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Form 990

Return of Organization Exempt From Income Tax

2011

Open to Public
Inspection

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 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

B 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) Room/suite
445 31ST STREET NORTHCity or town, state or country, and ZIP + 4
ST PETERSBURG, FL 33713F Name and address of principal officer
GARY MACMATH
445 31ST STREET NORTH
ST PETERSBURG, FL 33713D Employer identification number
59-1290089E Telephone number
(727) 545-7278

G Gross receipts \$ 18,020,532

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 2011 (Part V, line 2a)	5	499
6 Total number of volunteers (estimate if necessary)	6	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	13,957,618	14,514,203
9 Program service revenue (Part VIII, line 2g)		3,092,847
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		32,400
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-4,232
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		17,259,883
		17,466,235

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)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		8,716,705
16a Professional fundraising fees (Part IX, column (A), line 11e)		8,617,409
b Total fundraising expenses (Part IX, column (D), line 25) ► 0		0
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		5,271,422
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		16,839,711
19 Revenue less expenses Subtract line 18 from line 12		16,904,129
		420,172
		562,106

20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	17,107,253	17,893,974
21 Total liabilities (Part X, line 26)		7,704,877
22 Net assets or fund balances Subtract line 21 from line 20		9,402,376
		8,297,295
		9,596,679

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 GARY MACMATH CEO Type or print name and title	2013-03-04 Date
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Paid Preparer's Use Only	Preparer's signature ► BYRON C SMITH CPA	Date 2013-03-06	Check if self-employed ► <input type="checkbox"/>	Preparer's taxpayer identification number (see instructions)
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► GREGORY SHARER & STUART PA 100 2ND AVE SOUTH STE 600 SAINT PETERSBURG, FL 337014336			EIN ►
				Phone no ► (727) 821-6161

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

Part III Statement of Program Service AccomplishmentsCheck 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported**4a** (Code) (Expenses \$ 5,315,197 including grants of \$) (Revenue \$ 5,530,350)

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 \$ 3,251,715 including grants of \$ 2,738,442) (Revenue \$ 3,266,664)

BOLEY HOUSING SERVICES HAS PROVIDED HOUSING AND SUPPORT TO INDIVIDUALS WITH CHRONIC MENTAL ILLNESS SINCE 1970. BOLEY CURRENTLY OWNS AND MANAGES A TOTAL OF 509 BEDS COMPRISED OF 59 GROUP HOME BEDS, 45 SAFE HAVEN BEDS, 20 SUPERVISED APARTMENT BEDS, 33 TRANSITIONAL HOMELESS SUPERVISED APARTMENTS, 103 PERMANENT HOMELESS APARTMENT BEDS, 210 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 886 UNITS OF HOUSING UNDER MANAGEMENT

4c (Code) (Expenses \$ 1,552,507 including grants of \$) (Revenue \$ 1,941,974)

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

(Code) (Expenses \$ 4,841,256 including grants of \$ 297,215) (Revenue \$)

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

4d Other program services (Describe in Schedule O)

(Expenses \$ 4,841,256 including grants of \$ 297,215) (Revenue \$)

4e Total program service expenses \$ 14,960,675

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 instructions)?

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 for which 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 temporarily restricted endowments, permanent endowments, 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, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Part I

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, Part 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, Part 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

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.** All Form 990 filers that operated one or more hospitals must attach audited financial statements

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

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 questions 24b-24d and complete Schedule K. If "No," go to line 25	<input checked="" type="checkbox"/>	24a	No	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	<input checked="" type="checkbox"/>	25a	No	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	<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)		28a	No	
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	28b	Yes	
b	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	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? If "Yes," complete Schedule L, Part IV	<input checked="" type="checkbox"/>	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	<input checked="" type="checkbox"/>	30	No	
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"/>	31	No	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	<input checked="" type="checkbox"/>	32	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"/>	33	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"/>	34	Yes	
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"/>	35a	No	
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?		35b	No	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	36	No	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	<input checked="" type="checkbox"/>	37	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"/>	38	Yes	
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O				

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	351
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	499
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	No
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a	No
b	If "Yes," enter the name of the foreign country ► See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?	6a	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7	Organizations that may receive deductible contributions under section 170(c).	7a	No
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7b	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	No
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	
d	If "Yes," indicate the number of Forms 8282 filed during the year	7e	No
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7f	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7g	
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7h	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	8	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	9a	
9	Sponsoring organizations maintaining donor advised funds.	9b	
a	Did the organization make any taxable distributions under section 4966?		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state? Note. All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13b	
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13c	
c	Enter the aggregate amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
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

