Application Form

Introduction

Submission of an application is not a guarantee or commitment of funding. This application will be made public, in its entirety, including any attachments or uploads.

To see the rubric by which your organization's application will be scored, click here.

Please answer these questions FIRST, as the application will show you the required sections and fields to complete based on your answers.

Priority Funding Areas*

Please select the priority area(s) most relevant to your request (see the PCF website for examples).

Behavioral Health

Reimbursement*

The Pinellas CARES Nonprofit Partnership Fund allows requests to ask for reimbursement of expenditures related to COVID-19 programming within the Priority Funding Areas that took place between March 1, 2020 and the time of application.

Will your organization be applying for this cost reimbursement?

Yes

Future Programming*

Will your organization be applying for funding for services to be delivered between the grant award decision and December 30, 2020?

Yes

Project Name*

COVID response to ensure the health and safety of frontline staff serving people with mental illness

EIN*

591290089

DUNS Number

Please provide your organization's DUNS number. This is the Data Universal Numbering System.

You can search for your DUNS number here: https://www.dnb.com/duns-number/lookup.html

If you do not have a DUNS number, you can apply for one here (it is free and may take 3-4 days for approval):

https://www.dnb.com/duns-number/get-a-duns.html

This field is optional as to not stop a qualifying organization from applying. HOWEVER, a DUNS number *will* be required if your organization is approved for a grant. Your organization should apply for a DUNS number now if it does not yet have one.

Mission Statement*

Mission: Boley Centers' mission is to enrich the lives of the people in recovery by providing the highest quality treatment, rehabilitation, employment and housing services.

Vision: Boley Centers' vision is to set the standard as an innovative leader for the services we provide.

Values: Boley Centers values respect, trust, and ethics in all our relationships.

Total Operating Expenditure*

What are your total annual operating expenses?

$19,658,926.00

Amount Requested*

Please review the entire application and its fiscal requirements before determining the total amount your organization will be requesting. This amount should include any reimbursements your organization is seeking for past COVID-19 programming.

Typical funding requests will range between $25,000 and $250,000. Amounts above and below are accepted, provided the request can be justified by community need.

Requests at the higher end, or above this range must have a significant and sustained impact on the vulnerable community being served. Your organization's capacity for spending a large amount of funds must also be justified.

$377,574.00

If you are requesting more than $250,000 or a large capital expenditure, please speak with PCF program staff to discuss the feasibility of your request **PRIOR TO submission**.

Priority Populations*

Please select the priority populations your programming will serve:

Note: Examples of "high-risk pandemic response jobs" include front-line workers, nurses, medical housekeeping staff, nonprofit employees, law-enforcement and medical first responders.

People experiencing homelessness
Persons employed in high-risk pandemic response jobs
Persons with disabilities
Low-income families

Guiding Principles*

One of the guiding principles of this fund is that it will apply a lens of equity to ensure the needs of specified priority populations are met.

From the priority populations you have indicated above, please explain to what extent one or more these populations are involved in the creation, design, and impact of your organization (or this specific project).

Boley Centers' clients (people with severe and persistent mental illness many of whom have been homeless and all with very low income) are involved with the creation, design and impact of Boley at all levels. We maintain a client of Boley who has formerly been homeless on the Board of Director, and currently have a family member of a client on the Board. Boley's Consumer Advisory Council, comprised of clients from each program area meet monthly to provide feedback on services and plan social activities throughout the year. Each residence and apartment complex has a monthly group meeting to discuss with staff issues, problems, complaints and to plan activities to provide the residents with social support. Pinellas Affordable Living's Board of Directors (Boley's housing development entity) maintains clients with very low income as 1/3 of their Board of Directors.

Length of time operating program/project*

Please briefly explain how long you have been operating the program or project for which you are requesting funds. **This funding is for expansion of existing programming or sustaining an existing expansion to meet community needs.**

Boley has been providing group homes, residential services, case management, psychiatric treatment, support services to people disabled by mental illnesses since 1970, including people who are homeless and veterans, all of whom have very low income.

Service Area*

In which areas of the county do you physically provide services?

North County (locations such as Tarpon Springs, Crystal Beach, Palm Harbor)
Mid-County (locations such as Clearwater, Largo, Safety Harbor)
South County (locations such as St. Petersburg, Lealman, Kenneth City)

Impact on Organization*

What has been the impact of the coronavirus/COVID-19 on the services of your organization? (Example: inability to provide enough food, unable to provide behavioral health sessions, lack of volunteerism, etc.)

