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Part IIISTatement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line 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 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 \$ 5,010,986 including grants of \$ 382,093 ) (Revenue \$ 653,705 )

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 \$ 3,460,602 including grants of \$ 2,862,062 ) (Revenue \$ 146,951 )

BOLEY HOUSING SERVICES HAS PROVIDED HOUSING AND SUPPORT TO INDIVIDUALS WITH CHRONIC MENTAL ILLNESS SINCE 1970 BOLEY CURRENTLY OWNS AND MANAGES A TOTAL OF 570 BEDS COMPRISED OF 49 GROUP HOME BEDS, 45 SAFE HAVEN BEDS, 48 TRANSITIONAL HOMELESS SUPERVISED APARTMENTS, 126 PERMANENT HOMELESS APARTMENT BEDS, 268 PERMANENT SUPPORTED HOUSING APARTMENT BEDS AND 34 INTEGRATED APARTMENT UNITS ADDITIONALLY, BOLEY CENTERS ACTS AS A HOUSING AUTHORITY AND MANAGES 402 HOUSING VOUCHERS FOR A TOTAL OF 972 UNITS OF HOUSING UNDER MANAGEMENT

4c

(Code ) (Expenses \$ 1,368,178 including grants of \$ ) (Revenue \$ 86,603 )

SUPPORTED HOUSING/SUPPORTED LIVING PROGRAM FOCUSES SERVICES AROUND COMMUNITY-BASED REHABILITATIVE PRINCIPLES TEAM MEMBERS PROVIDE SERVICE AND SUPPORT TO CONSUMERS THAT ARE DESIGNED TO ENHANCE THE CONSUMER'S ABILITY TO ACQUIRE THE SKILLS AND DEVELOP THE SUPPORT NETWORKS NECESSARY TO LIVE INDEPENDENTLY IN A SETTING OF THEIR CHOOSING THIS INCLUDES ESTABLISHING COMMUNITY INTEGRATION, SKILL ATTAINMENT AND RESTORATION OF FUNCTIONAL ABILITY TEAM MEMBERS WORK CLOSELY WITH CONSUMERS AND THEIR FAMILY MEMBERS TO IDENTIFY THEIR INDIVIDUAL AREAS OF NEED THE TEAM MEMBERS THEN DEVELOP INDIVIDUAL TREATMENT PLANS DESIGNED TO HELP THE INDIVIDUALS ACQUIRE OR RESTORE SKILLS AND/OR SUPPORTS REQUIRED TO OBTAIN THEIR IDENTIFIED GOALS

(Code ) (Expenses \$ 4,290,290 including grants of \$ 11,696 ) (Revenue \$ 2,324,958 )

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 \$ 4,290,290 including grants of \$ 11,696 ) (Revenue \$ 2,324,958 )

4e















Total program service expenses

14,130,056

Form 990 (2013)

Part IV

Checklist of Required Schedules

|   | Yes     | No |
|---|---------|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A    | 1 Yes   |    |
| 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?   | 2       | No |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I  | 3       | No |
| 4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II   | 4       | No |
| 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   | 5       | No |
| 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   | 6       | No |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II   | 7       | No |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III    | 8       | No |
| 9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV  | 9       | No |
| 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V    | 10      | No |
| 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    | 11a Yes |    |
| 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   | 11b     | No |
| 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   | 11c     | No |
| 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   | 11d Yes |    |
| e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X    | 11e     | No |
| 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   | 11f Yes |    |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII   | 12a     | No |
| 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 and XII is optional    | 12b Yes |    |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 13      | No |
| 14a Did the organization maintain an office, employees, or agents outside of the United States?   | 14a     | No |
| 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, Parts I and IV   | 14b     | No |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV   | 15      | No |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV   | 16      | No |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  | 17      | No |
| 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   | 18      | No |
| 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   | 19      | No |
| 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H   | 20a     | No |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  | 20b     |    |

Part IV

Checklist of Required Schedules (continued)

|     |  |     |     |    |
|-----|--|-----|-----|----|
| 21  | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .  | 21  | Yes |    |
| 22  | Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .  | 22  | Yes |    |
| 23  | Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .  | 23  | Yes |    |
| 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .                            | 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 | <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .  | 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? <i>If "Yes," complete Schedule L, Part I</i> . . . . .                                       | 25b |     | No |
| 26  | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If so, complete Schedule L, Part II</i> . . . . .                                    | 26  |     | No |
| 27  | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> . . . . . | 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)   |     |     |    |
| a   | A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .   | 28a |     | No |
| b   | A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .  | 28b |     | 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 direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . .  | 28c |     | No |
| 29  | Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .  | 29  | Yes |    |
| 30  | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .  | 30  |     | No |
| 31  | Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .  | 31  |     | No |
| 32  | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .  | 32  |     | No |
| 33  | Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .  | 33  |     | No |
| 34  | Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> . . . . .  | 34  | Yes |    |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)?  | 35a |     | No |
| b   | If 'Yes' to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . .   | 35b |     |    |
| 36  | <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .   | 36  |     | No |
| 37  | Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . .   | 37  |     | No |
| 38  | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .  | 38  | Yes |    |

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

☐

|   |  |     |     |
|---|--|-----|-----|
|   |  | Yes | No  |
| 1a  | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.  | 334 |     |
| 1b  | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.   | 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, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return. | 2a  | 440 |
| b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?<br><b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).                                   |  | 2b  | Yes |
| 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" to line 3b, provide an explanation in Schedule O.  |  | 3b  |     |
| 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?                           |  | 4a  | No  |
| b If "Yes," enter the name of the foreign country:<br>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 as charitable contributions?  |  | 6a  | No  |
| b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   |  | 6b  |     |
| 7 Organizations that may receive deductible contributions under section 170(c).   |  |     |     |
| a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?   |  | 7a  | No  |
| b If "Yes," did the organization notify the donor of the value of the goods or services provided?   |  | 7b  |     |
| c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  |  | 7c  | No  |
| d If "Yes," indicate the number of Forms 8282 filed during the year.  |  | 7d  |     |
| e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?   |  | 7e  | No  |
| f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  |  | 7f  | No  |
| g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  |  | 7g  |     |
| h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  |  | 7h  |     |
| 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? |  | 8   |     |
| 9 Sponsoring organizations maintaining donor advised funds.   |  |     |     |
| a Did the organization make any taxable distributions under section 4966?   |  | 9a  |     |
| b Did the organization make a distribution to a donor, donor advisor, or related person?  |  | 9b  |     |
| 10 Section 501(c)(7) organizations. Enter   |  |     |     |
| a Initiation fees and capital contributions included on Part VIII, line 12.   |  | 10a |     |
| b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.  |  | 10b |     |
| 11 Section 501(c)(12) organizations. Enter  |  |     |     |
| a Gross income from members or shareholders.  |  | 11a |     |
| b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).  |  | 11b |     |
| 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  |  | 12a |     |
| b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.  |  | 12b |     |
| 13 Section 501(c)(29) qualified nonprofit health insurance issuers.   |  |     |     |
| a Is the organization licensed to issue qualified health plans in more than one state?<br><b>Note.</b> See the instructions for additional information the organization must report on Schedule O.  |  | 13a |     |
| b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.  |  | 13b |     |
| c Enter the amount of reserves on hand.   |  | 13c |     |
| 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 or note to any line 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 . . . . .   | 12  |     |
| If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O |   |     |     |
| 1b   | Enter the number of voting members included in line 1a, above, who are independent . . . . .  | 12  |     |
| 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  |
| 7b   | 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  |     |     |
| 8a   | The governing body? . . . . .   | 8a  | Yes |
| 8b   | 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  |
| 10b  | 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 |
| 11b  | Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .   |     |     |
| 12a  | Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .  | 12a | Yes |
| 12b  | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .  | 12b | Yes |
| 12c  | 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?   |     |     |
| 15a  | The organization's CEO, Executive Director, or top management official . . . . .   | 15a | Yes |
| 15b  | 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 | Yes |
| 16b  | 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 | Yes |

