Part I Identification of Disregarded Entities					
(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
See Additional Data Table					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Disproporionate allocations?		(I) Code V—UBI amount on Box 20 of K-1	(J) General or managing partner?	
							Yes	No		Yes	No
SALT CREEK APTS LTD 426 PRESTON AVE S ST PETERSBURG, FL33701 59-3422745	HOUSING	FL	N/A					No			No

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership

Part V

Transactions with Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III or IV

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity

b Gift, grant, or capital contribution to other organization(s)

c Gift, grant, or capital contribution from other organization(s)

d Loans or loan guarantees to or for other organization(s)

e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

Yes

1e

Yes

1f

No

1g

No

1h

No

1i

No

1j

No

1k

Yes

1l

No

1m

Yes

1n

Yes

1o

No

1p

No

1q

No

1r

No

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds		
(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

Schedule R (Form 990) 2008

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Software ID:

Software Version:

EIN: 59-1290089

Name: BOLEY CENTERS INC

Form 990, Schedule R, Part II - Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary Activity	(C) Legal Domicile (State or Foreign Country)	(D) Exempt Code section	(E) Public charity status (if 501(c)(3))	(F) Direct Controlling Entity
BOLEY FOUNDATION INC 445 31ST STREET N ST PETERSBURG, FL33713 59-3731437	SUPPORT	FL	501	9	N/A
BESSIE BOLEY FOUNDATION 445 31ST STREET N ST PETERSBURG, FL33713 59-2230228	SUPPORT	FL	501	11B	N/A
ARLINGTON AVE APTS INC 1007 ARLINGTON AVE N ST PETERSBURG, FL33705 26-4225646	HOUSING	FL	501	9	N/A
128 PLACE APTS INC 2780/2790 1ST AVE N ST PETERSBURG, FL33713 59-3717717	HOUSING	FL	501	9	N/A
CLAM BAYOU APTS INC 3910/3990 34TH AVE S ST PETERSBURG, FL33711 43-2078260	HOUSING	FL	501	9	N/A
COMMUNITY HOUSING INC 4123 37TH ST N ST PETERSBURG, FL33714 59-2689809	HOUSING	FL	501	9	N/A
DOME DISTRICT APTS INC 1029 BURLINGTON AVE N ST PETERSBURG, FL33701 59-3617678	HOUSING	FL	501	9	N/A
FOREST LANE APTS INC 7101 53RD ST N PINELLAS PARK, FL33781 59-3212722	HOUSING	FL	501	9	N/A
FOREST MEADOWS APTS INC 5170 FOREST MEADOWS LANE ST PETERSBURG, FL33709 59-3212721	HOUSING	FL	501	9	N/A
LAKE WINDS APTS INC 836/840 34TH AVE S ST PETERSBURG, FL33705 59-3682167	HOUSING	FL	501	9	N/A
PALMETTO BREEZE APTS INC 2426/2962 1ST AVE S ST PETERSBURG, FL33713 06-1670536	HOUSING	FL	501	9	N/A
PINELLAS AFFORDABLE LIVING INC 445 31ST STREET N ST PETERSBURG, FL33713 59-3171557	HOUSING	FL	501	9	N/A
PINELLAS COUNTY HOUSING INC 1800 4TH ST S 3301 6TH ST S ST PETERSBURG, FL33705 59-2311570	HOUSING	FL	501	9	N/A
SHADY PINES APTS INC 4037 76TH AVE N ST PETERSBURG, FL33781 59-3547490	HOUSING	FL	501	9	N/A
TWIN BROOKS APTS INC 3450 24TH AVE S ST PETERSBURG, FL33711 02-0803197	HOUSING	FL	501	9	N/A

Form 990, Schedule R, Part V - Transactions with Related Organizations

(A) Name of other organization		(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	BOLEY FOUNDATION INC	B	66,976
(2)	PINELLAS AFFORDABLE LIVING INC	B	15,588
(3)	PINELLAS AFFORDABLE LIVING INC	B	115,154
(4)	BESSIE BOLEY FOUNDATION	C	104,723
(5)	BOLEY FOUNDATION INC	C	13,585
(6)	PINELLAS COUNTY HOUSING INC	D	179,051
(7)	COMMUNITY HOUSING INC	D	49,628
(8)	FOREST LANE APARTMENTS INC	D	15,926
(9)	FOREST MEADOWS APTS INC	D	41,926
(10)	SHADY PINES APTS INC	D	23,147
(11)	DOME DISTRICT APTS INC	D	38,158
(12)	LAKE WINDS APTS INC	D	72,161
(13)	128TH PLACE APTS INC	D	1,801
(14)	PALMETTO BREEZE APTS INC	D	34,037
(15)	CLAM BAYOU APTS INC	D	122,524
(16)	TWIN BROOKS APTS INC	D	131,380
(17)	ARLINGTON AVE APTS INC	D	79,399
(18)	PINELLAS AFFORDABLE LIVING INC	D	397,562
(19)	BESSIE BOLEY FOUNDATION	E	500,000
(20)	ALL RELATED ORGANIZATIONS	K	
(21)	ALL RELATED ORGANIZATIONS	M	
(22)	ALL RELATED ORGANIZATIONS	N	

Additional Data

Software ID:
Software Version:
EIN: 59-1290089
Name: BOLEY CENTERS INC

Form 990, Part VII - Section Aaa

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
CYNTHIA MCCORMICK , CHAIR	1	X						0	0	0
LORETTA ROSS , FIRST VICE	1	X						0	0	0
SALLY POYNTER , SECOND VICE	1	X						0	0	0
PAUL MISIEWICZ , IMMEDIATE	1	X						0	0	0
VIRGINIA BATTAGLIA , DIRECTOR	1	X						0	0	0
RUTLAND BUSSEY , DIRECTOR	1	X						0	0	0
LT DEDE CARON , DIRECTOR	1	X						0	0	0
HAL GREGORY , DIRECTOR	1	X						0	0	0
JACK HEBERT , DIRECTOR	1	X						0	0	0
SANDY INCORVIA , DIRECTOR	1	X						0	0	0
MARTIN LOTT , DIRECTOR	1	X						0	0	0
ROBERT PITTS , DIRECTOR	1	X						0	0	0
LINDA SCOTT-LEGGETTE , DIRECTOR	1	X						0	0	0
GARY MACMATH , CEO	40			X				133,204	0	0
MIRIAM WILLIAMS , COO	40			X				92,768	0	0
JACK HUMBURG , DIR OF HOUSI	40			X				86,973	0	0
NANCY ROSEVEAR , DIR OF HR	40			X				77,481	0	0
NANCY RECVLOHE , DIR OF FINAN	40			X				70,361	0	0

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a MEDICAID		2,022,282	2,022,282		
b CLIENT FEES & RENTS		680,212	680,212		
c FOOD STAMP INCOME		117,399	117,399		
d MAINTENANCE REVENUE		108,392	108,392		
e MANAGEMENT REVENUE		48,254	48,254		