COVID-19 has severely impacted Boley. Boley operates 72 beds within 6 different residential facilities that serve highly vulnerable populations of individuals with severe mental illness and those who have experienced chronic homelessness. Given the high risk status that our clients have toward COVID-19 and the high risk exposure of residential facilities, navigating the CDC guidelines and keeping our residents safe has been difficult and has placed an extreme level of stress and anxiety for the frontline workers that are needed to maintain these facilities. We have reconfigured our layout in our facilities and reduced beds to comply with CDC and DOH guidelines. In addition to reduced capacity, we have tightened admission guidelines which has created delays in filling our beds. These challenges have reduced our revenue causing operational challenges. Boley's residential and maintenance staff are the frontline staff for the organization and are also our lowest paid employees. During this COVID-19 time period, our residential and maintenance staff have been stretched to provide additional care and services not required prior to COVID-19 including additional counseling, support, cleaning and sterilization in order to manage clients safely. It has been extremely difficult to maintain staff during this time period due to both staff exposure to COVID-19- requiring medical leave and staff leaving due to the high-risk nature of the job and low pay. Many staff have found higher paying jobs with less risk. Our clients suffer from severe symptoms of psychosis and are able to survive in the community because of the structure, stability and support we provide. They depend on consistent relationships with the staff providing their services - turnover is disruptive to their lives, results in increased symptoms and the inability to function. Their ability to survive and improve their functioning relies on our ability to provide them the services and safety they need.

Fiscal Accountability

Federal Fund Disclosure*

If your organization is awarded this grant, you may be considered a subrecipient of federal funding. THEREFORE, if you are deemed a subrecipient and your organization reaches a threshold of having spent more than $750,000 in federal funding this fiscal year (this INCLUDES other federally funded programs), it will be subject to requirements of the Federal Single Audit Act. This will require your organization to comply with Federal Compliance Requirements and may necessitate additional expenses for your organization and you should prepare for this.

It is advisable that you contact a certified public accountant (CPA) or other professional for guidance.

Yes, my organization understands and assumes all liabilities/costs in regards to federal funding.

Audited Financial Statements*

Does your organization routinely contract to have an audit conducted of its financial statements?

Yes

Most Recently Filed IRS Form 990*

Please upload a copy of the organization's most recently filed IRS Form 990. **This is absolutely required.**

990 Public Inspection.pdf

Board-Approved Budget*

Please upload your most recently board-approved budget for this fiscal year in PDF format.

FY21 BOLEY BUDGET-Board approved 6-25-2020- FINAL.pdf

Audited Financial Statements

Most Recent Audited Financial Statements*

If your organization routinely contracts for an independent audit of its financial statements, including audits in accordance with Uniform Guidance and/or Chapter 10.650, Rules of the Auditor General, upload the most recent audit. The document should not be more than a year old.

Boley 2019 FS.pdf
Audit attached

Management Letter*

Please provide a management letter indicating any findings from your organization's most recent independent audit.

If there is no management letter, please explain why.

NA

Expansion or Sustaining of Exact Programming Funded by Another Source

Existing Contract

If you are applying for funding to expand and/or sustain COVID-19 response programming that has already been funded by another source, please upload that contract here and provide a brief description of the funding source and relationship with the funder. Please note that any costs funded by another source are not allowed to be included in this application. Only the costs that are required to expand or sustain programs in excess of that funding will be considered for the purposes of this application.

Reimbursement of COVID-19 Related Expenses

Your organization may seek reimbursement for COVID-19 related expenditures between March 1, 2020 and the time of submittal of this application. **This is NOT a replacement for the loss of revenue from canceled fundraising events or a decrease in private/public support. These are costs already incurred from reserves or rainy day funds that were used to deliver services within this funding's focus areas, *specifically* in response to the COVID-19 pandemic. These are funds that were NOT budgeted for use in this fiscal year.**

Attestation*

I affirm that this funding was expended by my organization solely for program costs in relation to COVID-19, and is not being requested on a unit-of-service basis. None of these costs have been reimbursed by any other funding source.

Yes, I affirm the above is accurate and true.

Amount of Reimbursement Requested*

Please specify the total amount of reimbursement your organization is seeking.

$6,978.71

Documentation of Expenses*

Please include a summary cover sheet that describes what the expenses are for (salaries, food costs, etc.).

Upload records of expenses indicating the use of unbudgeted funds using some or all of the financial documents:

- Financial reports that were presented to a Board of Directors
- Board minutes that show authorization of withdrawal(s) from reserve funds
- Bank statements with redacted account numbers indicating usage of unbudgeted funds
- Receipts documenting the purchase of unbudgeted items or service

If you have selected more than one Priority Funding Area in the introductory section, please ensure to include information that separates the expenses. If necessary, use the textbox below to indicate any clarifying information regarding uploaded documentation.

boley receipts.pdf

Number Served by Funding Area*

Please *briefly* specify how many people were served by the programming for which you are seeking reimbursement. If you are applying for reimbursement in multiple Funding Areas, *be sure* to provide numbers for each one. Numbers do not need to be unduplicated.

Example
Food: 1250 people
Behavioral Health: 250 people

PPE purchased between March and September were used to protect 200 staff and approx. 600 clients.

Funding and Usage

Client Service Delivery*

Briefly describe the services to be delivered under the programming for which you are requesting funding. Please include when and where the services will occur, how the target population will access the services, and the length of time the services will be provided. **Please specify the zip codes of participants. If not available, specify the zip codes of service delivery points.**

Boley Centers intends to continue to ensure that the 72 beds and 6 residential facilities which provide 24 hour residential care are maintained in our community. We will also be providing increased group and individual services to address the increased stress and anxiety that our clients are experiencing as it relates to COVID-19. The services will be conducted within the residential facility where they live and also we will take clients into the community for various groups and activities. We will offer several groups per day and since this is a 24 hour residential facility, the services are available 24 hours per day, 7 days per week. We will also be using Clorox 360 disinfecting machines.