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

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

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

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public. 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, or 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 organizations compensated any current or former officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Or Director	Individual trustee	Institutional Trustee	Officer	Key Employee	Employer Reported Highest Compensated			
(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 CHAIR	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				127,605	0	11,979
(15) MIRIAM NORDINGER COO	40 00			X				92,500	0	10,260
(16) JACK HUMBURG DIR OF HOUSI	40 00			X				89,753	0	7,485
(17) NANCY ROSEVEAR DIR OF HR	40 00			X				78,606	0	11,062

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
SYED K ZAIDI MD 6445 98TH AVE N PINELLAS PARK, FL 33782	PSYCHIATRIST	167,800
RANDOLPH HEMSATH MD PO BOX 11837 ST PETERSBURG, FL 33733	PSYCHIATRIST	142,740

Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d	129,653			
	e Government grants (contributions)	1e	13,991,242			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	393,308			
	g Noncash contributions included in lines 1a-1f \$		313,946			
	h Total. Add lines 1a-1f		►	14,514,203		
Program Service Revenue	Business Code					
			2a MEDICAID	1,875,277	1,875,277	
			b CLIENT FEES & RENTS	560,187	560,187	
			c MAINTENANCE REVENUE	253,381	253,381	
			d MANAGEMENT REVENUE	251,715	251,715	
			e FOOD STAMP INCOME	130,568	130,568	
	f All other program service revenue	21,719	21,719			
	g Total. Add lines 2a-2f		►	3,092,847		
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)	►	15,494		15,494	
	4 Income from investment of tax-exempt bond proceeds	►				
	5 Royalties	►				
	6a Gross rents	(I) Real	(II) Personal			
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)	►				
	7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses						
c Gain or (loss)						
d Net gain or (loss)	►					
8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	a					
b Less direct expenses	b					
c Net income or (loss) from fundraising events	►					
9a Gross income from gaming activities See Part IV, line 19	a					
b Less direct expenses	b					
c Net income or (loss) from gaming activities	►					
10a Gross sales of inventory, less returns and allowances	a	267,932				
b Less cost of goods sold	b	554,297				
c Net income or (loss) from sales of inventory	►		-286,365		-286,365	
Miscellaneous Revenue		Business Code				
11a EMPLOYEE LEASING REV			92,481	92,481		
b OTHER REVENUE			45,931	45,931		
c JV - SOLUTIONS FOR ADMIN SERV			-8,356	-8,356		
d All other revenue						
e Total. Add lines 11a-11d		►	130,056			
12 Total revenue. See Instructions		►	17,466,235	3,222,903	-270,871	

Part IX Statement of Functional Expenses

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

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

Check if Schedule O contains a response to any question in this Part IX **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 United States See Part IV, line 21	297,215	297,215		
2 Grants and other assistance to individuals in the United States See Part IV, line 22	2,738,442	2,738,442		
3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	518,084	76,290	441,794	
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	6,665,585	5,904,536	761,049	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	220,136	179,826	40,310	
9 Other employee benefits	700,948	653,214	47,734	
10 Payroll taxes	512,656	429,146	83,510	
11 Fees for services (non-employees)				
a Management				
b Legal	11,352		11,352	
c Accounting	130,932		130,932	
d Lobbying				
e Professional fundraising See Part IV, line 17				
f Investment management fees				
g Other	921,941	859,134	62,807	
12 Advertising and promotion				
13 Office expenses	244,421	208,738	35,683	
14 Information technology				
15 Royalties				
16 Occupancy	745,638	702,292	43,346	
17 Travel	152,037	122,607	29,430	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	77,354	34,967	42,387	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	502,493	461,266	41,227	
23 Insurance	152,615	134,576	18,039	
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	851,052	851,052		
b TRANSPORTATION	446,620	446,120	500	
c REPAIRS & MAINTENANCE	420,583	350,838	69,745	
d FOOD SERVICE COST	365,917	360,105	5,812	
e				
f All other expenses	228,108	150,311	77,797	
25 Total functional expenses. Add lines 1 through 24f	16,904,129	14,960,675	1,943,454	0
26 Joint costs. Check here <input type="checkbox"/> <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

