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2010

Open to Public  
Inspection

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

## A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

Check if applicable  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

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)  
445 31ST STREET NORTH

Room/suite

City or town, state or country, and ZIP + 4  
ST PETERSBURG, FL 33713

## D Employer identification number

59-1290089

## E Telephone number

(727) 545-7278

## G Gross receipts \$ 17,803,279

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  NoH(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)  501(c) ( ) (insert no)  4947(a)(1) or  527

J Website: ► WWW BOLEYCENTERS.ORG

K Form of organization  Corporation  Trust  Association  Other ►

L Year of formation 1970

M State of legal domicile FL

## Part I Summary

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 ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a) . . . . .	3	13
4 Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	4	13
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) . . . . .	5	463
6 Total number of volunteers (estimate if necessary) . . . . .	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	7a	18
b Net unrelated business taxable income from Form 990-T, line 34 . . . . .	7b	

8 Contributions and grants (Part VIII, line 1h) . . . . .	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g) . . . . .	13,673,134	13,957,618
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	3,604,512	3,274,097
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .	-49,515	32,400
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .	-187,107	-4,232
	17,041,024	17,259,883

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	3,048,734	2,851,584
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) . . . . .	3,604,512	3,274,097
16a Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	-49,515	32,400
b Total fundraising expenses (Part IX, column (D), line 25) ►0	-187,107	-4,232
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) . . . . .	17,041,024	17,259,883
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) . . . . .	3,048,734	2,851,584
19 Revenue less expenses Subtract line 18 from line 12 . . . . .	3,604,512	3,274,097
	0	0
	8,782,563	8,716,705
		0
	4,893,585	5,271,422
	16,724,882	16,839,711
	316,142	420,172

20 Total assets (Part X, line 16) . . . . .	Beginning of Current Year	End of Year
21 Total liabilities (Part X, line 26) . . . . .	15,583,036	17,107,253
22 Net assets or fund balances Subtract line 21 from line 20 . . . . .	6,600,832	7,704,877
	8,982,204	9,402,376

## 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	2012-02-20 Date
	GARY MACMATH CEO Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name BYRON C SMITH CPA	Preparer's signature BYRON C SMITH CPA	Date 2012-03-01	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► GREGORY SHARER & STUART PA				Firm's EIN ►
	Firm's address ► 100 2ND AVE SOUTH STE 600 SAINT PETERSBURG, FL 337014336				Phone no ► (727) 821-6161

May the IRS discuss this return with the preparer shown above? (see instructions)  Yes  No

**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**

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 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 \$ 5,411,049 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 \$ 3,095,137 including grants of \$ 2,645,800 ) (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 502 BEDS COMPRISED OF 72 GROUP HOME BEDS, 45 SAFE HAVEN BEDS, 32 SUPERVISED APARTMENT BEDS, 20 TRANSITIONAL HOMELESS SUPERVISED APARTMENTS, 43 PERMANENT HOMELESS APARTMENT BEDS, 251 PERMANENT SUPPORTED HOUSING APARTMENT BEDS AND 39 INTEGRATED APARTMENT UNITS ADDITIONALLY, BOLEY CENTERS ACTS AS A HOUSING AUTHORITY AND MANAGES 377 HOUSING VOUCHERS FOR A TOTAL OF 879 UNITS OF HOUSING UNDER MANAGEMENT

**4c (Code ) (Expenses \$ 1,133,460 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

**4d Other program services (Describe in Schedule O ) See also Additional Data for Description**

(Expenses \$ 5,102,399 including grants of \$ 205,784 ) (Revenue \$ )

**4e Total program service expenses \$ 14,742,045**

**Part IV Checklist of Required Schedules**

**1** Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.

**2** Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?

**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

**4** **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

**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? If "Yes," complete Schedule C, Part III

**6** Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

**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

**8** Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

**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

**10** Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

**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
 

- a** Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- 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? If "Yes," complete Schedule D, Part VII.
- 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? If "Yes," complete Schedule D, Part VIII.
- 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? If "Yes," complete Schedule D, Part IX.
- e** Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- 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)? If "Yes," complete Schedule D, Part X.

**12a** Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

**b** Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

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

**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, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

**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 U.S.? If "Yes," complete Schedule F, Parts II and IV

**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 U.S.? If "Yes," complete Schedule F, Parts III and IV

**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? If "Yes," complete Schedule G, Part I (see instructions)

**18** Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

**19** Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

**20a** Did the organization operate one or more hospitals? If "Yes," complete Schedule H

**b** If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	<b>Yes</b>	<b>No</b>
<b>1</b>	Yes	
<b>2</b>		No
<b>3</b>		No
<b>4</b>		No
<b>5</b>		No
<b>6</b>		No
<b>7</b>		No
<b>8</b>		No
<b>9</b>		No
<b>10</b>		No
<b>11a</b>	Yes	
<b>11b</b>		No
<b>11c</b>		No
<b>11d</b>	Yes	
<b>11e</b>	Yes	
<b>11f</b>	Yes	
<b>12a</b>		No
<b>12b</b>	Yes	
<b>13</b>		No
<b>14a</b>		No
<b>14b</b>		No
<b>15</b>		No
<b>16</b>		No
<b>17</b>		No
<b>18</b>		No
<b>19</b>		No
<b>20a</b>		No
<b>20b</b>		