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.<br><input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O) |    |
| 19 | Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year  |    |
| 20 | State the name, physical address, and telephone number of the person who possesses the books and records of the organization<br>GARY MACMATH 445 31ST ST NORTH<br>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 or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid

List all of the organization's **current** key employees, if any See instructions for definition of "key employee "

List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

List all of the organization's **former** officers, key employees, 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 organization compensated any current officer, director, or trustee

| (A)<br>Name and Title      | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |        | (D)<br>Reportable compensation from the organization (W- 2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W- 2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|----------------------------|--|---|-----------------------|---------|--------------|------------------------------|--------|---|--|---|
|                            |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former |   |  |   |
| (1) SHANETTA WRIGHT-MINTER | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 0 00   |   |                       |         |              |                              |        |   |  |   |
| (2) LORETTA ROSS           | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| 1ST VICE CHA               | 1 00   |   |                       |         |              |                              |        |   |  |   |
| (3) SALLY POYNTER          | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| 2ND VICE CHA               | 10 50  |   |                       |         |              |                              |        |   |  |   |
| (4) PAUL MISIEWICZ         | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 10 50  |   |                       |         |              |                              |        |   |  |   |
| (5) VIRGINIA BATTAGLIA     | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 1 00   |   |                       |         |              |                              |        |   |  |   |
| (6) RUTLAND BUSSEY         | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| CHAIR                      | 8 00   |   |                       |         |              |                              |        |   |  |   |
| (7) MAJOR SHARON CARRON    | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 0 00   |   |                       |         |              |                              |        |   |  |   |
| (8) HAL GREGORY            | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 3 50   |   |                       |         |              |                              |        |   |  |   |
| (9) JACK HEBERT            | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 0 00   |   |                       |         |              |                              |        |   |  |   |
| (10) SANDY INCORVIA        | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 0 00   |   |                       |         |              |                              |        |   |  |   |
| (11) MARTIN LOTT           | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 10 50  |   |                       |         |              |                              |        |   |  |   |
| (12) BOB PITTS             | 1 00   | X   |                       |         |              |                              |        | 0   | 0  | 0   |
| DIRECTOR                   | 5 50   |   |                       |         |              |                              |        |   |  |   |
| (13) GARY MACMATH          | 1 00   |   |                       | X       |              |                              |        | 141,048   | 0  | 11,452  |
| EXECUTIVE DI               | 1 00   |   |                       |         |              |                              |        |   |  |   |
| (14) MIRIAM NORDINGER      | 40 00  |   |                       | X       |              |                              |        | 93,992  | 0  | 8,133   |
| COO                        |  |   |                       |         |              |                              |        |   |  |   |
| (15) JACK HUMBURG          | 1 00   |   |                       | X       |              |                              |        | 89,489  | 0  | 2,674   |
| DIR OF HOUSI               | 7 50   |   |                       |         |              |                              |        |   |  |   |
| (16) NANCY RECULOHE        | 40 00  |   |                       | X       |              |                              |        | 83,360  | 0  | 10,932  |
| DIR OF FINAN               |  |   |                       |         |              |                              |        |   |  |   |
|                            |  |   |                       |         |              |                              |        |   |  |   |



## Part VII

| (A)<br>Name and Title  | (B)<br>Average hours per week (list any hours for related organizations below dotted line) | (C)<br>Position (do not check more than one box, unless person is both an officer and a director/trustee) |                       |         |              |                              |         | (D)<br>Reportable compensation from the organization (W-2/1099-MISC) | (E)<br>Reportable compensation from related organizations (W-2/1099-MISC) | (F)<br>Estimated amount of other compensation from the organization and related organizations |
|--|--|---|-----------------------|---------|--------------|------------------------------|---------|--|---|---|
|  |  | Individual trustee or director  | Institutional Trustee | Officer | Key employee | Highest compensated employee | Former  |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
|  |  |   |                       |         |              |                              |         |  |   |   |
| <b>1b Sub-Total . . . . .</b>  |  |   |                       |         |              |                              |         |  |   |   |
| <b>c Total from continuation sheets to Part VII, Section A . . . . .</b> |  |   |                       |         |              |                              |         |  |   |   |
| <b>d Total (add lines 1b and 1c) . . . . .</b>                           |  |   |                       |         |              |                              | 407,889 |  |   | 33,191  |

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

|          |   | Yes      | No  |
|----------|---|----------|-----|
| <b>3</b> | Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .  | <b>3</b> | No  |
| <b>4</b> | For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> . . . . . | <b>4</b> | Yes |
| <b>5</b> | Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> . . . . .                       | <b>5</b> | No  |

## **Section B. Independent Contractors**

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

| (A)<br>Name and business address                        | (B)<br>Description of services | (C)<br>Compensation |
|---|--------------------------------|---------------------|
| SYED K ZAIDI MD, 6445 98TH AVE N PINELLAS PARK FL 33782 | PSYCHIATRIST                   | 165,540             |
|   |                                |                     |
|   |                                |                     |
|   |                                |                     |

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

Part VIII

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

|   |               |   | (A)           | (B)   | (C)                              | (D)  |
|---|---------------|---|---------------|---|----------------------------------|--|
|   |               |   | Total revenue | Related or<br>exempt<br>function<br>revenue | Unrelated<br>business<br>revenue | Revenue<br>excluded from<br>tax under<br>sections<br>512-514 |
| Contributions, Gifts, Grants<br>and Other Similar Amounts | 1a            | Federated campaigns . . . . . 1a  |               |   |                                  |  |
|   | b             | Membership dues . . . . . 1b  |               |   |                                  |  |
|   | c             | Fundraising events . . . . . 1c   |               |   |                                  |  |
|   | d             | Related organizations . . . . . 1d  | 214,844       |   |                                  |  |
|   | e             | Government grants (contributions) 1e  | 12,320,154    |   |                                  |  |
|   | f             | All other contributions, gifts, grants, and<br>similar amounts not included above 1f  | 121,911       |   |                                  |  |
|   | g             | Noncash contributions included in lines<br>1a-1f \$   | 110,793       |   |                                  |  |
|   | h             | Total. Add lines 1a-1f . . . . .  | 12,656,909    |   |                                  |  |
| Program Service Revenue                                   | Business Code |   |               |   |                                  |  |
|   | 2a            | MEDICAID  | 1,678,164     | 1,678,164                                   |                                  |  |
|   | b             | CLIENT FEES & RENTS   | 487,148       | 487,148                                     |                                  |  |
|   | c             | MANAGEMENT REVENUE  | 264,135       | 264,135                                     |                                  |  |
|   | d             | MAINTENANCE REVENUE   | 211,760       | 211,760                                     |                                  |  |
|   | e             | FOOD STAMP INCOME   | 50,757        | 50,757                                      |                                  |  |
|   | f             | All other program service revenue   | 34,207        | 34,207                                      |                                  |  |
|   | g             | Total. Add lines 2a-2f . . . . .  | 2,726,171     |   |                                  |  |
| Other Revenue   | 3             | Investment income (including dividends, interest,<br>and other similar amounts) . . . . .   | 7,850         |   |                                  | 7,850  |
|   | 4             | Income from investment of tax-exempt bond proceeds . . . . .  |               |   |                                  |  |
|   | 5             | Royalties . . . . .   |               |   |                                  |  |
|   | 6a            | (i) Real  |               |   |                                  |  |
|   |               | (ii) Personal   |               |   |                                  |  |
|   |               | Gross rents   |               |   |                                  |  |
|   |               | b Less rental expenses  |               |   |                                  |  |
|   | c             | Rental income or (loss)   |               |   |                                  |  |
|   | d             | Net rental income or (loss) . . . . .   |               |   |                                  |  |
|   | 7a            | (i) Securities  |               |   |                                  |  |
|   |               | (ii) Other  |               |   |                                  |  |
|   |               | Gross amount from sales of assets other than inventory  |               |   |                                  |  |
|   |               | b Less cost or other basis and sales expenses   |               |   |                                  |  |
|   | c             | Gain or (loss)  |               |   |                                  |  |
|   | d             | Net gain or (loss) . . . . .  |               |   |                                  |  |
|   | 8a            | Gross income from fundraising events (not including<br>\$ of contributions reported on line 1c)<br>See Part IV, line 18 . . . . . |               |   |                                  |  |
|   | b             | Less direct expenses . . . . .  |               |   |                                  |  |
|   | c             | Net income or (loss) from fundraising events . . . . .  |               |   |                                  |  |
|   | 9a            | Gross income from gaming activities<br>See Part IV, line 19 . . . . .   |               |   |                                  |  |
|   | b             | Less direct expenses . . . . .  |               |   |                                  |  |
|   | c             | Net income or (loss) from gaming activities . . . . .   |               |   |                                  |  |
|   | 10a           | Gross sales of inventory, less returns and allowances . . . . .   |               |   |                                  |  |
|   | b             | Less cost of goods sold . . . . .   |               |   |                                  |  |
|   | c             | Net income or (loss) from sales of inventory . . . . .  | -137,854      |   |                                  | -137,854   |
|   | Business Code |   |               |   |                                  |  |
|   | 11a           | OTHER REVENUE   | 350,986       | 350,986                                     |                                  |  |
|   | b             | EMPLOYEE LEASING REV  | 135,060       | 135,060                                     |                                  |  |
|   | c             | SOLUTIONS FOR ADMIN SERVICES  | 551112-37,220 |   | -37,220                          |  |
|   | d             | All other revenue . . . . .   |               |   |                                  |  |
|   | e             | Total. Add lines 11a-11d . . . . .  | 448,826       |   |                                  |  |
|   | 12            | Total revenue. See Instructions . . . . .   | 15,701,902    | 3,212,217                                   | -37,220                          | -130,004   |