Boley serves clients from all over Pinellas County. The zip codes of our 6 residential treatment facilities are 33705 (Edna Stephens Group Home - 14 residents 6 staff), 33701 (Celia Hall Group Home - 15 residents 8 staff), 33713 (Lott Group Home - 11 residents 6 staff), 33714 (Mittermyr Group Home- 15 residents and 8 staff) (Morningside Safe Haven- 20 residents 8 staff) and 33712 (PC Safe Haven-25 residents 9 staff)

Communication/Outreach and Community Engagement Efforts*

In what ways is your organization marketing and communicating its available programming to the community it serves? How will you ensure that your target population is aware of your services and utilizes them?

Boley Centers receives 100% of referrals to our permanent supported housing for homeless projects and our 2 Safe Havens directly from the Pinellas County Homeless Leadership Alliance's Coordinated Entry process. We employ an Outreach Specialist whose job it is to go to the local shelters, the VA and work with the street outreach teams to identify homeless people who are the most vulnerable and add them to the to the Coordinated Entry list. We maintain close relationships with other local homeless providers to coordinate resources and ensure people access the housing that best suits their needs. Referrals to our Group Homes are made through the local crisis stabilization units, local psychiatric hospitals, state hospitals and through the forensic system. We do not conduct general marketing primarily because we maintain waiting lists of people waiting in hospitals to get into our group homes. Boley has developed additional permanent housing options for people who have a mental illness but do not have to be homeless. A waiting list is maintained according to HUD's guidelines. The wait list is opened periodically with a public announcement placed in the Tampa Bay

Times along with notifications to local mental health providers such as Suncoast Centers and Directions for Living.

Hurricane Preparedness*

If a hurricane-related emergency were to strike Pinellas County this year and cause an interruption in your organization's normal programming, how would you return to offering the programming, and continue to spend awarded funds from this grant?

There is an expectation that your programming will be able to continue in the event of a hurricane-related emergency.

If your organization has a COOP (Continuity of Operations Plan), you may upload it here instead of providing a text answer. You may redact sensitive information from your organization's COOP.

Emergency Action Plan-202020-2021.pdf

Boley has a disaster plan which is approved by Pinellas County Emergency Management annually. It includes evacuation plans for each of our residential facilities located in low lying areas along with designated sites for sheltering (other Boley facilities). The residential treatment facilities continue operations throughout a hurricane with designated staff working on-site, ensuring the safety of the clients. A maintenance staff member is assigned to each evacuation site to maintain the safety of the facility. Each evacuation site has a generator and window protections. Once the storm has subsided, Boley's maintenance team inspects the residential facilities to ensure it is safe for the residents to return home. A hurricane will result in us needing MORE covid sanitizing supplies and hazard pay for our direct service/frontline staff. Boley also has a CARF approved Emergency plan which is attached.

Evidence of Insurance Coverage*

Grantees of the Pinellas CARES Nonprofit Partnership Fund will be required to maintain appropriate insurance to cover the services proposed in this application. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance policies that cover the programming for which your organization is requesting funds.

If there is no insurance coverage for this programming, please provide an explanation as to why.

The Budget Summary and Budget Narrative sections are absolutely critical to a successful application. Improperly completed forms will be returned to you to fix, and will delay a funding decision being made on your application. Please see the examples in each section. To avoid rejection of your organization's application, PCF HIGHLY recommends you watch this short, instructional video as well: Budget Narrative/Summary Instructions

If you would like to use a unit of service cost as a basis for your budget, you MUST contact Pinellas Community Foundation program staff FIRST to discuss this possibility.

Budget Summary*

Please download the budget summary template **HERE** and complete it. **If you have selected multiple Priority Fund Areas, you should include ALL costs in this summary.**

Capital includes buildings, vehicles, equipment at $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET SUMMARY.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Summary.pdf

Budget Narrative*

Please download the budget narrative template **HERE** and complete it.

The budget narrative needs to do more than define the expenses. It should clearly state what is going to be paid using CARES funds and then justify the expenses as a program expansion (or sustaining an already expanded program) as a result of COVID-19. Do not bold, underline, or italicize. Use dollar amounts that match your Budget Summary.

If you have selected multiple Priority Fund Areas, you should include ALL costs in this narrative.

CLICK HERE TO SEE AN EXAMPLE OF A PROPERLY COMPLETED BUDGET NARRATIVE.

Capital includes buildings, vehicles, equipment at $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities. Outright purchase must be less than the cost of renting or leasing OR if renting or leasing is not available.

Please export as a PDF and upload it.

CARES-Partnership-Fund-Budget-Narrative (1).pdf

Capital Requests

If you are requesting funding for capital expenses, please upload bids/estimates/rental agreements to match the expenses described in your budget summary and narrative.

Please upload in PDF format.

morningside carpet replacement bid.pdf

Logistical partner organizations (LPOs) are considered to be a critical part of service delivery strategy for this grant program, and using them is highly encouraged. Typical LPOs are:

- Grassroots organizations with small annual operating budgets (under $50,000)
- Churches and other faith-based organizations
- Neighborhood associations
- Social organizations/collaboratives
- Resident councils in low-income house communities
- Neighborhood family centers
- Senior centers

Their essential role is to serve as outreach, information, referral and service delivery sites for food distribution, legal aid counseling to prevent evictions and behavioral health services, consistent with the three priority need areas in the grant specifications.