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

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input checked="" type="checkbox"/>	21	Yes	
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	<input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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	<input checked="" type="checkbox"/>	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 lines 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a		No
24b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	24b		
24c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<input type="checkbox"/>	24c		
24d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	24d		
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a		No
25b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	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	<input checked="" type="checkbox"/>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	<input checked="" type="checkbox"/>	27		No
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)	<input type="checkbox"/>	28a		No
28b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
28c	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	<input checked="" type="checkbox"/>	32		No
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	<input checked="" type="checkbox"/>	33		No
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	<input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	<input type="checkbox"/>	35		No
a	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	<input checked="" type="checkbox"/>		<input type="checkbox"/>	Yes <input checked="" type="checkbox"/> No
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36		No
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	<input checked="" type="checkbox"/>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O	<input type="checkbox"/>	38	Yes	

**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
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	315
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
<b>2a</b>	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	2a	463
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	No
<b>b</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		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
<b>6a</b>	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	No
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>	7a	No
<b>a</b>	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>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year	7e	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
<b>8</b>	<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	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>	9b	
<b>a</b>	Did the organization make any taxable distributions under section 4966?		
<b>b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter	10a	
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10b	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter	11a	
<b>a</b>	Gross income from members or shareholders	11b	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>	13a	
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state?		
<p><b>Note.</b> See the instructions for additional information the organization must report on Schedule O</p>			
<b>b</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	13b	
<b>c</b>	Enter the amount of reserves on hand	13c	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 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 Enter the number of voting members of the governing body at the end of the tax year . . . . . **1a** 13

b Enter the number of voting members included in line 1a, above, who are independent . . . . . **1b** 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? . . . . .

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 Does the organization have members or stockholders? . . . . .

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .

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

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 . . . . .

	Yes	No
1a		
1b		
2	Yes	
3		No
4		No
5		No
6		No
7a		No
7b		No
8a	Yes	
8b	Yes	
9		No

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

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

b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .

11a Has the organization provided a 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 Does the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .

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

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

13 Does the organization have a written whistleblower policy? . . . . .

14 Does 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," 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? . . . . .

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

**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, and **current** key employees. 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) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Officer or director or individual trustee	Institutional Trustee	Office	Key employee	Highest compensated employee			
(1) SHANETTA WRIGHT-MINTER DIRECTOR	1 00	X					0	0	0
(2) LORETTA ROSS 1ST VICE CHA	1 00	X					0	0	0
(3) SALLY POYNTER 2ND VICE CHA	1 00	X					0	0	0
(4) PAUL MISIEWICZ DIRECTOR	1 00	X					0	0	0
(5) VIRGINIA BATTAGLIA DIRECTOR	1 00	X					0	0	0
(6) RUTLAND BUSSEY CHAIRMAN	1 00	X					0	0	0
(7) MAJOR SHARON CARRON DIRECTOR	1 00	X					0	0	0
(8) HAL GREGORY DIRECTOR	1 00	X					0	0	0
(9) JACK HEBERT DIRECTOR	1 00	X					0	0	0
(10) SANDY INCORVIA DIRECTOR	1 00	X					0	0	0
(11) MARTIN LOTT DIRECTOR	1 00	X					0	0	0
(12) BOB PITTS DIRECTOR	1 00	X					0	0	0
(13) M ELIZABETH WALL DIRECTOR	1 00	X					0	0	0
(14) GARY MACMATH CEO	40 00			X			126,139	0	10,095
(15) JACK HUMBURG DIR OF HOUSI	40 00			X			87,645	0	6,039
(16) MIRIAM WILLIAMS COO	40 00			X			85,359	0	8,772

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

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization: 1

	<b>Yes</b>	<b>No</b>
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b> 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? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>4</b>	No
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .	<b>5</b>	No

## **Section B. Independent Contractors**

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

(A) Name and business address	(B) Description of services	(C) Compensation
SYED K ZAIDI MD 6445 98TH AVE N PINELLAS PARK, FL 33782	PSYCHIATRIST	183,950
RANDOLPH HEMSATH MD PO BOX 11837 ST PETERSBURG, FL 33733	PSYCHIATRIST	131,400