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).

Check if Schedule O contains a response or note to any line in this Part IX

| Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII. |   | (A)<br>Total expenses | (B)<br>Program service expenses | (C)<br>Management and general expenses | (D)<br>Fundraising expenses |
|--|---|-----------------------|---------------------------------|--|-----------------------------|
| 1  | Grants and other assistance to governments and organizations in the United States. See Part IV, line 21.  | 393,789               | 393,789                         |  |                             |
| 2  | Grants and other assistance to individuals in the United States. See Part IV, line 22.  | 2,862,062             | 2,862,062                       |  |                             |
| 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.   | 441,081               | 66,163                          | 374,918                                |                             |
| 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.   | 5,801,564             | 5,400,016                       | 401,548                                |                             |
| 8  | Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).   | 109,790               | 86,638                          | 23,152                                 |                             |
| 9  | Other employee benefits.  | 820,838               | 730,713                         | 90,125                                 |                             |
| 10   | Payroll taxes.  | 400,806               | 344,214                         | 56,592                                 |                             |
| 11   | Fees for services (non-employees):  |                       |                                 |  |                             |
| a  | Management.   |                       |                                 |  |                             |
| b  | Legal.  | 5,995                 | 4,346                           | 1,649                                  |                             |
| c  | Accounting.   | 105,881               | 1,271                           | 104,610                                |                             |
| d  | Lobbying.   |                       |                                 |  |                             |
| e  | Professional fundraising services. See Part IV, line 17.  |                       |                                 |  |                             |
| f  | Investment management fees.   |                       |                                 |  |                             |
| g  | Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).   | 263,759               | 263,684                         | 75                                     |                             |
| 12   | Advertising and promotion.  |                       |                                 |  |                             |
| 13   | Office expenses.  | 175,157               | 146,349                         | 28,808                                 |                             |
| 14   | Information technology.   |                       |                                 |  |                             |
| 15   | Royalties.  |                       |                                 |  |                             |
| 16   | Occupancy.  | 595,108               | 549,733                         | 45,375                                 |                             |
| 17   | Travel.   | 135,878               | 120,394                         | 15,484                                 |                             |
| 18   | Payments of travel or entertainment expenses for any federal, state, or local public officials.   |                       |                                 |  |                             |
| 19   | Conferences, conventions, and meetings.   |                       |                                 |  |                             |
| 20   | Interest.   |                       |                                 |  |                             |
| 21   | Payments to affiliates.   |                       |                                 |  |                             |
| 22   | Depreciation, depletion, and amortization.  | 524,487               | 446,065                         | 78,422                                 |                             |
| 23   | Insurance.  | 157,343               | 134,829                         | 22,514                                 |                             |
| 24   | Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):                                       |                       |                                 |  |                             |
| a  | CLIENT SERVICE & SUPPLIES   | 863,817               | 863,553                         | 264                                    |                             |
| b  | CONTRACT SERVICES   | 539,745               | 325,808                         | 213,937                                |                             |
| c  | TRANSPORTATION  | 385,350               | 385,350                         |  |                             |
| d  | REPAIRS & MAINTENANCE   | 380,157               | 312,488                         | 67,669                                 |                             |
| e  | All other expenses  | 772,592               | 692,591                         | 80,001                                 |                             |
| 25   | Total functional expenses. Add lines 1 through 24e.   | 15,735,199            | 14,130,056                      | 1,605,143                              | 0                           |
| 26   | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). |                       |                                 |  |                             |

Part X

Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

|                             |   |  |               | (A)               |     | (B)         |
|-----------------------------|---|--|---------------|-------------------|-----|-------------|
|                             |   |  |               | Beginning of year |     | End of year |
| Assets                      | 1   | Cash—non-interest-bearing  |               | 1,979,159         | 1   | 1,854,057   |
|                             | 2   | Savings and temporary cash investments   |               |                   | 2   |             |
|                             | 3   | Pledges and grants receivable, net   |               | 2,315,083         | 3   | 1,775,413   |
|                             | 4   | Accounts receivable, net   |               | 398,112           | 4   | 437,647     |
|                             | 5   | Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L   |               |                   | 5   |             |
|                             | 6   | Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L |               |                   | 6   |             |
|                             | 7   | Notes and loans receivable, net  |               |                   | 7   |             |
|                             | 8   | Inventories for sale or use  |               | 112,993           | 8   | 114,177     |
|                             | 9   | Prepaid expenses and deferred charges  |               | 393,374           | 9   | 290,418     |
|                             | 10a   | Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D  | 10a18,422,359 |                   |     |             |
|                             | b   | Less accumulated depreciation  | 10b8,042,966  | 9,996,504         | 10c | 10,379,393  |
|                             | 11  | Investments—publicly traded securities   |               | 79,934            | 11  | 81,853      |
|                             | 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  |               | 2,338,828         | 15  | 1,755,061   |
|                             | 16  | Total assets. Add lines 1 through 15 (must equal line 34)  |               | 17,613,987        | 16  | 16,688,019  |
| Liabilities                 | 17  | Accounts payable and accrued expenses  |               | 2,309,633         | 17  | 1,394,726   |
|                             | 18  | Grants payable   |               |                   | 18  |             |
|                             | 19  | Deferred revenue   |               |                   | 19  |             |
|                             | 20  | Tax-exempt bond liabilities  |               |                   | 20  |             |
|                             | 21  | Escrow or custodial account liability Complete Part IV of Schedule D   |               |                   | 21  |             |
|                             | 22  | Loans and other 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   |               | 5,838,581         | 23  | 5,873,548   |
|                             | 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   |               | 8,148,214         | 26  | 7,268,274   |
| Net Assets or Fund Balances | Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. |  |               |                   |     |             |
|                             | 27  | Unrestricted net assets  |               | 9,195,009         | 27  | 9,183,948   |
|                             | 28  | Temporarily restricted net assets  |               | 270,764           | 28  | 235,797     |
|                             | 29  | Permanently restricted net assets  |               |                   | 29  |             |
|                             | Organizations that do not follow SFAS 117 (ASC 958), 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  |               | 9,465,773         | 33  | 9,419,745   |
|                             | 34  | Total liabilities and net assets/fund balances   |               | 17,613,987        | 34  | 16,688,019  |