Are you going to use LPOs in this programming?*

No

Behavioral Health

This grant will require weekly reporting on the following measures:

- Number of individuals receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone by zip code of participant or service delivery point (participant zip code is preferred)

This grant will require monthly reporting on the following measures:

- **Percentage of target met** of the projected number of people receiving **COVID-19-related behavioral health services** by in person, telehealth, or telephone.
- **Monthly Progress Rate** as defined by your measurement and methodology specified below

Affirmation of Reporting*

I affirm that my organization is capable of providing weekly and monthly reports on the above measures.

Yes

Measurement - Behavioral Health*

The Pinellas CARES Nonprofit Partnership Fund understands that behavioral health involves several dimensions of clinical need and organizational infrastructure.

For the purpose of this grant, applicants are asked to select **ONE** robust measure of progress that can be validly measured on a monthly basis. Please describe the instrument that you are going to use and how the results are interpreted to indicate progress.

We are requesting funding to reduce staff turnover rates and maintain extremely low episodes of COVID infection in staff and clients. We cannot operate our group residences without 24 hour staff and maintaining minimum staff to client ratios required by our Level 2 Residential Treatment License through the Agency for Health Care Administration. Our staff require the support, recognition, and safety supplies needed for them to complete their jobs and care for some of the most vulnerable individuals in our community. Our residents, who have severe and persistent mental illness rely on stable trusting relationships with our staff to feel safe and improve their ability to function. Our resident's ability to survive outside of institutions depends on our ability to provide consistent services and supports in a stable environment. To that end, we will be measuring staff turnover and incidents of COVID outbreaks among our staff and residents.

Methodology*

Please state how you will define and document a **monthly** Progress Rate for all clients in the program based on the selected behavior change measure(s) specified above.

Monthly Projected Progress Rate (%): Using the definition of progress described above, project the percentage of progress achieved on a monthly basis.

After discussion with Foundation staff, we have decided to measure reduction in staff turnover rates and numbers of residents and staff who have tested positive for COVID. The numbers listed below are the reduction in staff turnover rates. The actual reports to the PC Foundation will include both measures.

Number of Clients Served During Grant Period - Behavioral Health*

This grant period ends on December 30, 2020. Please estimate the number of clients that will be served for **behavioral health** by the end of the grant period.

65

Estimated Percentage of Progress - Grant Period*

Please estimate % of progress on the proposed measure during the grant period.

50%

September Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **September 2020**.

65

September Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients **for September 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

50

October Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **October 2020**.

65

October Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for October 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

50

November Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **November 2020**.

65

November Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for November 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

50

December Projections - Number Served - Behavioral Health*

Please estimate the number of individuals to be served by this funding for **behavioral health** in **December 2020**.

65

December Projections - Progress Rate - Behavioral Health*

Please project an estimated progress rate for your clients based **for December 2020**. This is the percentage of clients that show improvement according to tool(s) you specified in the "Measurement" section above.

50

Funder Involvement

Which of the funders have provided a grant to your organization within the last three years?*

Funding from a Pinellas County Municipality
Juvenile Welfare Board of Pinellas County
Pinellas Community Foundation
Pinellas County Government

Other Funding Sources

If your organization has submitted applications to other funders or has received funding in response to coronavirus/COVID-19 from another funder, please briefly describe below:

Boley has submitted an application and received funding from Pinellas County CARES.in the amount of $16,385 to purchase 4 Clorox sanitizing machines. Boley received a Paycheck Protection Program loan in the amount of $1,767,456.90 to cover staff salaries and direct staff hazard pay. This funding ended (allotment spent)at the end of July. We received $12,000 from the Tampa Bay Resiliency funds which allowed us to purchase three Clorox Sanitizing machines for three of our group homes.

Corrective Action*

Is your organization currently under a corrective action agreement with any funder (including but not limited to those listed above)? If yes, please explain in detail, including the status of the corrective action. If no, state **No**.

No

Confirmation

Signature and Affirmation*

By submitting this application, I hereby swear that executive leadership is aware of this request for funding, and if this funding is approved, my organization will be able to use these funds in the manner described in the application.

Please type your name as an electronic signature and the date on which you are submitting this application.

Jeri Flanagan, Vice President of Development 08/19/2020

File Attachment Summary

Applicant File Uploads

- 990 Public Inspection.pdf
- FY21 BOLEY BUDGET-Board approved 6-25-2020- FINAL.pdf
- Boley 2019 FS.pdf
- boley receipts.pdf
- Emergency Action Plan-202020-2021.pdf
- CARES-Partnership-Fund-Budget-Summary.pdf
- CARES-Partnership-Fund-Budget-Narrative (1).pdf
- morningside carpet replacement bid.pdf

Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/18 **, and ending** 06/30/19

B Check if applicable:
- [ ] Address change
- [ ] Name change
- [ ] Initial return
- [ ] Final return/terminated
- [ ] Amended return
- [ ] Application pending

C Name of organization: Boley Centers, Inc.