**Part VIII Statement of Revenue**

			<b>(A)</b>	<b>(B)</b>	<b>(C)</b>	<b>(D)</b>
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
<b>Contributions, gifts, grants and other similar amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b> Membership dues . . . . .	<b>1b</b>				
	<b>c</b> Fundraising events . . . . .	<b>1c</b>				
	<b>d</b> Related organizations . . . . .	<b>1d</b>	245,447			
	<b>e</b> Government grants (contributions)	<b>1e</b>	13,108,846			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	603,325			
	<b>g</b> Noncash contributions included in lines 1a-1f \$		311,561			
	<b>h Total.</b> Add lines 1a-1f . . . . .		13,957,618			
<b>Program Service Revenue</b>	<b>2a</b> MEDICAID		<b>Business Code</b>			
	<b>b</b> CLIENT FEES & RENTS			1,964,818	1,964,818	
	<b>c</b> MAINTENANCE REVENUE			675,975	675,975	
	<b>d</b> MANAGEMENT REVENUE			281,457	281,457	
	<b>e</b> FOOD STAMP INCOME			172,307	172,307	
	<b>f</b> All other program service revenue			159,349	159,349	
	<b>g Total.</b> Add lines 2a-2f . . . . .		20,191	20,191		
	3	Investment income (including dividends, interest and other similar amounts) . . . . .			21,400	
4	Income from investment of tax-exempt bond proceeds . . . . .					
5	Royalties . . . . .					
<b>6a</b> Gross Rents	(I) Real	(II) Personal				
<b>b</b> Less rental expenses						
<b>c</b> Rental income or (loss)						
<b>d</b> Net rental income or (loss)						
<b>7a</b> Gross amount from sales of assets other than inventory	(I) Securities	(II) Other				
<b>b</b> Less cost or other basis and sales expenses			11,000			
<b>c</b> Gain or (loss)			11,000			
<b>d</b> Net gain or (loss)			11,000	11,000	11,000	
<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . .						
<b>a</b>						
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from fundraising events . . . . .						
<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>					
<b>c</b> Net income or (loss) from gaming activities . . . . .						
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .						
<b>a</b>			243,151			
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>		543,396			
<b>c</b> Net income or (loss) from sales of inventory . . . . .			-300,245			-300,245
<b>Miscellaneous Revenue</b>		<b>Business Code</b>				
<b>11a OTHER REVENUE</b>			199,255	199,255		
<b>b EMPLOYEE LEASING REV</b>			113,329	113,329		
<b>c BOARDWALK CONVENTION PARTNERS</b>		721110	18		18	
<b>d All other revenue</b> . . . . .			-16,589	-16,589		
<b>e Total.</b> Add lines 11a-11d . . . . .			296,013			
<b>12 Total revenue.</b> See Instructions . . . . .			17,259,883	3,570,092	18	-267,845

**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	205,784	205,784		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	2,645,800	2,645,800		
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 . . .	497,383	79,631	417,752	
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	6,705,472	5,896,356	809,116	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . .	218,632	174,586	44,046	
9 Other employee benefits . . .	710,451	604,955	105,496	
10 Payroll taxes . . .	584,767	488,429	96,338	
a Fees for services (non-employees) Management . . .				
b Legal . . .	10,638		10,638	
c Accounting . . .	131,371		131,371	
d Lobbying . . .				
e Professional fundraising services See Part IV, line 17 . .				
f Investment management fees . . .				
g Other . . .	710,081	659,359	50,722	
12 Advertising and promotion . . .				
13 Office expenses . . .	227,612	185,161	42,451	
14 Information technology . . .				
15 Royalties . . .				
16 Occupancy . . .	785,308	740,592	44,716	
17 Travel . . .	141,960	111,955	30,005	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials . . .				
19 Conferences, conventions, and meetings . . .				
20 Interest . . .	69,770	34,967	34,803	
21 Payments to affiliates . . .				
22 Depreciation, depletion, and amortization . . .	444,674	405,562	39,112	
23 Insurance . . .	137,384	121,872	15,512	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O )				
a CLIENT SERVICE & SUPPLIES	708,515	708,515		
b REPAIRS & MAINTENANCE	435,566	351,880	83,686	
c TRANSPORTATION	435,219	435,219		
d FOOD SERVICE COST	377,301	372,377	4,924	
e MEDICAL SUPPLIES	207,914	207,914		
f All other expenses	448,109	311,131	136,978	
<b>25 Total functional expenses.</b> Add lines 1 through 24f	16,839,711	14,742,045	2,097,666	0
<b>26 Joint costs.</b> Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
Assets	1 Cash—non-interest-bearing . . . . .	982,387	<b>1</b> 806,276
	2 Savings and temporary cash investments . . . . .	2	491,598
	3 Pledges and grants receivable, net . . . . .	2,515,454	<b>3</b> 2,192,337
	4 Accounts receivable, net . . . . .	604,905	<b>4</b> 389,554
	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) Schedule L . . . . .	6	
	7 Notes and loans receivable, net . . . . .	7	
	8 Inventories for sale or use . . . . .	101,554	<b>8</b> 100,226
	9 Prepaid expenses and deferred charges . . . . .	194,646	<b>9</b> 81,381
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	17,760,599	
	10b Less accumulated depreciation . . . . .	10b 6,783,122	10c 9,394,860 10,977,477
	11 Investments—publicly traded securities . . . . .	59,418	<b>11</b> 69,680
	12 Investments—other securities See Part IV, line 11 . . . . .	12	
	13 Investments—program-related See Part IV, line 11 . . . . .	13	
	14 Intangible assets . . . . .	14	
	15 Other assets See Part IV, line 11 . . . . .	1,729,812	<b>15</b> 1,998,724
	<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	15,583,036	<b>16</b> 17,107,253
Liabilities	17 Accounts payable and accrued expenses . . . . .	1,734,536	<b>17</b> 1,911,868
	18 Grants payable . . . . .	18	
	19 Deferred revenue . . . . .	84,038	<b>19</b> 1,101
	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 . . . . .	4,782,258	<b>23</b> 5,791,908
	24 Unsecured notes and loans payable to unrelated third parties . . . . .	24	
	25 Other liabilities Complete Part X of Schedule D . . . . .	25	
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	6,600,832	<b>26</b> 7,704,877
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
	27 Unrestricted net assets . . . . .	8,606,540	<b>27</b> 9,061,678
	28 Temporarily restricted net assets . . . . .	375,664	<b>28</b> 340,698
	29 Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
	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 . . . . .	8,982,204	<b>33</b> 9,402,376
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	15,583,036	<b>34</b> 17,107,253