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	806,276	1 1,273,243
	2 Savings and temporary cash investments	491,598	2 248,826
	3 Pledges and grants receivable, net	2,192,337	3 1,879,538
	4 Accounts receivable, net	389,554	4 361,349
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	6	
	7 Notes and loans receivable, net	7	
	8 Inventories for sale or use	100,226	8 105,706
	9 Prepaid expenses and deferred charges	81,381	9 296,565
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	17,744,372
	b Less accumulated depreciation	10b	6,954,672
		10,977,477	10c 10,789,700
	11 Investments—publicly traded securities	69,680	11 78,075
	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	1,998,724	15 2,860,972
	16 Total assets. Add lines 1 through 15 (must equal line 34)	17,107,253	16 17,893,974
Liabilities	17 Accounts payable and accrued expenses	1,911,868	17 1,338,514
	18 Grants payable	18	
	19 Deferred revenue	1,101	19
	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	5,791,908	23 6,958,781
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	25	
	26 Total liabilities. Add lines 17 through 25	7,704,877	26 8,297,295
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	9,061,678	27 9,290,948
	28 Temporarily restricted net assets	340,698	28 305,731
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	30 Capital stock or trust principal, or current funds	30	
	31 Paid-in or capital surplus, or land, building or equipment fund	31	
	32 Retained earnings, endowment, accumulated income, or other funds	32	
	33 Total net assets or fund balances	9,402,376	33 9,596,679
	34 Total liabilities and net assets/fund balances	17,107,253	34 17,893,974

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	17,466,235
2	Total expenses (must equal Part IX, column (A), line 25)	2	16,904,129
3	Revenue less expenses Subtract line 2 from line 1	3	562,106
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,402,376
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-367,803
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	9,596,679

Part XII Financial Statements and ReportingCheck 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

2011

Open to Public
Inspection**SCHEDULE A**
(Form 990 or 990EZ)**Public Charity Status and Public Support**

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.

Department of the Treasury
Internal Revenue Service
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 **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 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g 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 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?

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

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	14,158,508	14,311,898	13,673,134	13,957,618	14,514,203	70,615,361
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	14,158,508	14,311,898	13,673,134	13,957,618	14,514,203	70,615,361
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						70,615,361

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	14,158,508	14,311,898	13,673,134	13,957,618	14,514,203	70,615,361
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,663	30,095	25,698	21,400	15,494	115,350
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	248,357	31,431	287,587	296,014	130,056	993,445
11 Total support (Add lines 7 through 10)						71,724,156
12 Gross receipts from related activities, etc (See instructions)					12	17,214,634
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 2011 (line 6 column (f) divided by line 11 column (f))	14	98 450 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98 410 %
16a 33 1/3% support test—2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2010. If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2011. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

Part III Support Schedule for Organizations Described in IRC 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 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

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

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	

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

Facts And Circumstances Test

Explanation

2011

Open to Public
Inspection**SCHEDULE D**
(Form 990)Department of the Treasury
Internal Revenue Service**Supplemental Financial Statements**

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
 ► Attach to Form 990. ► See separate instructions.

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

	Yes	No
3a(i) unrelated organizations		No
3a(ii) related organizations		No
3b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?		No

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

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

	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		3,192,376			3,192,376
b Buildings		12,104,943	4,837,048		7,267,895
c Leasehold improvements		289,812	276,537		13,275
d Equipment		1,117,392	1,001,321		116,071
e Other		1,039,849	839,766		200,083
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)					10,789,700

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		
Total. (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
Total. (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	1,533,531
(2) CONSTRUCTION IN PROCESS	994,637
(3) INVESTMENT IN SAS, JOINT VENTURE	332,804
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.) ►	2,860,972

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

(a) Description of Liability	(b) Amount
Federal Income Taxes	
See Additional Data Table	
Total. (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 (ASC740)

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	17,466,235
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	16,904,129
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	562,106
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	-342,963
9	Total adjustments (net) Add lines 4 - 8	9	-342,963
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	219,143

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	19,373,738
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	2,144,145
e	Add lines 2a through 2d	2e	2,144,145
3	Subtract line 2e from line 1	3	17,229,593
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	236,642
c	Add lines 4a and 4b	4c	236,642
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	17,466,235