Doing business as

Number and street (or P.O. box if mail is not delivered to street address): 445 31st Street North | Room/suite

City or town, state or province, country, and ZIP or foreign postal code: St. Petersburg FL 33713

D Employer identification number 59-1290089

E Telephone number 727-821-4819

G Gross receipts $ 18,974,035

F Name and address of principal officer:
Gary MacMath
445 31st Street N
St. Petersburg FL 33713

H(a) Is this a group return for subordinates? [ ] Yes [X] No

H(b) Are all subordinates included? [ ] Yes [ ] No
If "No," attach a list. (see instructions)

I Tax-exempt status: [X] 501(c)(3) [ ] 501(c) ( ) (insert no.) [ ] 4947(a)(1) or [ ] 527

J Website www.boleycenters.org

H(c) Group exemption number

K Form of organization: [X] Corporation [ ] Trust [ ] Association [ ] Other

L Year of formation: 1970

M State of legal domicile: FL

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
Boley Centers' mission is to enrich the lives of people in recovery by providing the highest quality treatment, rehabilitation, employment and housing services.

2 Check this box [ ] if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a)	3	14
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	5	671
6 Total number of volunteers (estimate if necessary)	6	14
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-370
b Net unrelated business taxable income from Form 990-T, line 38	7b	0

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	14,815,439	14,820,827
	9 Program service revenue (Part VIII, line 2g)	3,301,320	3,542,965
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	137,136	21,029
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,656	144,126
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	18,267,551	18,528,947
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	3,862,574	3,960,957
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,367,439	9,235,511
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0
	b Total fundraising expenses (Part IX, column (D), line 25) 0		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,148,001	5,884,584
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	18,378,014	19,081,052
	19 Revenue less expenses. Subtract line 18 from line 12	-110,463	-552,105
		Beginning of Current Year	**End of Year**
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	17,378,061	17,354,290
	21 Total liabilities (Part X, line 26)	7,768,229	8,332,865
	22 Net assets or fund balances. Subtract line 21 from line 20	9,609,832	9,021,425

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer | Date

Gary MacMath CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check [ ] if self-employed	PTIN
Byron C. Smith, CPA				

Firm's name: RSM US LLP | Firm's EIN

Firm's address: 100 2nd Ave South Ste 600, Saint Petersburg, FL 33701-4336 | Phone no. 727-821-6161

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

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Public Inspection Copy

Part III Statement of Program Service Accomplishments

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

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 [X] 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 [X] 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 $ 5,359,470 including grants of $ 435 982) (Revenue $ 671,713)

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 $ 3,707,941 including grants of $ 3,234,818) (Revenue $)

Boley housing services has provided housing and support to individuals with chronic mental illness since 1970. Boley currently owns and manages a total of 615 beds comprised of 62 group home beds, 45 safe haven beds, 38 transitional homeless supervised apartments, 191 permanent homeless apartment beds, 263 permanent supported housing apartment beds and 16 integrated apartment units. Additionally, Boley Centers acts as a housing authority and manages 382 housing vouchers for a total of 997 units of housing under management.

4c (Code:) (Expenses $ 1,128,491 including grants of $ 290,157) (Revenue $ 65,704)

See Schedule O

4d Other program services (Describe in Schedule O.)

(Expenses $ 6,152,458 including grants of $) (Revenue $ 3,025,508)

4e Total program service expenses 16,348,360

Public Inspection Copy

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	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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		X
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		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
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	X	
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		X
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		X
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	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		X
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	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
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		X
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		X
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		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	

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Part IV Checklist of Required Schedules *(continued)*

			Yes	No
22	Did the organization report more than $5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	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? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b	X	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O.	38	X	

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	1a	254		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	

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Part V Statements Regarding Other IRS Filings and Tax Compliance *(continued)*

				Yes	No
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 671			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
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		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**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		X
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		X
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		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
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.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		9a		
b	Did the sponsoring 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) organization** 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?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O.				
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		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than $1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		15		X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		16		X

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Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.*

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	14		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	14		
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		X	
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			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
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			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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			X

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

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 Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

[ ] Own website [X] Another's website [X] Upon request [ ] 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, address, and telephone number of the person who possesses the organization's books and records

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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, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) Rutland Bussey 2nd Vice Chair	1.00 11.50	X						0	0	0
(2) Leonard Coley Director	1.00 0.00	X						0	0	0
(3) Jack Hebert Director	1.00 0.00	X						0	0	0
(4) Sandy Incorvia Director	1.00 0.00	X						0	0	0
(5) Martin T. Lott Director	1.00 11.50	X						0	0	0
(6) Maggi McQueen Chair	1.00 0.00	X						0	0	0
(7) Paul V. Misiewicz Director	1.00 11.50	X						0	0	0
(8) Sally Poynter Director	1.00 10.50	X						0	0	0
(9) Loretta Ross Past Chairman	1.00 2.00	X						0	0	0
(10) Joseph Smith Director	1.00 0.00	X						0	0	0
(11) Robert Wallace MD Director	1.00 0.00	X						0	0	0