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI . . . . .

|    |   |    |            |
|----|---|----|------------|
| 1  | Total revenue (must equal Part VIII, column (A), line 12) . . . . .   | 1  | 15,701,902 |
| 2  | Total expenses (must equal Part IX, column (A), line 25) . . . . .  | 2  | 15,735,199 |
| 3  | Revenue less expenses Subtract line 2 from line 1 . . . . .   | 3  | -33,297    |
| 4  | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .           | 4  | 9,465,773  |
| 5  | Net unrealized gains (losses) on investments . . . . .  | 5  |            |
| 6  | Donated services and use of facilities . . . . .  | 6  |            |
| 7  | Investment expenses . . . . .   | 7  |            |
| 8  | Prior period adjustments . . . . .  | 8  |            |
| 9  | Other changes in net assets or fund balances (explain in Schedule O) . . . . .                                | 9  | -12,731    |
| 10 | Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B)) | 10 | 9,419,745  |

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line 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 _____<br>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?<br>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis |     | No |
| 2b | Were the organization's financial statements audited by an independent accountant?<br>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both<br><input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis                | Yes |    |
| 2c | If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?<br>If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O  | Yes |    |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?   | 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   | Yes |    |

SCHEDULE A  
(Form 990 or 990EZ)

Department of the  
Treasury  
Internal Revenue Service

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.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

|   |  |
|---|--|
| Name of the organization<br>BOLEY CENTERS INC | Employer identification number<br>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  | <input type="checkbox"/>            | A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>  |
| 2  | <input type="checkbox"/>            | A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )  |
| 3  | <input type="checkbox"/>            | A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>   |
| 4  | <input type="checkbox"/>            | A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____  |
| 5  | <input type="checkbox"/>            | An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )   |
| 6  | <input type="checkbox"/>            | A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>  |
| 7  | <input checked="" type="checkbox"/> | An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )   |
| 8  | <input type="checkbox"/>            | A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )   |
| 9  | <input type="checkbox"/>            | An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See <b>section 509(a)(2).</b> (Complete Part III )   |
| 10 | <input type="checkbox"/>            | An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>   |
| 11 | <input type="checkbox"/>            | An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h<br><b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated |
| e  | <input type="checkbox"/>            | By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)  |
| f  | <input type="checkbox"/>            | If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box  |
| g  | <input type="checkbox"/>            | Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?<br><b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization?<br><b>(ii)</b> A family member of a person described in <b>(i)</b> above?<br><b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?  |
| h  | <input type="checkbox"/>            | 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 monetary support |
|------------------------------------|----------|--|--|----|---|----|--|----|----------------------------------|
|                                    |          |  | Yes  | No | Yes   | No | Yes  | No |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
|                                    |          |  |  |    |   |    |  |    |                                  |
| Total                              |          |  |  |    |   |    |  |    |                                  |

Part II

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

| Section A. Public Support   |            |            |            |            |            |            |
|---|------------|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶   | (a) 2009   | (b) 2010   | (c) 2011   | (d) 2012   | (e) 2013   | (f) Total  |
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")   | 13,673,134 | 13,957,618 | 14,514,203 | 13,549,130 | 12,656,909 | 68,350,994 |
| 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  | 13,673,134 | 13,957,618 | 14,514,203 | 13,549,130 | 12,656,909 | 68,350,994 |
| 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   |            |            |            |            |            | 68,350,994 |

| Section B. Total Support   |            |            |            |            |            |            |
|--|------------|------------|------------|------------|------------|------------|
| Calendar year (or fiscal year beginning in) ▶  | (a) 2009   | (b) 2010   | (c) 2011   | (d) 2012   | (e) 2013   | (f) Total  |
| 7 Amounts from line 4  | 13,673,134 | 13,957,618 | 14,514,203 | 13,549,130 | 12,656,909 | 68,350,994 |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources   | 25,698     | 21,400     | 15,494     | 8,713      | 7,850      | 79,155     |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on   |            |            |            |            |            |            |
| 10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  | 287,587    | 296,014    | 130,056    | 304,641    | 486,046    | 1,504,344  |
| 11 Total support (Add lines 7 through 10)  |            |            |            |            |            | 69,934,493 |
| 12 Gross receipts from related activities, etc. (see instructions)   |            |            |            |            | 12         | 14,821,970 |
| 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 2013 (line 6, column (f) divided by line 11, column (f))  | 14 | 97.740 % |
| 15 Public support percentage for 2012 Schedule A, Part II, line 14   | 15 | 98.380 % |
| 16a 33 1/3% support test—2013. 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—2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization  | ▶  |          |
| 17a 10%-facts-and-circumstances test—2013. 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—2012. 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 IIISupport Schedule for Organizations Described in Section 509(a)(2)  
(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

| Section A. Public Support  |          |          |          |          |          |           |
|--|----------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) ▶  | (a) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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) 2009 | (b) 2010 | (c) 2011 | (d) 2012 | (e) 2013 | (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 2013 (line 8, column (f) divided by line 13, column (f)) | 15 |  |
| 16 Public support percentage from 2012 Schedule A, Part III, line 15                      | 16 |  |

| Section D. Computation of Investment Income Percentage   |    |  |
|--|----|--|
| 17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))   | 17 |  |
| 18 Investment income percentage from 2012 Schedule A, Part III, line 17  | 18 |  |
| 19a 33 1/3% support tests—2013. 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—2012. 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.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

| Facts And Circumstances Test |  |
|------------------------------|--|
|                              |  |
| Return Reference             | Explanation  |
| PART II, LINE 10             | MANAGEMENT FEES 713,657 OTHER INCOME 535,104 LEASING REVENUE 255,583 |

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b

▶ Attach to Form 990. ▶ See separate instructions. ▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

|   |  |
|---|--|
| Name of the organization<br>BOLEY CENTERS INC | Employer identification number<br>59-1290089 |
|---|--|

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

|   |   |                              |
|---|---|------------------------------|
|   | (a) Donor advised funds   | (b) Funds and other accounts |
| 1 | Total number at end of year   |                              |
| 2 | Aggregate contributions to (during year)  |                              |
| 3 | Aggregate grants from (during year)   |                              |
| 4 | Aggregate value at end of year  |                              |
| 5 | Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>  |                              |
| 6 | Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div> |                              |

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

1

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

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

|   |  |
|---|--|
|   | Held at the End of the Year  |
| a | Total number of conservation easements   |
| b | Total acreage restricted by conservation easements   |
| c | Number of conservation easements on a certified historic structure included in (a)   |
| d | Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register |

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_

4

Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_

5

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

☐ Yes ☐ No

6

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

7

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

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

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

1a

If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b

If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

2

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

a

Revenues included in Form 990, Part VIII, line 1

▶ \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

▶ \$ \_\_\_\_\_

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

Cat No 52283D

Schedule D (Form 990) 2013

Part III

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

- 3

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

☐ 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 XIII
- 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 XIII and complete the following table
- c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

|    |        |
|----|--------|
|    | Amount |
| 1c |        |
| 1d |        |
| 1e |        |
| 1f |        |
- 2a

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

☐ Yes

☐ No
- b

If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

☐

Part V

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

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

- 2

Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a

Board designated or quasi-endowment

b

Permanent endowment

c

Temporarily restricted endowment
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a

Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- (i) unrelated organizations . . . . .

3a(i)

Yes

No

(ii) related organizations . . . . .