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

1	Total expenses and losses per audited financial statements	1	19,154,595
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	2,487,108
e	Add lines 2a through 2d	2e	2,487,108
3	Subtract line 2e from line 1	3	16,667,487
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	236,642
c	Add lines 4a and 4b	4c	236,642
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18)	5	16,904,129

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 2008, 2009 AND 2010 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	CONSOLIDATED STMT - REMOVE OTHER ENTITIES 1,589,848 THRIFT SHOP EXPENSES 554,297 GRANTS TO AFFILIATES -236,642 CONSOLIDATED STMT - REMOVE OTHER ENTITIES -1,565,008 THRIFT SHOP EXPENSE - 554,297 DEFERRED BENEFIT DEDUCTION -62,075 LOAN DISCOUNT ADJUSTMENT -305,728 GRANTS TO AFFILIATES 236,642
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	CONSOLIDATED STMT - REMOVE OTHER ENTITIES 1,589,848 THRIFT SHOP EXPENSES 554,297
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	GRANTS TO AFFILIATES 236,642
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	CONSOLIDATED STMT - REMOVE OTHER ENTITIES 1,565,008 THRIFT SHOP EXPENSE 554,297 DEFERRED BENEFIT DEDUCTION 62,075 LOAN DISCOUNT ADJUSTMENT 305,728
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	GRANTS TO AFFILIATES 236,642

**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

2011

**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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed .

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PINELLAS AFFORDABLE LIVING INC 445 31ST ST NORTH ST PETERSBURG, FL 33713	59-3171557	3	105,704		CASH		SUPPORTIVE HOUSING
(2) PINELLAS AFFORDABLE LIVING INC 445 31ST ST NORTH ST PETERSBURG, FL 33713	59-3171557	3		130,938	NBV	BUILDING/LAND	SUPPORTIVE HOUSING
(3) HOMELESS EMERGENCY PROJECT 1120 N BETTY LANE CLEARWATER, FL 33755	59-2729694	3	60,573		CASH		SUPPORTIVE HOUSING

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	375	2,738,442			

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 375 INDIVIDUALS FOR FINANCIAL DISTRESS PAYMENTS, UTILITIES, TRAINING, SEC 8 HOUSING, MEDICAL AND RENT

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2011

Department of the Treasury
Internal Revenue Service

Name of the organization
BOLEY CENTERS INC

Employer identification number

59-129008

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.

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	64,359	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

SCHEDULE M
(Form 990)

NonCash Contributions

OMB No 1545-0047

2011

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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining 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		313,946	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?	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.

2011**Open to Public
Inspection**Name of the organization
BOLEY CENTERS INC**Employer identification number**
59-1290089

Identifier	Return Reference	Explanation
ALL OTHER ACCOMPLISHMENT 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
RELATED PARTY INFORMATION AMONG OFFICERS	FORM 990, PAGE 6, PART VI, LINE 2	GARY MACMATH MARCIA MACMATH CEO TRAINING DIR HUSBAND/WIFE
ORGANIZATIONS 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
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	BOARD MEMBERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST FORM ANNUALLY
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	COMPENSATION IS DEPENDENT UPON YEARS OF EXPERIENCE, EDUCATION, AND CERTIFICATIONS
COMPENSATION PROCESS FOR OFFICERS	FORM 990, PAGE 6, PART VI, LINE 15B	COMPENSATION IS DEPENDENT UPON YEARS OF EXPERIENCE, EDUCATION, AND CERTIFICATIONS
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

2011

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection

► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization
BOLEY CENTERS INCEmployer identification number
59-1290089**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
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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.)

(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
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Yes No