**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)	<input type="checkbox"/>	1	17,259,883
2	Total expenses (must equal Part IX, column (A), line 25)	<input type="checkbox"/>	2	16,839,711
3	Revenue less expenses Subtract line 2 from line 1	<input type="checkbox"/>	3	420,172
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<input type="checkbox"/>	4	8,982,204
5	Other changes in net assets or fund balances (explain in Schedule O)	<input type="checkbox"/>	5	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<input type="checkbox"/>	6	9,402,376

**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 checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ 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? <input type="checkbox"/>	2a	No
2b	Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d	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 checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated 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? <input type="checkbox"/>	3a	Yes
3b	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 <input type="checkbox"/>	3b	Yes

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.****► Attach to Form 990 or Form 990-EZ. ► See separate instructions.**Name of the organization  
BOLEY CENTERS INC**Employer identification number**

59-1290089

**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  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.

2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)

3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.

4  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  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  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.

7  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  A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9  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  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.

11  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

e  a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other

f  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)

g  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

h  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(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?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

i Provide the following information about the supported organization(s)

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

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	13,343,571	14,158,508	14,311,898	13,673,134	13,957,618	69,444,729
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	13,343,571	14,158,508	14,311,898	13,673,134	13,957,618	69,444,729
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public Support.</b> Subtract line 5 from line 4						69,444,729

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	13,343,571	14,158,508	14,311,898	13,673,134	13,957,618	69,444,729
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	31,249	22,663	30,095	25,698	21,400	131,105
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 )	127,788	248,357	31,431	287,587	296,014	991,177
11 <b>Total support</b> (Add lines 7 through 10)						70,567,011
12 Gross receipts from related activities, etc (See instructions )					12	3,570,092

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

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	98 410 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	97 920 %
16a <b>33 1/3% support test—2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
b <b>33 1/3% support test—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►		
17a <b>10%-facts-and-circumstances test—2010.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
b <b>10%-facts-and-circumstances test—2009.</b> 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 <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization ►		
18 <b>Private Foundation</b> If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ►		

**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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6 )						

**Section B. Total Support**

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>13 Total support</b> (Add lines 9, 10c, 11 and 12 )						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

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

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a <b>33 1/3% support tests—2010.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
<b>b</b> <b>33 1/3% support tests—2009.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ►	
20 <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

**Part IV** **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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### **Facts And Circumstances Test**

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## Additional Data

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

### Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

#### 4d. Other program services

(Code	(Expenses \$	5,102,399	including grants of \$	205,784	) (Revenue \$	)
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VOCAATIONAL 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

2010

Open to Public  
Inspection**SCHEDULE D**  
(Form 990)**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990,  
Part IV, line 6, 7, 8, 9, 10, 11, or 12.  
► Attach to Form 990. ► See separate instructions.

Department of the Treasury  
Internal Revenue Service**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?  Yes  No

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 for any other purpose conferring impermissible private benefit?  Yes  No

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

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

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically importantly land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

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

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, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

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

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

(i) Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

a Revenues included in Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

b Assets included in Form 990, Part X ► \$ \_\_\_\_\_

**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      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

**Part IV Escrow and Custodial Arrangements.** Complete if 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 the arrangement in Part XIV and complete the following table

	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 . . . . .  
 (ii) related organizations . . . . .

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

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

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

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

	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land . . . . .		3,291,426			3,291,426
b Buildings . . . . .		12,093,796	4,771,859		7,321,937
c Leasehold improvements . . . . .		289,812	277,031		12,781
d Equipment . . . . .		1,045,716	981,358		64,358
e Other . . . . .		1,039,849	752,874		286,975
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . .					10,977,477

**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		
Other		
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.)		