3a(ii)

Yes

No

b

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

3b

Yes

No

Part VI

Land, Buildings, and Equipment. Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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 . . . . .  |                                      | 3,405,276                      |                              | 3,405,276      |
| b Buildings . . . . .  |                                      | 12,506,308                     | 5,809,530                    | 6,696,778      |
| c Leasehold improvements . . . . .   |                                      | 275,552                        | 275,552                      |                |
| d Equipment . . . . .  |                                      | 1,236,700                      | 1,072,986                    | 163,714        |
| e Other . . . . .  |                                      | 998,523                        | 884,898                      | 113,625        |
| Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).) |                                      |                                |                              | 10,379,393     |

Schedule D (Form 990) 2013



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |  |    |            |
|---|--|----|------------|
| 1 | Total revenue, gains, and other support per audited financial statements . . . . .       | 1  | 19,749,339 |
| 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 XIII ) . . . . .   | 2d | 4,245,983  |
| e | Add lines 2a through 2d . . . . .  | 2e | 4,245,983  |
| 3 | Subtract line 2e from line 1 . . . . .   | 3  | 15,503,356 |
| 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 XIII ) . . . . .   | 4b | 198,546    |
| c | Add lines 4a and 4b . . . . .  | 4c | 198,546    |
| 5 | Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12 ) . . . . . | 5  | 15,701,902 |

Part XII

Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' to Form 990, Part IV, line 12a.

|   |   |    |            |
|---|---|----|------------|
| 1 | Total expenses and losses per audited financial statements . . . . .                      | 1  | 18,210,774 |
| 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 XIII ) . . . . .  | 2d | 2,674,121  |
| e | Add lines 2a through 2d . . . . .   | 2e | 2,674,121  |
| 3 | Subtract line 2e from line 1 . . . . .  | 3  | 15,536,653 |
| 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 XIII ) . . . . .  | 4b | 198,546    |
| c | Add lines 4a and 4b . . . . .   | 4c | 198,546    |
| 5 | Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 ) . . . . . | 5  | 15,735,199 |

Part XIII

Supplemental Information

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

| Return Reference                      | Explanation   |
|---------------------------------------|---|
| 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 2010, 2011 AND 2012 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. |
| SCHEDULE D, PAGE 4, PART XI, LINE 2D  | CONSOLIDATED STMT - REMOVE OTHER ENTITIES 3,562,569 THRIFT SHOP EXPENSES 606,640 LOSS ON SOLUTIONS FOR ADMIN SERVICES 22,236 BAD DEBT EXPENSE 54,538  |
| SCHEDULE D, PAGE 4, PART XI, LINE 4B  | GRANTS TO AFFILIATES 198,546  |
| SCHEDULE D, PAGE 4, PART XII, LINE 2D | CONSOLIDATED STMT - REMOVE OTHER ENTITIES 1,977,976 THRIFT SHOP EXPENSE 606,640 LOAN DISCOUNT ADJUSTMENT 34,967 BAD DEBT EXPENSE 54,538   |
| SCHEDULE D, PAGE 4, PART XII, LINE 4B | GRANTS TO AFFILIATES 198,546  |
|                                       |   |
|                                       |   |

[illegible]

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Name of the organization  
BOLEY CENTERS INC

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

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

▶ Information about Schedule I (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

Employer identification number  
59-1290089

Part I General Information on Grants and Assistance

1

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

☒ Yes ☐ No

2

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated 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) HOMELESS EMERGENCY PROJECT<br>1120 N BETTY LANE<br>CLEARWATER, FL 33755        | 59-2729694 | 501C3                              | 73,773                   |                                   | CASH  |  | SUPPORTIVE HOUSING                 |
| (2) PINELLAS AFFORDABLE LIVING INC<br>445 31ST ST NORTH<br>ST PETERSBURG, FL 33713 | 59-3171557 | 501C3                              | 182,546                  |                                   | CASH  |  | SUPPORTIVE HOUSING                 |
| (3) PINELLAS AFFORDABLE LIVING INC<br>445 31ST ST NORTH<br>ST PETERSBURG, FL 33713 | 59-3422745 | 501C3                              | 16,000                   |                                   | CASH  |  | PROJECT DEVELOPMENT                |
| (4) SALT CREEK APARTMENTS LTD<br>426 PARIS AVE S<br>ST PETERSBURG, FL 33713        | 59-3422745 |                                    | 109,774                  |                                   | CASH  |  | SUPPORTIVE HOUSING                 |
|  |            |                                    |                          |                                   |   |  |                                    |
|  |            |                                    |                          |                                   |   |  |                                    |
|  |            |                                    |                          |                                   |   |  |                                    |
|  |            |                                    |                          |                                   |   |  |                                    |

2

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

3

3

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

1

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

| (a)Type of grant or assistance | (b)Number of recipients | (c)Amount of cash grant | (d)Amount of non-cash assistance | (e)Method of valuation (book, FMV, appraisal, other) | (f)Description of non-cash assistance |
|--------------------------------|-------------------------|-------------------------|----------------------------------|--|---------------------------------------|
| (1) ASSISTANCE TO INDIVIDUALS  | 408                     | 2,862,062               |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |
|                                |                         |                         |                                  |  |                                       |

**Part IV**

**Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

| Return Reference                   | Explanation   |
|------------------------------------|---|
| SCHEDULE I, PAGE 1, PART I, LINE 2 | ALL GRANTS ARE MONITORED BY VERIFYING THEIR USE IN ACCORDANCE WITH THE PROGRAM TO WHICH IT RELATES  |
| SCHEDULE I, PAGE 4, PART IV        | SCHEDULE I PART III - ASSISTANCE TO INDIVIDUALS BOLEY CENTERS, INC PROVIDES ASSISTANCE TO 408 INDIVIDUALS FOR FINANCIAL DISTRESS PAYMENTS, UTILITIES, TRAINING, SEC 8 HOUSING, MEDICAL AND RENT |



Schedule J  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BOLEY CENTERS INC

Employer identification number  
59-1290089

Part I

Questions Regarding Compensation

|   | Yes | No  |
|---|-----|-----|
| <div><div>1a</div><div>Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items</div><div><div><div><input type="checkbox"/> First-class or charter travel</div><div><input type="checkbox"/> Travel for companions</div><div><input type="checkbox"/> Tax idemnification and gross-up payments</div><div><input type="checkbox"/> Discretionary spending account</div></div><div><div><input type="checkbox"/> Housing allowance or residence for personal use</div><div><input type="checkbox"/> Payments for business use of personal residence</div><div><input type="checkbox"/> Health or social club dues or initiation fees</div><div><input type="checkbox"/> Personal services (e g , maid, chauffeur, chef)</div></div></div></div> |     |     |
| <div><div>b</div><div>If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</div></div>  | 1b  |     |
| <div><div>2</div><div>Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</div></div>  | 2   |     |
| <div><div>3</div><div>Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III</div><div><div><div><input type="checkbox"/> Compensation committee</div><div><input type="checkbox"/> Independent compensation consultant</div><div><input checked="" type="checkbox"/> Form 990 of other organizations</div></div><div><div><input type="checkbox"/> Written employment contract</div><div><input checked="" type="checkbox"/> Compensation survey or study</div><div><input checked="" type="checkbox"/> Approval by the board or compensation committee</div></div></div></div>  |     |     |
| <div><div>4</div><div>During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization</div></div>  |     |     |
| <div><div>a</div><div>Receive a severance payment or change-of-control payment?</div></div>   | 4a  | No  |
| <div><div>b</div><div>Participate in, or receive payment from, a supplemental nonqualified retirement plan?</div></div>   | 4b  | Yes |
| <div><div>c</div><div>Participate in, or receive payment from, an equity-based compensation arrangement?</div></div> <div>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III</div>  | 4c  | No  |
| <div><div></div><div>Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.</div></div>   |     |     |
| <div><div>5</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of</div></div>   |     |     |
| <div><div>a</div><div>The organization?</div></div>   | 5a  | No  |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 5a or 5b, describe in Part III</div>   | 5b  | No  |
| <div><div>6</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of</div></div>   |     |     |
| <div><div>a</div><div>The organization?</div></div>   | 6a  | No  |
| <div><div>b</div><div>Any related organization?</div></div> <div>If "Yes," to line 6a or 6b, describe in Part III</div>   | 6b  | No  |
| <div><div>7</div><div>For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III</div></div>  | 7   | No  |
| <div><div>8</div><div>Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III</div></div>   | 8   | No  |
| <div><div>9</div><div>If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?</div></div>  | 9   |     |

**Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that are not listed on Form 990, Part VII  
**Note.** The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

| (A) Name and Title                       |             | (B) Breakdown of W-2 and/or 1099-MISC compensation |                                     |                                     | (C) Retirement and other deferred compensation | (D) Nontaxable benefits | (E) Total of columns (B)(i)-(D) | (F) Compensation reported as deferred in prior Form 990 |
|--|-------------|--|-------------------------------------|-------------------------------------|--|-------------------------|---------------------------------|---|
|  |             | (i) Base compensation                              | (ii) Bonus & incentive compensation | (iii) Other reportable compensation |  |                         |                                 |   |
| (1)GARY MACMATH<br>EXECUTIVE<br>DIRECTOR | (i)<br>(ii) | 129,406  | 11,642                              |                                     | 4,406  | 7,046                   | 152,500                         |   |

Part IIISupplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

| Return Reference     | Explanation   |
|----------------------|---|
| SCHEDULE J, PART III | PART I, LINE 4 B GARY MACMATH PARTICIPATES IN A SUPPLEMENTAL NONQUALIFIED RETIREMENT PLAN THE ORGANIZATION DID NOT MAKE ANY CONTRIBUTIONS TO THE PLAN FOR THE YEAR ENDING 6/30/14 |

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

►Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BOLEY CENTERS INC

Employer identification number  
59-1290089

Part I Types of Property

|  | (a)<br>Check<br>if<br>applicable | (b)<br>Number of contributions<br>or items contributed | (c)<br>Noncash contribution<br>amounts reported on<br>Form 990, Part VIII, line<br>1g | (d)<br>Method of determining<br>noncash contribution amounts |
|--|----------------------------------|--|---|--|
| 1 Art—Works of art . . . . .   |                                  |  |   |  |
| 2 Art—Historical treasures . . . . .   |                                  |  |   |  |
| 3 Art—Fractional interests . . . . .   |                                  |  |   |  |
| 4 Books and publications . . . . .   |                                  |  |   |  |
| 5 Clothing and household goods . . . . .   | X                                |  | 110,793   | 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  |  |
| 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? . . . . . |                                  |  |   | Yes<br>No  |
| b If "Yes," describe the arrangement in Part II  |                                  |  |   |  |
| 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?   |                                  |  |   | Yes<br>No  |
| 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .   |                                  |  |   | No   |
| b If "Yes," describe in Part II  |                                  |  |   |  |
| 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II  |                                  |  |   |  |

**Part III**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

| Return Reference | Explanation |
|------------------|-------------|
|------------------|-------------|

**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.**

**▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**

**2013**

**Open to Public  
Inspection**

Name of the organization  
BOLEY CENTERS INC

**Employer identification number**

59-1290089

**990 Schedule O, Supplemental Information**

| Return Reference                       | Explanation  |
|--|--|
| FORM 990, PAGE 2, PART III,<br>LINE 4C | RESTORE SKILLS AND/OR SUPPORTS REQUIRED TO OBTAIN THEIR IDENTIFIED GOALS   |
| FORM 990, PAGE 2, PART III,<br>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 |
| FORM 990, PAGE 6, PART VI,<br>LINE 2   | GARY MACMATH MARCIA MACMATH CEO TRAINING DIR HUSBAND/WIFE  |
| FORM 990, PAGE 6, PART VI,<br>LINE 11B | PRIOR TO FILING, FORM 990 IS EMAILED TO THE BOARD MEMBERS AND PRESENTED AT A BOARD MEETING FOR REVIEW  |
| FORM 990, PAGE 6, PART VI,<br>LINE 12C | BOARD MEMBERS ARE REQUIRED TO COMPLETE CONFLICT OF INTEREST FORM ANNUALLY  |
| FORM 990, PAGE 6, PART VI,<br>LINE 15A | COMPENSATION IS DEPENDENT UPON YEARS OF EXPERIENCE, EDUCATION, AND CERTIFICATIONS  |
| FORM 990, PAGE 6, PART VI,<br>LINE 15B | COMPENSATION IS DEPENDENT UPON YEARS OF EXPERIENCE, EDUCATION, AND CERTIFICATIONS  |
| FORM 990, PAGE 6, PART VI,<br>LINE 19  | AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE STATE OF FLORIDA WEBSITE NO OTHER GOVERNING DOCUMENTS ARE PROVIDED TO THE PUBLIC   |

SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization  
BOLEY CENTERS INC

Employer identification number  
59-1290089

| Part I Identification of Disregarded Entities Complete if the organization answered "Yes" on Form 990, Part IV, line 33. |                         |  |                     |                           |                                  |
|--|-------------------------|--|---------------------|---------------------------|----------------------------------|
| (a)<br>Name, address, and EIN (if applicable) of disregarded entity  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Total income | (e)<br>End-of-year assets | (f)<br>Direct controlling entity |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |
|  |                         |  |                     |                           |                                  |

| Part II Identification of Related Tax-Exempt Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year. |                         |  |                            |   |                                  |  |    |
|---|-------------------------|--|----------------------------|---|----------------------------------|--|----|
| (a)<br>Name, address, and EIN of related organization   | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512(b)(13) controlled entity? |    |
|   |                         |  |                            |   |                                  | 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.

| (a)<br>Name, address, and EIN of<br>related organization                                | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or<br>foreign<br>country) | (d)<br>Direct<br>controlling<br>entity | (e)<br>Predominant<br>income(related,<br>unrelated,<br>excluded from<br>tax under<br>sections 512-<br>514) | (f)<br>Share of<br>total income | (g)<br>Share of<br>end-of-year<br>assets | (h)<br>Disproprtionate<br>allocations? |    | (i)<br>Code V-UBI<br>amount in<br>box 20 of<br>Schedule K-1<br>(Form 1065) | (j)<br>General or<br>managing<br>partner? |    | (k)<br>Percentage<br>ownership |
|---|-------------------------|--|--|--|---------------------------------|--|--|----|--|---|----|--------------------------------|
|   |                         |  |  |  |                                 |  | Yes                                    | No |  | Yes                                       | No |                                |
| (1) SALT CREEK APTS LTD<br><br>426 PARIS AVE S<br>ST PETERSBURG, FL 33701<br>59-3422745 | HOUSING                 | FL   | N/A                                    |  |                                 |  |  | No |  |   | No |                                |
|   |                         |  |  |  |                                 |  |  |    |  |   |    |                                |
|   |                         |  |  |  |                                 |  |  |    |  |   |    |                                |
|   |                         |  |  |  |                                 |  |  |    |  |   |    |                                |
|   |                         |  |  |  |                                 |  |  |    |  |   |    |                                |
|   |                         |  |  |  |                                 |  |  |    |  |   |    |                                |
|   |                         |  |  |  |                                 |  |  |    |  |   |    |                                |
|   |                         |  |  |  |                                 |  |  |    |  |   |    |                                |

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.

| (a)<br>Name, address, and EIN of<br>related organization  | (b)<br>Primary activity | (c)<br>Legal<br>domicile<br>(state or foreign<br>country) | (d)<br>Direct controlling<br>entity | (e)<br>Type of entity<br>(C corp, S corp,<br>or trust) | (f)<br>Share of total<br>income | (g)<br>Share of end-of-<br>year<br>assets | (h)<br>Percentage<br>ownership | (i)<br>Section 512<br>(b)(13)<br>controlled<br>entity? |    |
|---|-------------------------|---|-------------------------------------|--|---------------------------------|---|--------------------------------|--|----|
|   |                         |   |                                     |  |                                 |   |                                | Yes  | No |
| (1) SOLUTIONS FOR ADMIN<br>SERVICES INC<br><br>445 31ST STREET<br>ST PETERSBURG, FL 33713<br>35-2384671 | SEE NOTES               | FL  | N/A                                 | C CORP   | -14,984                         | 303,887                                   | 50 000 %                       |  | No |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |
|   |                         |   |                                     |  |                                 |   |                                |  |    |