See Additional Data Table

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 related organization(s)
- c** Gift, grant, or capital contribution from related organization(s)
- d** Loans or loan guarantees to or for related organization(s)
- e** Loans or loan guarantees by related organization(s)
- f** Sale of assets to related organization(s)
- g** Purchase of assets from related organization(s)
- h** Exchange of assets with related organization(s)
- i** Lease of facilities, equipment, or other assets to related organization(s)
- j** Lease of facilities, equipment, or other assets from related organization(s)
- k** Performance of services or membership or fundraising solicitations for related organization(s)
- l** Performance of services or membership or fundraising solicitations by related organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- n** Sharing of paid employees with related organization(s)
- o** Reimbursement paid to related organization(s) for expenses
- p** Reimbursement paid by related organization(s) for expenses
- q** Other transfer of cash or property to related organization(s)
- r** Other transfer of cash or property from related 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 501(c) (3))	(f) Direct Controlling Entity	(g) Section 512 (b)(13) controlled organization
128 PLACE APTS INC 2780/2790 1ST AVE N ST PETERSBURG, FL 33713 59-3717717	HOUSING	FL	501 C3	9 N/A		No
ARLINGTON AVE APTS INC 1007 ARLINGTON AVE N ST PETERSBURG, FL 33705 26-4225646	HOUSING	FL	501 C3	9 N/A		No
BESSIE BOLEY FOUNDATION 445 31ST STREET N ST PETERSBURG, FL 33713 59-6165239	SUPPORT	FL	501 C3	11B N/A		No
BOLEY FOUNDATION INC 445 31ST STREET N ST PETERSBURG, FL 33713 59-2230228	SUPPORT	FL	501 C3	11B N/A		No
BROADWATER PLACE INC 3615 37TH STREET S ST PETERSBURG, FL 33713 27-3345871	HOUSING	FL	501 C3	9 N/A		No
CLAM BAYOU APTS INC 3910/3990 34TH AVE S ST PETERSBURG, FL 33711 43-2078260	HOUSING	FL	501 C3	9 N/A		No
COMMUNITY HOUSING INC 4123 37TH ST N ST PETERSBURG, FL 33714 59-2689809	HOUSING	FL	501 C3	9 N/A		No
DOME DISTRICT APTS INC 1029 BURLINGTON AVE N ST PETERSBURG, FL 33701 59-3617678	HOUSING	FL	501 C3	9 N/A		No
FOREST LANE APTS INC 7101 53RD ST N PINELLAS PARK, FL 33781 59-3212722	HOUSING	FL	501 C3	9 N/A		No
FOREST MEADOWS APTS INC 5170 FOREST MEADOWS LANE ST PETERSBURG, FL 33709 59-3212721	HOUSING	FL	501 C3	9 N/A		No
LAKE WINDS APTS INC 836/840 34TH AVE S ST PETERSBURG, FL 33705 59-3682167	HOUSING	FL	501 C3	9 N/A		No
LAUREL TRACE INC 7211 46TH AVE N ST PETERSBURG, FL 33713 90-0604565	HOUSING	FL	501 C3	9 N/A		No
PALMETTO BREEZE APTS INC 2426/2962 1ST AVE S ST PETERSBURG, FL 33713 06-1670536	HOUSING	FL	501 C3	9 N/A		No
PINELLAS AFFORDABLE LIVING INC 445 31ST STREET N ST PETERSBURG, FL 33713 59-3171557	HOUSING	FL	501 C3	9 N/A		No
PINELLAS COUNTY HOUSING INC 1800 4TH ST S 3301 6TH ST S ST PETERSBURG, FL 33705 59-2311570	HOUSING	FL	501 C3	9 N/A		No
SHADY PINES APTS INC 4037 76TH AVE N ST PETERSBURG, FL 33781 59-3547490	HOUSING	FL	501 C3	9 N/A		No
SOLUTIONS FOR ADMIN SERVICES INC 445 31ST STREET ST PETERSBURG, FL 33713 35-2384671	SEE NOTES	FL	501 C3	11A N/A		No
SUNSET POINT APARTMENTS INC 1401 1413 SUNSET POINT RD CLEARWATER, FL 33755 45-4082301	HOUSING	FL	501 C3	9 N/A		No
TWIN BROOKS APTS INC 3450 24TH AVE S ST PETERSBURG, FL 33711 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) PINELLAS AFFORDABLE LIVING INC	B	236,642	CASH
(2) BESSIE BOLEY FOUNDATION	C	111,401	CASH
(3) BOLEY FOUNDATION INC	C	18,252	CASH
(4) 128TH PLACE APTS INC	D	7,552	MORTGAGE RECEIVABLE
(5) ARLINGTON AVE APTS INC	D	4,113	MORTGAGE RECEIVABLE
(6) BOLEY FOUNDATION INC	D	16,254	MORTGAGE RECEIVABLE
(7) BROADWATER PLACE INC	D	231,287	MORTGAGE RECEIVABLE
(8) CLAM BAYOU APTS INC	D	109,423	MORTGAGE RECEIVABLE
(9) COMMUNITY HOUSING INC	D	38,498	MORTGAGE RECEIVABLE
(10) DOME DISTRICT APTS INC	D	31,994	MORTGAGE RECEIVABLE
(11) FOREST LANE APARTMENTS INC	D	10,194	MORTGAGE RECEIVABLE
(12) FOREST MEADOWS APTS INC	D	43,066	MORTGAGE RECEIVABLE
(13) LAKE WINDS APTS INC	D	64,593	MORTGAGE RECEIVABLE
(14) LAUREL TRACE INC	D	72,348	MORTGAGE RECEIVABLE
(15) PALMETTO BREEZE APTS INC	D	12,663	MORTGAGE RECEIVABLE
(16) PINELLAS AFFORDABLE LIVING INC	D	1,027,616	MORTGAGE RECEIVABLE
(17) PINELLAS COUNTY HOUSING INC	D	165,729	MORTGAGE RECEIVABLE
(18) SHADY PINES APTS INC	D	4,370	MORTGAGE RECEIVABLE
(19) TWIN BROOKS APTS INC	D	107,966	MORTGAGE RECEIVABLE
(20) SUNSET POINT APARTMENTS INC	D	124,501	MORTGAGE RECEIVABLE