**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
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
(1) DUE FROM RELATED PARTIES	1,302,431
(2) CONSTRUCTION IN PROCESS	386,858
(3) INVESTMENT IN SAS, JOINT VENTURE	309,435
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.)	1,998,724

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

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

2. 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 FIN 48 (ASC 740)

**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)	1	17,259,883
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,839,711
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	420,172
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	2,222,953
9	Total adjustments (net) Add lines 4 - 8	9	2,222,953
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	2,643,125

**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	21,085,843
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	4,066,547
e	Add lines 2a through 2d . . . . .	2e	4,066,547
3	Subtract line 2e from line 1 . . . . .	3	17,019,296
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	240,587
c	Add lines 4a and 4b . . . . .	4c	240,587
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 ) . . . . .	5	17,259,883

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

1	Total expenses and losses per audited financial statements . . . . .	1	18,442,718
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	1,843,594
e	Add lines 2a through 2d . . . . .	2e	1,843,594
3	Subtract line 2e from line 1 . . . . .	3	16,599,124
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	240,587
c	Add lines 4a and 4b . . . . .	4c	240,587
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 ) . . . . .	5	16,839,711

**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, 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.

Identifier	Return Reference	Explanation
LIABILITY UNDER FIN 48 FOOTNOTE	SCHEDULE D, PAGE 3, PART X	BOLEY CENTERS, INC AND ITS AFFILIATES ARE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND HAVE BEEN DETERMINED NOT TO BE PRIVATE FOUNDATIONS. MANAGEMENT HAS EVALUATED ITS TAX POSITIONS TAKEN FOR ALL OPEN TAX YEARS AND HAS NOT IDENTIFIED ANY UNCERTAIN TAX POSITIONS. THE 2007, 2008, AND 2009 TAX YEARS ARE OPEN AND SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE (IRS). BOLEY CENTERS, INC AND ITS AFFILIATES ARE NOT CURRENTLY UNDER AUDIT NOR HAVE THEY BEEN CONTACTED BY THE IRS.
RECONCILIATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	THRIFT SHOP EXPENSE 543,396 CONSOLIDATED STMT - REMOVE OTHER ENTITIES 3,523,151 GRANTS TO AFFILIATES -205,784 INTEREST EXPENSE ADJUSTMENT - 34,803 THRIFT SHOP EXPENSE -543,396 CONSOLIDATED STMT - REMOVE OTHER ENTITIES -1,300,198 GRANTS TO AFFILIATES 205,784 INTEREST EXPENSE ADJUSTMENT 34,803
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	THRIFT SHOP EXPENSE 543,396 CONSOLIDATED STMT - REMOVE OTHER ENTITIES 3,523,151
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	GRANTS TO AFFILIATES 205,784 INTEREST EXPENSE ADJUSTMENT 34,803
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	THRIFT SHOP EXPENSE 543,396 CONSOLIDATED STMT - REMOVE OTHER ENTITIES 1,300,198
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	GRANTS TO AFFILIATES 205,784 INTEREST EXPENSE ADJUSTMENT 34,803

**Schedule I  
(Form 990)**

## **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**

2010

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Name of the organization  
**BOLEY CENTERS INC**

**Employer identification number**

## **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" 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.  

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC Code section if applicable	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of non-cash assistance	<b>(h)</b> Purpose of grant or assistance
(1) PINELLAS AFFORDABLE LIVING INC 445 31ST ST NORTH ST PETERSBURG, FL 33713	59-3171557		170,528				SUPPORTIVE HOUSING
(2) ARLINGTON AVENUE APARTMENTS INC 1007 ARLINGTON AVE N ST PETERSBURG, FL 33705	26-4225646			35,256			HOUSING FURNITURE

**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to 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
(1) ASSISTANCE TO INDIVIDUALS	369	2,645,800			

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

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
ADDITIONAL INFORMATION	SCHEDULE I, PAGE 4, PART IV	SCHEDULE I PART III - ASSISTANCE TO INDIVIDUALS BOLEY CENTERS, INC PROVIDES ASSISTANCE TO INDIVIDUALS FOR FINANCIAL DISTRESS PAYMENTS, UTILITIES, TRAINING, SEC 8 HOUSING, MEDICAL AND RENT

## Schedule L

## **Transactions with Interested Persons**

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

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

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

**Employer identification number**

59-1290089

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 . . . . . ► \$ \_\_\_\_\_

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization . . . . . ► \$ \_\_\_\_\_

**Part II      Loans to and/or From Interested Persons.**

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

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

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

**Part IV Business Transactions Involving Interested Persons.**

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) MARCIA MACMATH	WIFE OF CEO	67,228	TRNG DIR - BOLEY CTR	No	

**Part V Supplemental Information**

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

Identifier	Return Reference	Explanation

## NonCash Contributions

OMB No 1545-0047

2010

Open to Public  
InspectionDepartment 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  
BOLEY CENTERS INC

Employer identification number

59-1290089

## 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 oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures .				
3 Art—Fractional interests .				
4 Books and publications .				
5 Clothing and household goods . . . . .	X		311,561	FMV OF THRIFT SHOP SALES
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 ►( _____ )				
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? . . . . .		
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?	Yes	
31	Yes	
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**

**Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

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

**2010****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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990	FORM 990, PAGE 6, PART VI, LINE 11B	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

<b>Identifier</b>	<b>Return Reference</b>	<b>Explanation</b>
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	PUBLIC INSPECTION COPIES ARE AVAILABLE ON GUIDESTAR WEBSITE AND UPON REQUEST AT 445 31ST STREET N, ST PETERSBURG, FL

## **SCHEDULE R (Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

**Name of the organization**

BOLEY CENTERS INC

**Employer identification number**

59-129008

**Part I Identification of Disregarded Entities** (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

**Part III Identification of Related Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35, 35A, or 36.)**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	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)				
See Additional Data Table				
(2)				
(3)				
(4)				
(5)				
(6)				

**Part VI Unrelated Organizations Taxable as a Partnership** (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

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.