Part V

Transactions With Related Organizations

Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

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

|  |           |     |    |
|--|-----------|-----|----|
| <b>1</b> 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? |           | Yes | No |
| <b>a</b> Receipt of <b>(i)</b> interest <b>(ii)</b> annuities <b>(iii)</b> royalties or <b>(iv)</b> rent from a controlled entity                            | <b>1a</b> |     | No |
| <b>b</b> Gift, grant, or capital contribution to related organization(s)   | <b>1b</b> | Yes |    |
| <b>c</b> Gift, grant, or capital contribution from related organization(s)   | <b>1c</b> | Yes |    |
| <b>d</b> Loans or loan guarantees to or for related organization(s)  | <b>1d</b> | Yes |    |
| <b>e</b> Loans or loan guarantees by related organization(s)   | <b>1e</b> | Yes |    |
| <b>f</b> Dividends from related organization(s)  | <b>1f</b> |     | No |
| <b>g</b> Sale of assets to related organization(s)   | <b>1g</b> |     | No |
| <b>h</b> Purchase of assets from related organization(s)   | <b>1h</b> |     | No |
| <b>i</b> Exchange of assets with related organization(s)   | <b>1i</b> |     | No |
| <b>j</b> Lease of facilities, equipment, or other assets to related organization(s)  | <b>1j</b> |     | No |
| <b>k</b> Lease of facilities, equipment, or other assets from related organization(s)  | <b>1k</b> |     | No |
| <b>l</b> Performance of services or membership or fundraising solicitations for related organization(s)  | <b>1l</b> | Yes |    |
| <b>m</b> Performance of services or membership or fundraising solicitations by related organization(s)   | <b>1m</b> |     | No |
| <b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)   | <b>1n</b> | Yes |    |
| <b>o</b> Sharing of paid employees with related organization(s)  | <b>1o</b> | Yes |    |
| <b>p</b> Reimbursement paid to related organization(s) for expenses  | <b>1p</b> |     | No |
| <b>q</b> Reimbursement paid by related organization(s) for expenses  | <b>1q</b> |     | No |
| <b>r</b> Other transfer of cash or property to related organization(s)   | <b>1r</b> |     | No |
| <b>s</b> Other transfer of cash or property from related organization(s)   | <b>1s</b> |     | 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)<br>Name of related organization | (b)<br>Transaction<br>type (a-s) | (c)<br>Amount involved | (d)<br>Method of determining amount involved |
|-------------------------------------|----------------------------------|------------------------|--|
| See Additional Data Table           |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |
|                                     |                                  |                        |  |

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

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions)

| Return Reference | Explanation   |
|------------------|---|
| SCHEDULE R       | SCHEDULE R, PART V, LINE 2 - ITEMS L, N AND O BOLEY CENTERS PROVIDES MANAGEMENT, PERSONNEL, ACCOUNTING SERVICES, OTHER OPERATIONAL TASKS AND USE OF FACILITIES TO ALL RELATED EXEMPT ORGANIZATIONS PART IV IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS A CORPORATION THE PRIMARY ACTIVITY OF SOLUTIONS FOR ADMINISTRATIVE SERVICES, INC (SAS) IS TO PROVIDE MANAGEMENT, SUPPORT AND ADMINISTRATIVE SERVICES TO QUALIFYING TAX-EXEMPT ORGANIZATIONS SAS IS 50% OWNED BY BOLEY CENTERS, INC AND 50% BY ANOTHER UNRELATED TAX-EXEMPT ORGANIZATION |

Additional Data

Software ID:

Software Version:

EIN: 59-1290089

Name: BOLEY CENTERS INC

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


| (a)<br>Name, address, and EIN of related organization  | (b)<br>Primary activity | (c)<br>Legal domicile (state or foreign country) | (d)<br>Exempt Code section | (e)<br>Public charity status (if section 501(c)(3)) | (f)<br>Direct controlling entity | (g)<br>Section 512 (b)(13) controlled entity? |    |
|--|-------------------------|--|----------------------------|---|----------------------------------|---|----|
|  |                         |  |                            |   |                                  | Yes   | No |
| (1) 128 PLACE APTS INC<br><br>2780/2790 1ST AVE N<br>ST PETERSBURG, FL 33713<br>59-3717717                   | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (1) ARLINGTON AVE APTS INC<br><br>1007 ARLINGTON AVE N<br>ST PETERSBURG, FL 33705<br>26-4225646              | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (2) BESSIE BOLEY FOUNDATION<br><br>445 31ST STREET N<br>ST PETERSBURG, FL 33713<br>59-6165239                | SUPPORT                 | FL   | 501 C3                     | 11B   | N/A                              |   | No |
| (3) BOLEY FOUNDATION INC<br><br>445 31ST STREET N<br>ST PETERSBURG, FL 33713<br>59-2230228                   | SUPPORT                 | FL   | 501 C3                     | 11B   | N/A                              |   | No |
| (4) BROADWATER PLACE INC<br><br>3615 37TH STREET S<br>ST PETERSBURG, FL 33713<br>27-3345871                  | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (5) CLAM BAYOU APTS INC<br><br>3910/3990 34TH AVE S<br>ST PETERSBURG, FL 33711<br>43-2078260                 | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (6) COMMUNITY HOUSING INC<br><br>4123 37TH ST N<br>ST PETERSBURG, FL 33714<br>59-2689809                     | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (7) DOME DISTRICT APTS INC<br><br>1029 BURLINGTON AVE N<br>ST PETERSBURG, FL 33701<br>59-3617678             | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (8) FOREST LANE APTS INC<br><br>7101 53RD ST N<br>PINELLAS PARK, FL 33781<br>59-3212722                      | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (9) FOREST MEADOWS APTS INC<br><br>5170 FOREST MEADOWS LANE<br>ST PETERSBURG, FL 33709<br>59-3212721         | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (10) LAKE WINDS APTS INC<br><br>836/840 34TH AVE S<br>ST PETERSBURG, FL 33705<br>59-3682167                  | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (11) LAUREL TRACE INC<br><br>7211 46TH AVE N<br>ST PETERSBURG, FL 33713<br>90-0604565                        | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (12) PALMETTO BREEZE APTS INC<br><br>2426/2962 1ST AVE S<br>ST PETERSBURG, FL 33713<br>06-1670536            | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (13) PINELLAS AFFORDABLE LIVING INC<br><br>445 31ST STREET N<br>ST PETERSBURG, FL 33713<br>59-3171557        | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (14) PINELLAS COUNTY HOUSING INC<br><br>1800 4TH ST S 3301 6TH ST S<br>ST PETERSBURG, FL 33705<br>59-2311570 | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (15) SHADY PINES APTS INC<br><br>4037 76TH AVE N<br>ST PETERSBURG, FL 33781<br>59-3547490                    | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (16) SUNSET POINT APARTMENTS INC<br><br>1401 1413 SUNSET POINT RD<br>CLEARWATER, FL 33755<br>45-4082301      | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (17) TWIN BROOKS APTS INC<br><br>3450 24TH AVE S<br>ST PETERSBURG, FL 33711<br>02-0803197                    | HOUSING                 | FL   | 501 C3                     | 9   | N/A                              |   | No |
| (18) BOLEY-PAR INC<br><br>6655 66TH ST N<br>PINELLAS PARK, FL 33781<br>46-3480340                            | SUPPORT                 | FL   | 501 C3                     | 11C   | N/A                              |   | No |