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
(21) SALT CREEK APARTMENTS LTD	D	326,220	ACCOUNTS RECEIVABLE
(22) BESSIE BOLEY FOUNDATION	E	538,636	MORTGAGE PAYABLE
(23) SOLUTIONS FOR ADMIN SERVICES INC	E	30,719	ACCOUNTS PAYABLE
(24) ALL RELATED ORGANIZATIONS	K		SERVICES
(25) ALL RELATED ORGANIZATIONS	M		SHARING OF FACILITIES
(26) ALL RELATED ORGANIZATIONS	N		SHARING OF PAID EMPLOYEES
(27) PINELLAS AFFORDABLE LIVING INC	B	236,642	CASH
(28) BESSIE BOLEY FOUNDATION	C	111,401	CASH
(29) BOLEY FOUNDATION INC	C	18,252	CASH
(30) 128TH PLACE APTS INC	D	7,552	MORTGAGE RECEIVABLE
(31) ARLINGTON AVE APTS INC	D	4,113	MORTGAGE RECEIVABLE
(32) BOLEY FOUNDATION INC	D	16,254	MORTGAGE RECEIVABLE
(33) BROADWATER PLACE INC	D	231,287	MORTGAGE RECEIVABLE
(34) CLAM BAYOU APTS INC	D	109,423	MORTGAGE RECEIVABLE
(35) COMMUNITY HOUSING INC	D	38,498	MORTGAGE RECEIVABLE
(36) DOME DISTRICT APTS INC	D	31,994	MORTGAGE RECEIVABLE
(37) FOREST LANE APARTMENTS INC	D	10,194	MORTGAGE RECEIVABLE
(38) FOREST MEADOWS APTS INC	D	43,066	MORTGAGE RECEIVABLE
(39) LAKE WINDS APTS INC	D	64,593	MORTGAGE RECEIVABLE
(40) LAUREL TRACE INC	D	72,348	MORTGAGE RECEIVABLE

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
(41) PALMETTO BREEZE APTS INC	D	12,663	MORTGAGE RECEIVABLE
(42) PINELLAS AFFORDABLE LIVING INC	D	1,027,616	MORTGAGE RECEIVABLE
(43) PINELLAS COUNTY HOUSING INC	D	165,729	MORTGAGE RECEIVABLE
(44) SHADY PINES APTS INC	D	4,370	MORTGAGE RECEIVABLE
(45) TWIN BROOKS APTS INC	D	107,966	MORTGAGE RECEIVABLE
(46) SUNSET POINT APARTMENTS INC	D	124,501	MORTGAGE RECEIVABLE
(47) SALT CREEK APARTMENTS LTD	D	326,220	ACCOUNTS RECEIVABLE
(48) BESSIE BOLEY FOUNDATION	E	538,636	MORTGAGE PAYABLE
(49) SOLUTIONS FOR ADMIN SERVICES INC	E	30,719	ACCOUNTS PAYABLE
(50) ALL RELATED ORGANIZATIONS	K		SERVICES
(51) ALL RELATED ORGANIZATIONS	M		SHARING OF FACILITIES
(52) ALL RELATED ORGANIZATIONS	N		SHARING OF PAID EMPLOYEES
(53) PINELLAS AFFORDABLE LIVING INC	B	236,642	CASH
(54) BESSIE BOLEY FOUNDATION	C	111,401	CASH
(55) BOLEY FOUNDATION INC	C	18,252	CASH
(56) 128TH PLACE APTS INC	D	7,552	MORTGAGE RECEIVABLE
(57) ARLINGTON AVE APTS INC	D	4,113	MORTGAGE RECEIVABLE
(58) BOLEY FOUNDATION INC	D	16,254	MORTGAGE RECEIVABLE
(59) BROADWATER PLACE INC	D	231,287	MORTGAGE RECEIVABLE
(60) CLAM BAYOU APTS INC	D	109,423	MORTGAGE RECEIVABLE