**Part VII Supplemental Information**

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

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 SCHEDULE R PART II THE PRIMARY ACTIVITY OF SOLUTIONS FOR ADMINISTRATIVE SERVICES INC SAS IS TO PROVIDE MANAGEMENT SUPPORT AND ADMINISTRATIVE SERVICES TO QUALIFYING TAXEXEMPT ORGANIZATIONS SAS IS 50 OWNED BY BOLEY CENTERS INC AND 50 BY AN UNRELATED TAXEXEMPT ORGANIZATION SASS APPLICATION FOR TAXEXEMPT STATUS IS PENDING

**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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
128 PLACE APTS INC  2780/2790 1ST AVE N ST PETERSBURG, FL33713 59-3717717	HOUSING	FL	501 C3	9	N/A		No
ARLINGTON AVE APTS INC  1007 ARLINGTON AVE N ST PETERSBURG, FL33705 26-4225646	HOUSING	FL	501 C3	9	N/A		No
BESSIE BOLEY FOUNDATION  445 31ST STREET N ST PETERSBURG, FL33713 59-6165239	SUPPORT	FL	501 C3	11B	N/A		No
BOLEY FOUNDATION INC  445 31ST STREET N ST PETERSBURG, FL33713 59-2230228	SUPPORT	FL	501 C3	11B	N/A		No
BROADWATER PLACE INC  3615 37TH STREET S ST PETERSBURG, FL33713 27-3345871	HOUSING	FL	501 C3	9	N/A		No
CLAM BAYOU APTS INC  3910/3990 34TH AVE S ST PETERSBURG, FL33711 43-2078260	HOUSING	FL	501 C3	9	N/A		No
COMMUNITY HOUSING INC  4123 37TH ST N ST PETERSBURG, FL33714 59-2689809	HOUSING	FL	501 C3	9	N/A		No
DOME DISTRICT APTS INC  1029 BURLINGTON AVE N ST PETERSBURG, FL33701 59-3617678	HOUSING	FL	501 C3	9	N/A		No
FOREST LANE APTS INC  7101 53RD ST N PINELLAS PARK, FL33781 59-3212722	HOUSING	FL	501 C3	9	N/A		No
FOREST MEADOWS APTS INC  5170 FOREST MEADOWS LANE ST PETERSBURG, FL33709 59-3212721	HOUSING	FL	501 C3	9	N/A		No
LAKE WINDS APTS INC  836/840 34TH AVE S ST PETERSBURG, FL33705 59-3682167	HOUSING	FL	501 C3	9	N/A		No
LAUREL TRACE INC  7211 46TH AVE N ST PETERSBURG, FL33713 90-0604565	HOUSING	FL	501 C3	9	N/A		No

## 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 section 501(c) (3))	(f) Direct controlling entity	(g) Section 512 (b)(13) controlled organization	
						Yes	No
PALMETTO BREEZE APTS INC  2426/2962 1ST AVE S ST PETERSBURG, FL33713 06-1670536	HOUSING	FL	501 C3	9	N/A		No
PINELLAS AFFORDABLE LIVING INC  445 31ST STREET N ST PETERSBURG, FL33713 59-3171557	HOUSING	FL	501 C3	9	N/A		No
PINELLAS COUNTY HOUSING INC  1800 4TH ST S 3301 6TH ST S ST PETERSBURG, FL33705 59-2311570	HOUSING	FL	501 C3	9	N/A		No
SHADY PINES APTS INC  4037 76TH AVE N ST PETERSBURG, FL33781 59-3547490	HOUSING	FL	501 C3	9	N/A		No
SOLUTIONS FOR ADMIN SERVICES INC  445 31ST STREET ST PETERSBURG, FL33713 35-2384671	SEE NOTES	FL	501 C3	11A	N/A		No
TWIN BROOKS APTS INC  3450 24TH AVE S ST PETERSBURG, FL33711 02-0803197	HOUSING	FL	501 C3	9	N/A		No

## Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1) ARLINGTON AVE APTS INC	B	35,526	
(2) PINELLAS AFFORDABLE LIVING INC	B	170,528	
(3) BESSIE BOLEY FOUNDATION	C	235,679	
(4) BOLEY FOUNDATION INC	C	9,768	
(5) 128TH PLACE APTS INC	D	781	
(6) ARLINGTON AVE APTS INC	D	111,927	
(7) BOLEY FOUNDATION INC	D	7,645	
(8) BROADWATER PLACE INC	D	212,222	
(9) CLAM BAYOU APTS INC	D	104,159	
(10) COMMUNITY HOUSING INC	D	44,731	
(11) DOME DISTRICT APTS INC	D	25,527	
(12) FOREST LANE APARTMENTS INC	D	10,557	
(13) FOREST MEADOWS APTS INC	D	47,538	
(14) LAKE WINDS APTS INC	D	61,943	
(15) LAUREL TRACE INC	D	84,314	
(16) PALMETTO BREEZE APTS INC	D	14,048	
(17) PINELLAS AFFORDABLE LIVING INC	D	958,378	
(18) PINELLAS COUNTY HOUSING INC	D	185,330	
(19) SHADY PINES APTS INC	D	5,666	
(20) TWIN BROOKS APTS INC	D	102,665	
(21) BESSIE BOLEY FOUNDATION	E	675,000	
(22) SOLUTIONS FOR ADMIN SERVICES INC	E	32,078	
(23) ALL RELATED ORGANIZATIONS	K		
(24) ALL RELATED ORGANIZATIONS	M		
(25) ALL RELATED ORGANIZATIONS	N		
(26) ARLINGTON AVE APTS INC	B	35,526	
(27) PINELLAS AFFORDABLE LIVING INC	B	170,528	
(28) BESSIE BOLEY FOUNDATION	C	235,679	
(29) BOLEY FOUNDATION INC	C	9,768	
(30) 128TH PLACE APTS INC	D	781	

## Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(31)	ARLINGTON AVE APTS INC	D	111,927	
(32)	BOLEY FOUNDATION INC	D	7,645	
(33)	BROADWATER PLACE INC	D	212,222	
(34)	CLAM BAYOU APTS INC	D	104,159	
(35)	COMMUNITY HOUSING INC	D	44,731	
(36)	DOME DISTRICT APTS INC	D	25,527	
(37)	FOREST LANE APARTMENTS INC	D	10,557	
(38)	FOREST MEADOWS APTS INC	D	47,538	
(39)	LAKE WINDS APTS INC	D	61,943	
(40)	LAUREL TRACE INC	D	84,314	
(41)	PALMETTO BREEZE APTS INC	D	14,048	
(42)	PINELLAS AFFORDABLE LIVING INC	D	958,378	
(43)	PINELLAS COUNTY HOUSING INC	D	185,330	
(44)	SHADY PINES APTS INC	D	5,666	
(45)	TWIN BROOKS APTS INC	D	102,665	
(46)	BESSIE BOLEY FOUNDATION	E	675,000	
(47)	SOLUTIONS FOR ADMIN SERVICES INC	E	32,078	
(48)	ALL RELATED ORGANIZATIONS	K		
(49)	ALL RELATED ORGANIZATIONS	M		
(50)	ALL RELATED ORGANIZATIONS	N		
(51)	ARLINGTON AVE APTS INC	B	35,526	
(52)	PINELLAS AFFORDABLE LIVING INC	B	170,528	
(53)	BESSIE BOLEY FOUNDATION	C	235,679	
(54)	BOLEY FOUNDATION INC	C	9,768	
(55)	128TH PLACE APTS INC	D	781	
(56)	ARLINGTON AVE APTS INC	D	111,927	
(57)	BOLEY FOUNDATION INC	D	7,645	
(58)	BROADWATER PLACE INC	D	212,222	
(59)	CLAM BAYOU APTS INC	D	104,159	
(60)	COMMUNITY HOUSING INC	D	44,731	

## Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(61) DOME DISTRICT APTS INC	D	25,527	
(62) FOREST LANE APARTMENTS INC	D	10,557	
(63) FOREST MEADOWS APTS INC	D	47,538	
(64) LAKE WINDS APTS INC	D	61,943	
(65) LAUREL TRACE INC	D	84,314	
(66) PALMETTO BREEZE APTS INC	D	14,048	
(67) PINELLAS AFFORDABLE LIVING INC	D	958,378	
(68) PINELLAS COUNTY HOUSING INC	D	185,330	
(69) SHADY PINES APTS INC	D	5,666	
(70) TWIN BROOKS APTS INC	D	102,665	
(71) BESSIE BOLEY FOUNDATION	E	675,000	
(72) SOLUTIONS FOR ADMIN SERVICES INC	E	32,078	
(73) ALL RELATED ORGANIZATIONS	K		
(74) ALL RELATED ORGANIZATIONS	M		
(75) ALL RELATED ORGANIZATIONS	N		
(76) ARLINGTON AVE APTS INC	B	35,526	
(77) PINELLAS AFFORDABLE LIVING INC	B	170,528	
(78) BESSIE BOLEY FOUNDATION	C	235,679	
(79) BOLEY FOUNDATION INC	C	9,768	
(80) 128TH PLACE APTS INC	D	781	
(81) ARLINGTON AVE APTS INC	D	111,927	
(82) BOLEY FOUNDATION INC	D	7,645	
(83) BROADWATER PLACE INC	D	212,222	
(84) CLAM BAYOU APTS INC	D	104,159	
(85) COMMUNITY HOUSING INC	D	44,731	
(86) DOME DISTRICT APTS INC	D	25,527	
(87) FOREST LANE APARTMENTS INC	D	10,557	
(88) FOREST MEADOWS APTS INC	D	47,538	
(89) LAKE WINDS APTS INC	D	61,943	
(90) LAUREL TRACE INC	D	84,314	