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|---|
| SALT CREEK APARTMENTS LTD         | B                               | 109,774                | CASH  |
| PINELLAS AFFORDABLE LIVING INC    | B                               | 198,546                | CASH  |
| BESSIE BOLEY FOUNDATION           | C                               | 101,714                | CASH  |
| BESSIE BOLEY FOUNDATION           | C                               | 85,000                 | FORGIVENESS OF DEBT                             |
| BOLEY FOUNDATION INC              | C                               | 28,130                 | CASH  |
| 128TH PLACE APTS INC              | D                               | 12,741                 | NOTE RECEIVABLE                                 |
| ARLINGTON AVE APTS INC            | D                               | 1,579                  | NOTE RECEIVABLE                                 |
| BOLEY FOUNDATION INC              | D                               | 14,566                 | NOTE RECEIVABLE                                 |
| BROADWATER PLACE INC              | D                               | 111,956                | NOTE RECEIVABLE                                 |
| CLAM BAYOU APTS INC               | D                               | 116,496                | NOTE RECEIVABLE                                 |
| COMMUNITY HOUSING INC             | D                               | 41,618                 | NOTE RECEIVABLE                                 |
| DOMEDISTRICT APTS INC             | D                               | 31,204                 | NOTE RECEIVABLE                                 |
| FOREST LANE APARTMENTS INC        | D                               | 17,780                 | NOTE RECEIVABLE                                 |
| FOREST MEADOWS APTS INC           | D                               | 39,970                 | NOTE RECEIVABLE                                 |
| LAKE WINDS APTS INC               | D                               | 85,152                 | NOTE RECEIVABLE                                 |
| LAUREL TRACE INC                  | D                               | 45,909                 | NOTE RECEIVABLE                                 |
| PALMETTO BREEZE APTS INC          | D                               | 1,181                  | NOTE RECEIVABLE                                 |
| PINELLAS AFFORDABLE LIVING INC    | D                               | 1,082,881              | NOTE RECEIVABLE                                 |
| PINELLAS COUNTY HOUSING INC       | D                               | 310,798                | NOTE RECEIVABLE                                 |
| SHADYPINES APTS INC               | D                               | 2,204                  | NOTE RECEIVABLE                                 |
| TWIN BROOKS APTS INC              | D                               | 121,128                | NOTE RECEIVABLE                                 |
| SUNSET POINT APARTMENTS INC       | D                               | 331,258                | NOTE RECEIVABLE                                 |
| BESSIE BOLEY FOUNDATION           | E                               | 972,288                | MORTGAGE PAYABLE                                |
| SOLUTIONS FOR ADMIN SERVICES INC  | E                               | 53,490                 | ACCOUNTS PAYABLE                                |
| ALL RELATED ORGANIZATIONS         | L                               |                        | SERVICES  |

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

| (a)<br>Name of other organization | (b)<br>Transaction<br>type(a-s) | (c)<br>Amount Involved | (d)<br>Method of determining amount<br>involved |
|-----------------------------------|---------------------------------|------------------------|---|
| ALL RELATED ORGANIZATIONS         | N                               |                        | SHARING OF<br>FACILITIES                        |
| ALL RELATED ORGANIZATIONS         | O                               |                        | SHARING OF PAID<br>EMPLOYEES                    |

Form **4562**  
  
Department of the Treasury  
Internal Revenue Service (99)

Depreciation and Amortization  
(Including Information on Listed Property)

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

OMB No 1545-0172

**2013**

Attachment  
Sequence No **179**

Name(s) shown on return  
BOLEY CENTERS INC

Business or activity to which this form relates  
INDIRECT DEPRECIATION

**Identifying 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.*

|   |          |           |
|---|----------|-----------|
| <b>1</b> Maximum amount (see instructions) . . . . .  | <b>1</b> | 500,000   |
| <b>2</b> Total cost of section 179 property placed in service (see instructions) . . . . .  | <b>2</b> |           |
| <b>3</b> Threshold cost of section 179 property before reduction in limitation (see instructions) . . . . .   | <b>3</b> | 2,000,000 |
| <b>4</b> Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- . . . . .   | <b>4</b> |           |
| <b>5</b> Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions . . . . . | <b>5</b> |           |

| <b>6</b>  | <b>(a)</b> Description of property  | <b>(b)</b> Cost (business use only) | <b>(c)</b> Elected cost |  |
|-----------|---|-------------------------------------|-------------------------|--|
|           |   |                                     |                         |  |
|           |   |                                     |                         |  |
| <b>7</b>  | Listed property Enter the amount from line 29 . . . . .   | <b>7</b>                            |                         |  |
| <b>8</b>  | Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 . . . . .                               | <b>8</b>                            |                         |  |
| <b>9</b>  | Tentative deduction Enter the smaller of line 5 or line 8 . . . . .   | <b>9</b>                            |                         |  |
| <b>10</b> | Carryover of disallowed deduction from line 13 of your 2012 Form 4562 . . . . .   | <b>10</b>                           |                         |  |
| <b>11</b> | Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) . . . . . | <b>11</b>                           |                         |  |
| <b>12</b> | Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 . . . . .                              | <b>12</b>                           |                         |  |
| <b>13</b> | Carryover of disallowed deduction to 2014 Add lines 9 and 10, less line 12 .▶   | <b>13</b>                           |                         |  |

**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 )

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

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

**Section A**

|  |           |         |
|--|-----------|---------|
| <b>17</b> MACRS deductions for assets placed in service in tax years beginning before 2013 . . . . .   | <b>17</b> | 218,602 |
| <b>18</b> If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here . . . . . ▶ <input type="checkbox"/> |           |         |

**Section B—Assets Placed in Service During 2013 Tax Year Using the General Depreciation System**

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

**Section C—Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System**

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

**Part IV** Summary (see instructions.)

|  |           |         |
|--|-----------|---------|
| <b>21</b> Listed property Enter amount from line 28 . . . . .  | <b>21</b> |         |
| <b>22 Total.</b> 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 . . . . . | <b>22</b> | 218,602 |
| <b>23</b> For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs . . . . .  | <b>23</b> |         |

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? <input type="checkbox"/> Yes <input type="checkbox"/> No  |                               |  |                            |  |                        | 24b If "Yes," is the evidence written? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |                                 |
| (a)<br>Type of property (list vehicles first)  | (b)<br>Date placed in service | (c)<br>Business/ investment use percentage | (d)<br>Cost or other basis | (e)<br>Basis for depreciation (business/investment use only) | (f)<br>Recovery period | (g)<br>Method/ Convention   | (h)<br>Depreciation/ deduction | (i)<br>Elected section 179 cost |
| 25Special 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 ( <b>do not</b> include commuting miles) | (a)<br>Vehicle 1 |    | (b)<br>Vehicle 2 |    | (c)<br>Vehicle 3 |    | (d)<br>Vehicle 4 |    | (e)<br>Vehicle 5 |    | (f)<br>Vehicle 6 |    |
| 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?                               | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No | Yes              | No |
| 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 vehicles, and retain the information received?   |     |    |
| 41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions )  |     |    |
| <b>Note:</b> 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)<br>Description of costs   | (b)<br>Date amortization begins | (c)<br>Amortizable amount | (d)<br>Code section | (e)<br>Amortization period or percentage | (f)<br>Amortization for this year |
| 42 Amortization of costs that begins during your 2013 tax year (see instructions)   |                                 |                           |                     |  |                                   |
|   |                                 |                           |                     |  |                                   |
| 43 Amortization of costs that began before your 2013 tax year                       |                                 |                           |                     | 43                                       |                                   |
| 44 <b>Total.</b> Add amounts in column (f) See the instructions for where to report |                                 |                           |                     | 44                                       |                                   |



**TY 2013 GeneralDependencySmall****Name:** BOLEY CENTERS INC**EIN:** 59-1290089**Business Name or Person Name:****Taxpayer Identification Number:****Form, Line or Instruction****Reference:****Regulations Reference:****Description:** WAIVE NOL CARRYBACK

**Attachment Information:** YEAR ENDING: JUNE 30, 2014 59-1290089 BOLEY CENTERS, INC.  
445 31ST STREET NORTH ST. PETERSBURG, FL 33713 NOL  
CARRYBACK ELECTION UNDER IRC SECTION 172(B)(3), THE  
TAXPAYER ELECTS TO RELINQUISH THE ENTIRE CARRYBACK  
PERIOD WITH RESPECT TO ANY REGULAR TAX AND AMT NET  
OPERATING LOSS INCURRED DURING THE CURRENT TAX YEAR.