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) COMMUNITY HOUSING INC	D	38,498	MORTGAGE RECEIVABLE
(62) DOME DISTRICT APTS INC	D	31,994	MORTGAGE RECEIVABLE
(63) FOREST LANE APARTMENTS INC	D	10,194	MORTGAGE RECEIVABLE
(64) FOREST MEADOWS APTS INC	D	43,066	MORTGAGE RECEIVABLE
(65) LAKE WINDS APTS INC	D	64,593	MORTGAGE RECEIVABLE
(66) LAUREL TRACE INC	D	72,348	MORTGAGE RECEIVABLE
(67) PALMETTO BREEZE APTS INC	D	12,663	MORTGAGE RECEIVABLE
(68) PINELLAS AFFORDABLE LIVING INC	D	1,027,616	MORTGAGE RECEIVABLE
(69) PINELLAS COUNTY HOUSING INC	D	165,729	MORTGAGE RECEIVABLE
(70) SHADY PINES APTS INC	D	4,370	MORTGAGE RECEIVABLE
(71) TWIN BROOKS APTS INC	D	107,966	MORTGAGE RECEIVABLE
(72) SUNSET POINT APARTMENTS INC	D	124,501	MORTGAGE RECEIVABLE
(73) SALT CREEK APARTMENTS LTD	D	326,220	ACCOUNTS RECEIVABLE
(74) BESSIE BOLEY FOUNDATION	E	538,636	MORTGAGE PAYABLE
(75) SOLUTIONS FOR ADMIN SERVICES INC	E	30,719	ACCOUNTS PAYABLE
(76) ALL RELATED ORGANIZATIONS	K		SERVICES
(77) ALL RELATED ORGANIZATIONS	M		SHARING OF FACILITIES
(78) ALL RELATED ORGANIZATIONS	N		SHARING OF PAID EMPLOYEES
(79) PINELLAS AFFORDABLE LIVING INC	B	236,642	CASH
(80) BESSIE BOLEY FOUNDATION	C	111,401	CASH

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
(81) BOLEY FOUNDATION INC	C	18,252	CASH
(82) 128TH PLACE APTS INC	D	7,552	MORTGAGE RECEIVABLE
(83) ARLINGTON AVE APTS INC	D	4,113	MORTGAGE RECEIVABLE
(84) BOLEY FOUNDATION INC	D	16,254	MORTGAGE RECEIVABLE
(85) BROADWATER PLACE INC	D	231,287	MORTGAGE RECEIVABLE
(86) CLAM BAYOU APTS INC	D	109,423	MORTGAGE RECEIVABLE
(87) COMMUNITY HOUSING INC	D	38,498	MORTGAGE RECEIVABLE
(88) DOME DISTRICT APTS INC	D	31,994	MORTGAGE RECEIVABLE
(89) FOREST LANE APARTMENTS INC	D	10,194	MORTGAGE RECEIVABLE
(90) FOREST MEADOWS APTS INC	D	43,066	MORTGAGE RECEIVABLE
(91) LAKE WINDS APTS INC	D	64,593	MORTGAGE RECEIVABLE
(92) LAUREL TRACE INC	D	72,348	MORTGAGE RECEIVABLE
(93) PALMETTO BREEZE APTS INC	D	12,663	MORTGAGE RECEIVABLE
(94) PINELLAS AFFORDABLE LIVING INC	D	1,027,616	MORTGAGE RECEIVABLE
(95) PINELLAS COUNTY HOUSING INC	D	165,729	MORTGAGE RECEIVABLE
(96) SHADY PINES APTS INC	D	4,370	MORTGAGE RECEIVABLE
(97) TWIN BROOKS APTS INC	D	107,966	MORTGAGE RECEIVABLE
(98) SUNSET POINT APARTMENTS INC	D	124,501	MORTGAGE RECEIVABLE
(99) SALT CREEK APARTMENTS LTD	D	326,220	ACCOUNTS RECEIVABLE
(100) BESSIE BOLEY FOUNDATION	E	538,636	MORTGAGE PAYABLE