## Form 990, Schedule R, Part V - Transactions With Related Organizations

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(91) PALMETTO BREEZE APTS INC	D	14,048	
(92) PINELLAS AFFORDABLE LIVING INC	D	958,378	
(93) PINELLAS COUNTY HOUSING INC	D	185,330	
(94) SHADY PINES APTS INC	D	5,666	
(95) TWIN BROOKS APTS INC	D	102,665	
(96) BESSIE BOLEY FOUNDATION	E	675,000	
(97) SOLUTIONS FOR ADMIN SERVICES INC	E	32,078	
(98) ALL RELATED ORGANIZATIONS	K		
(99) ALL RELATED ORGANIZATIONS	M		
(100) ALL RELATED ORGANIZATIONS	N		
(101) ARLINGTON AVE APTS INC	B	35,526	
(102) PINELLAS AFFORDABLE LIVING INC	B	170,528	
(103) BESSIE BOLEY FOUNDATION	C	235,679	
(104) BOLEY FOUNDATION INC	C	9,768	
(105) 128TH PLACE APTS INC	D	781	
(106) ARLINGTON AVE APTS INC	D	111,927	
(107) BOLEY FOUNDATION INC	D	7,645	
(108) BROADWATER PLACE INC	D	212,222	
(109) CLAM BAYOU APTS INC	D	104,159	
(110) COMMUNITY HOUSING INC	D	44,731	
(111) DOME DISTRICT APTS INC	D	25,527	
(112) FOREST LANE APARTMENTS INC	D	10,557	
(113) FOREST MEADOWS APTS INC	D	47,538	
(114) LAKE WINDS APTS INC	D	61,943	
(115) LAUREL TRACE INC	D	84,314	
(116) PALMETTO BREEZE APTS INC	D	14,048	
(117) PINELLAS AFFORDABLE LIVING INC	D	958,378	
(118) PINELLAS COUNTY HOUSING INC	D	185,330	
(119) SHADY PINES APTS INC	D	5,666	
(120) TWIN BROOKS APTS INC	D	102,665	

**Form 990, Schedule R, Part V - Transactions With Related Organizations**

(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(121) BESSIE BOLEY FOUNDATION	E	675,000	
(122) SOLUTIONS FOR ADMIN SERVICES INC	E	32,078	
(123) ALL RELATED ORGANIZATIONS	K		
(124) ALL RELATED ORGANIZATIONS	M		
(125) ALL RELATED ORGANIZATIONS	N		

Form 4562

Depreciation and Amortization  
(Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment  
Sequence No 67Department of the Treasury  
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return  
BOLEY CENTERS INC

Business or activity to which this form relates

Identifying number

INDIRECT DEPRECIATION

59-1290089

**Part I Election To Expense Certain Property Under Section 179***Note: If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses . . . . .	1	500,000
2 Total cost of section 179 property placed in service (see instructions) . . . . .	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .	3	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . .	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29 . . . . .	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .	8	
9 Tentative deduction Enter the <b>smaller</b> of line 5 or line 8 . . . . .	9	
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562 . . . . .	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . .	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .	12	
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ►	13	

*Note: Do not use Part II or Part III below for listed property. Instead, use Part V.***Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions.)**

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) . . . . .	14	
15 Property subject to section 168(f)(1) election . . . . .	15	
16 Other depreciation (including ACRS) . . . . .	16	

**Part III MACRS Depreciation (Do not include listed property.) (See instructions.)****Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2010 . . . . .	17	274,801
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18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ►	
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**Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System**

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

**Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System**

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

<b>Part IV Summary (see instructions)</b>						
21 Listed property Enter amount from line 28 . . . . .					21	
22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions . . . . .					22	274,801
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .	23					

**Part V**

**Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution:** See the instructions for limits for passenger automobiles.)

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/Convention	(h) Depreciation/deduction	(i) Elected section 179 cost

**25** Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) **25**

		%						
		%						
		%						

**26** Property used more than 50% in a qualified business use

		%						
		%						
		%						

**27** Property used 50% or less in a qualified business use

		%				S/L -		
		%				S/L -		
		%				S/L -		

**28** Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 **28**

**29** Add amounts in column (i), line 26 Enter here and on line 7, page 1 **29**

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person

If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

<b>30</b> Total business/investment miles driven during the year (do not include commuting miles)	(a) Vehicle 1	(b) Vehicle 2	(c) Vehicle 3	(d) Vehicle 4	(e) Vehicle 5	(f) Vehicle 6				
<b>31</b> Total commuting miles driven during the year										
<b>32</b> Total other personal (noncommuting) miles driven										
<b>33</b> Total miles driven during the year Add lines 30 through 32										
<b>34</b> Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
<b>35</b> Was the vehicle used primarily by a more than 5% owner or related person?										
<b>36</b> Is another vehicle available for personal use?										

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions)

<b>37</b> Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?	<b>Yes</b>	<b>No</b>
<b>38</b> Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
<b>39</b> Do you treat all use of vehicles by employees as personal use?		
<b>40</b> Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
<b>41</b> Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		

**Note:** If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year

**42** A amortization of costs that begins during your 2010 tax year (see instructions)


**43** A amortization of costs that began before your 2010 tax year **43**

**44** Total. Add amounts in column (f) See the instructions for where to report **44**