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
(101) SOLUTIONS FOR ADMIN SERVICES INC	E	30,719	ACCOUNTS PAYABLE
(102) ALL RELATED ORGANIZATIONS	K		SERVICES
(103) ALL RELATED ORGANIZATIONS	M		SHARING OF FACILITIES
(104) ALL RELATED ORGANIZATIONS	N		SHARING OF PAID EMPLOYEES
(105) PINELLAS AFFORDABLE LIVING INC	B	236,642	CASH
(106) BESSIE BOLEY FOUNDATION	C	111,401	CASH
(107) BOLEY FOUNDATION INC	C	18,252	CASH
(108) 128TH PLACE APTS INC	D	7,552	MORTGAGE RECEIVABLE
(109) ARLINGTON AVE APTS INC	D	4,113	MORTGAGE RECEIVABLE
(110) BOLEY FOUNDATION INC	D	16,254	MORTGAGE RECEIVABLE
(111) BROADWATER PLACE INC	D	231,287	MORTGAGE RECEIVABLE
(112) CLAM BAYOU APTS INC	D	109,423	MORTGAGE RECEIVABLE
(113) COMMUNITY HOUSING INC	D	38,498	MORTGAGE RECEIVABLE
(114) DOME DISTRICT APTS INC	D	31,994	MORTGAGE RECEIVABLE
(115) FOREST LANE APARTMENTS INC	D	10,194	MORTGAGE RECEIVABLE
(116) FOREST MEADOWS APTS INC	D	43,066	MORTGAGE RECEIVABLE
(117) LAKE WINDS APTS INC	D	64,593	MORTGAGE RECEIVABLE
(118) LAUREL TRACE INC	D	72,348	MORTGAGE RECEIVABLE
(119) PALMETTO BREEZE APTS INC	D	12,663	MORTGAGE RECEIVABLE
(120) PINELLAS AFFORDABLE LIVING INC	D	1,027,616	MORTGAGE RECEIVABLE

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) PINELLAS COUNTY HOUSING INC	D	165,729	MORTGAGE RECEIVABLE
(122) SHADY PINES APTS INC	D	4,370	MORTGAGE RECEIVABLE
(123) TWIN BROOKS APTS INC	D	107,966	MORTGAGE RECEIVABLE
(124) SUNSET POINT APARTMENTS INC	D	124,501	MORTGAGE RECEIVABLE
(125) SALT CREEK APARTMENTS LTD	D	326,220	ACCOUNTS RECEIVABLE
(126) BESSIE BOLEY FOUNDATION	E	538,636	MORTGAGE PAYABLE
(127) SOLUTIONS FOR ADMIN SERVICES INC	E	30,719	ACCOUNTS PAYABLE
(128) ALL RELATED ORGANIZATIONS	K	SERVICES	
(129) ALL RELATED ORGANIZATIONS	M	SHARING OF FACILITIES	
(130) ALL RELATED ORGANIZATIONS	N	SHARING OF PAID EMPLOYEES	

Form 4562

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172

2011

Department of the Treasury
Internal Revenue Service (99)

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

Attachment
Sequence No 179Name(s) shown on return
BOLEY CENTERS INCBusiness or activity to which this form relates
INDIRECT DEPRECIATIONIdentifying number
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 instructions)	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 smaller of line 5 or line 8	9			
10 Carryover of disallowed deduction from line 13 of your 2010 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 2012 Add lines 9 and 10, less line 11 ►	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 2011	17	235,478
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 ►		

Section B—Assets Placed in Service During 2011 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 2011 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	

Part IV Summary (see instructions)

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	235,478
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

30 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	
	Yes	No										
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 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)

37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?													Yes	No
38 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														
39 Do you treat all use of vehicles by employees as personal use?														
40 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?														
41 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

Part VI	Amortization					
(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 Amortization of costs that begins during your 2011 tax year (see instructions)						

43 Amortization of costs that began before your 2011 tax year **43**

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

Additional Data

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

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

(Code) (Expenses \$ 4,841,256 Including grants of \$ 297,215) (Revenue \$)

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