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(12) Lieutenant Markus Hughes Director	1.00 0.00	X						0	0	0
(13) Gail Phares 1st Vice Chair	1.00 0.00	X						0	0	0
(14) Joseph Stringer Director	1.00 8.50	X						0	0	0
(15) Gary MacMath CEO	39.50 0.50			X				146,062	0	12,291
(16) Kevin Marrone COO	40.00 0.00			X				105,502	0	4,488
(17) Jack Humburg Executive VP Housing	32.00 8.00			X				77,817	17,476	9,611
(18) Nancy Recvlohe VP of Finance	40.00 0.00			X				94,345	0	10,670
1b Sub-total								423,726	17,476	37,060
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								423,726	17,476	37,060

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
3 Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 0

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Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d	216,329				
	e Government grants (contributions)	1e	14,302,966				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	301,532				
	g Noncash contributions included in lines 1a-1f: $ 137,934						
	h **Total.** Add lines 1a–1f			14,820,827			
Program Service Revenue		Busn. Code					
	2a Management Revenue	624100		1,397,213	1,397,213		
	b Client Fees & Rents	624100		526,487	526,487		
	c Research Study Participation	624100		524,737	524,737		
	d Medicaid/Medicare	624100		496,905	496,905		
	e Youth Programs	624100		372,397	372,397		
	f All other program service revenue	624100		225,226	225,226		
	g **Total.** Add lines 2a–2f			3,542,965			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			19,529			19,529
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental exps.						
	c Rental inc. or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	1,500					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)	1,500					
	d Net gain or (loss)			1,500			1,500
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c). See Part IV, line 18	a					
	b Less: direct expenses	b					
	c Net income or (loss) from fundraising events						
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a	356,493				
	b Less: cost of goods sold	b	445,088				
	c Net income or (loss) from sales of inventory			-88,595			-88,595
	Miscellaneous Revenue	Busn. Code					
	11a Employee Leasing Revenue	624100		138,523	138,523		
	b Other Revenue	624100		81,440	81,440		
	c Duval Park Dev LLC			13,128			13,128
	d All other revenue			-370		-370	
	e **Total.** Add lines 11a–11d			232,721			
	12 **Total revenue.** See instructions.			18,528,947	3,762,928	-370	-54,438

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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) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	455,672	455,672		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	3,505,285	3,505,285		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	460,786	69,118	391,668	
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	7,125,568	6,712,673	412,895	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,487	70,950	3,537	
9 Other employee benefits	1,000,999	930,692	70,307	
10 Payroll taxes	573,671	516,945	56,726	
11 Fees for services (non-employees):				
a Management	1,050,659	140,179	910,480	
b Legal	26,711	2,738	23,973	
c Accounting	165,441	30,876	134,565	
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.)	155,420	155,420		
12 Advertising and promotion				
13 Office expenses	73,894	35,966	37,928	
14 Information technology	150,706	131,065	19,641	
15 Royalties				
16 Occupancy	625,354	606,682	18,672	
17 Travel	158,761	140,971	17,790	
18 Payments of travel or entertainment expenses for any federal, state or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	46,777	46,266	511	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	604,526	511,466	93,060	
23 Insurance	138,711	118,827	19,884	
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 Repairs and Maintenance	523,155	450,730	72,425	
b Personnel Costs	484,506	132,040	352,466	
c Transportation	361,755	361,755		
d Food Service Cost	312,514	307,051	5,463	
e All other expenses	1,005,694	914,993	90,701	
25 **Total functional expenses.** Add lines 1 through 24e	19,081,052	16,348,360	2,732,692	0
26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ☐ if following SOP 98-2 (ASC 958-720)				

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Part X Balance Sheet

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

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	1,339,095	1	1,804,659
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net	2,316,630	3	1,837,594
	4	Accounts receivable, net	25,864	4	45,348
	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	134,179	8	123,358
	9	Prepaid expenses and deferred charges	141,381	9	253,152
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D — 10a 20,588,202			
	b	Less: accumulated depreciation — 10b 10,523,341	10,641,200	10c	10,064,861
	11	Investments—publicly traded securities	74,118	11	76,341
	12	Investments—other securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets	8,620	14	
	15	Other assets. See Part IV, line 11	2,696,974	15	3,148,977
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	17,378,061	16	17,354,290
Liabilities	17	Accounts payable and accrued expenses	1,099,858	17	1,333,432
	18	Grants payable		18	
	19	Deferred revenue	16,157	19	18,000
	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	6,652,214	23	6,981,433
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25	7,768,229	26	8,332,865
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ☒ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	9,484,247	27	8,910,400
	28	Temporarily restricted net assets	125,585	28	111,025
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ☐ 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	9,609,832	33	9,021,425
	34	Total liabilities and net assets/fund balances	17,378,061	34	17,354,290

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Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,528,947
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,081,052
3	Revenue less expenses. Subtract line 2 from line 1	3	-552,105
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,609,832
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	-36,302
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,021,425

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: [ ] Cash [X] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? 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: [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis	2a		X
b	Were the organization's financial statements audited by an independent accountant? 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: [ ] Separate basis [X] Consolidated basis [ ] Both consolidated and separate basis	2b	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b	X	

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SCHEDULE A
(Form 990 or 990-EZ)

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.

Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: Boley Centers, Inc.

Employer identification number: 59-1290089

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

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

2 [ ] A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)

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

4 [ ] A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:

5 [ ] An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

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

7 [X] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 [ ] A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 [ ] An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:

10 [ ] An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

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

12 [ ] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.

a [ ] **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**

b [ ] **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**

c [ ] **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**

d [ ] **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**

e [ ] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13,845,300	14,415,695	14,996,138	14,490,439	15,145,827	72,893,399
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	13,845,300	14,415,695	14,996,138	14,490,439	15,145,827	72,893,399
5 The portion of total contr butions 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						72,893,399

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	13,845,300	14,415,695	14,996,138	14,490,439	15,145,827	72,893,399
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	9,908	5 ,798	56,111	10,424	32,657	160,898
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 VI.)	315,308	476,377	564,676	570,312	576,453	2,503,126
11 **Total support.** Add lines 7 through 10						75,557,423

12 Gross receipts from related activities, etc. (see instructions) **12** 14,257,740

13 **First five years.** If the Form 990 is for th organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ..... ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f)) ..... **14** 96.47 %

15 Public support percentage from 2017 Schedule A, Part II, line 14 ..... **15** 96.52 %

16a **33 1/3% support test 2018.** 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—2017.** 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—2018.** 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 VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ..... ▶ ☐

b **10%-facts-and-circumstances test—2017.** 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 VI 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 ..... ▶ ☐

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

(Complete only if you checked the box on line 10 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 VI.)						
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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2018** (line 10c, column (f), divided by line 13, column (f))	17	%
18	Investment income percentage from **2017** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests—2018.** 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—2017.** 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 ▶ ☐

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Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*	2		
3a	Did the organization have a supported organization descr bed in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported o ganizat on")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make g ants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*	4c		
5a	Did the organization add, substitute, or remove any supported o ganizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*	5a		
b	**Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizi g document?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the fili g organization's supported organizations? *If "Yes," provide detail in Part VI.*	6		
7	Did the organization p ovide a grant, loan, compensation, or other similar payment to a substantial contr butor (as defined in section 4958(c)(3)(C)), a family member of a substantial contr butor, or a 35% controlled entity with regard to a substantial contr butor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*	10a		
b	Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*	10b		

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Part IV Supporting Organizations *(continued)*

			Yes	No
11	Has the organization accepted a gift or contr bution from any of the following persons?			
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person descr bed in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in Part VI.*	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.*	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? *If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.*	2		

Section C. Type II Supporting Organizations

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? *If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).*	1		

Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the da e of otification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? *If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).*	2		
3	By reason of the relationship descr bed i (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? *If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.*	3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 *Check the box next to th method that the organization used to satisfy the Integral Part Test during the year (see instructions).*

a ☐ The organization satisfied the Activities Test. *Complete line 2 below.*

b ☐ The organization is the parent of each of its supported organizations. *Complete line 3 below.*

c ☐ The organization supported a governmental entity. *Describe in Part VI how you supported a government entity (see instructions).*

			Yes	No
2	Activities Test. *Answer (a) and (b) below.*			
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? *If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*	2b		
3	Parent of Supported Organizations. *Answer (a) and (b) below.*			
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in Part VI.*	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in Part VI the role played by the organization in this regard.*	3b		

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Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 **Adjusted Net Income** (subtract lines 5, 6, and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d **Total** (add lines 1a, 1b, and 1c)	1d		
e **Discount** claimed for blockage or other factors (explain in detail in **Part VI**):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 **Minimum Asset Amount** (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 **Distributable Amount.** Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations** *(continued)*

Section D - Distributions		**Current Year**
1	Amounts paid to supported organizations to accomplish exempt purposes	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	
4	Amounts paid to acquire exempt-use assets	
5	Qualified set-aside amounts (prior IRS approval required)	
6	Other distributions (describe in **Part VI**). See instructions.	
7	**Total annual distributions.** Add lines 1 through 6.	
8	Distr butions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**). See instructions.	
9	Distr butable amount for 2018 from Section C, line 6	
10	Line 8 amount divided by line 9 amount	

	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii Underd stributions Pre-2018	(iii) Distributable Amount for 2018
1	Distr butable amount for 2018 from Section C, line 6			
2	Underdistr butions, if any, for years prior to 2018 (reasonable cause required-explain in **Part VI**). See instructions.			
3	Excess distr butions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	**Total** of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distr butions for 2018 from Section D, line 7: $			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
c	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistr butions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in **Part VI**. See instructions.			
6	Remaining underdistr butions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in **Part VI**. See instructions.			
7	**Excess distributions carryover to 2019.** Add lines 3j and 4c.			
8	Breakdown of line 7:			
a	Excess from 2014			
b	Excess from 2015			
c	Excess from 2016			
d	Excess from 2017			
e	Excess from 2018			

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Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Part II, Line 10 - Other Income Detail

Leasing Revenue	$	671,729
Other Income	$	688,813
Gross income inv sales	$	1,142,584

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Schedule B
(Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
Go to *www.irs.gov/Form990* **for the latest information.**

OMB No. 1545-0047

2018

Name of the organization	**Employer identification number**
Boley Centers, Inc.	59-1290089

Organization type (check one):

Filers of:	**Section:**
Form 990 or 990-EZ	[X] 501(c)(3) (enter number) organization
	[ ] 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	[ ] 527 political organization
Form 990-PF	[ ] 501(c)(3) exempt private foundation
	[ ] 4947(a)(1) nonexempt charitable trust treated as a private foundation
	[ ] 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

[ ] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling $5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

[X] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** $5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering) "N/A" in column (b) instead of the contributor name and address), II, and III.

[ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling $5,000 or more during the year ..... ▶ $ .....

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

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Name of organization: Boley Centers, Inc.

Employer identification number: 59-1290089

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		$ 764,177	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2		$ 1,074,652	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3		$ 430,998	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4		$ 5,422,464	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5		$ 495,173	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6		$ 3,851,360	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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Name of organization: Boley Centers, Inc.

Employer identification number: 59-1290089

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		$ 692,390	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
8		$ 858,988	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
		$	Person [ ] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: Boley Centers, Inc.

Employer identification number: 59-1290089

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpos conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements.

Complete if the organization answered "Yes" on 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 a 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 conservat on contribution in the form of a conservation easement on the last day of the tax year.

			Held at the End of the Tax Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d	

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, handling of violations, and enforcing conservation easements during the year

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year
$

8 Does each conservatio 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" on 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 exh bition, 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 exh bition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on 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 Revenue included on Form 990, Part VIII, line 1 $

b Assets included in Form 990, Part X $

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

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

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c 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 on 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:

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

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

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on 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		2,882,945		2,882,945
b Buildings		14,683,537	7,995,847	6,687,690
c Leasehold improvements		312,820	307,711	5,109
d Equipment		1,538,891	1,334,136	204,755
e Other		1,170,009	885,647	284,362
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10c.)*				10,064,861

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Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 12.)*		

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 13.)*		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

	a) Description	(b) Book value
(1)	Due From Related Parties	2,550,571
(2)	Investment in Duval Park GP LLC	301,125
(3)	Investment in SAS	297,281
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col. (B) line 15.)*		3,148,977

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

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Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	19,813,315
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains (losses) 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	2,788,577		
e	Add lines **2a** through **2d**			2e	2,788,577
3	Subtract line **2e** from line **1**			3	17,024,738
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	1,504,209		
c	Add lines **4a** and **4b**			4c	1,504,209
5	Total revenue. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12.)*			5	18,528,947

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	20,402,539
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	2,820,303		
e	Add lines **2a** through **2d**			2e	2,820,303
3	Subtract line **2e** from line **1**			3	17,582,236
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	1,498,816		
c	Add lines **4a** and **4b**			4c	1,498,816
5	Total expenses. Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)*			5	19,081,052

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.

Part XI, Line 2d - Revenue Amounts Included in Financials - Other

Consolidated Stmt - remove other entities	$	2,284,461
Thrift Shop Expenses	$	445,088
Bad Debt Expense	$	59,028

Part XI, Line 4b - Revenue Amounts Included on Return - Other

Grants to Affiliates	$	440,672
Intercompany Mgmt Fees	$	1,031,744
Solutions for Admin Services book v tax	$	2,587
Developer Fees	$	26,400
Duval Park Book v Tax Income	$	2,806

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Part XIII Supplemental Information *(continued)*

Part XII, Line 2d - Expense Amounts Included in Financials - Other

Thrift Shop Expense	$	445,088
Bad Debt Expense	$	59,028
Consolidated Stmt - remove other entities	$	2,285,801
Loan Discount	$	14,560
Deferred Compensaton	$	15,826

Part XII, Line 4b - Expense Amounts Included on Return - Other

Grants to affiliates	$	440,672
Intercompany Mgmt fees	$	1,031,744
Developer Fees	$	26,400

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SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization: Boley Centers, Inc.

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? [X] 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 Domestic Organizations and Domestic Governments.

Complete if the organization answered "Yes" on 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.

1 (a) Name and address of organization or government	(b) EIN	(c) RC 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 noncash assistance	(h) Purpose of grant or assistance
(1) Community Housing of Pinellas 445 31st Street North St. Petersburg FL 33713	59-2689809	501c3	15,000		Cash		Supportive Housing
(2) Pinellas Affordable Living, Inc 445 31st Street North St. Petersburg FL 33713	59-3171557	501c3		92,535	NBV	Furniture	Supportive Housing
(3) Pinellas Affordable Living, Inc 445 31st Street North St. Petersburg FL 33713	59-3171557	501c3	348,137		Cash		Construction
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							

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

3 Enter total number of other organizations listed in the line 1 table: 0

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Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on 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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 Assistance to Individuals	382	2,794,146			Rent&Assistance
2 Clothing/Transportation	300		154,515	FMV	Clothing/Transp
3 Rent Payments/Medications	100	266,467			Rent/Medication
4 Rent Payments/Medications	125	290,157			Rent/Medication
5					
6					
7					

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

See Schedule I Supplemental Information Worksheet

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SCHEDULE I (Form 990)	Supplemental Information For calendar year 2018, or tax year beginning 07/01/18 , and ending 06/30/19	2018

Name of the organization	Employer identification number
Boley Centers, Inc.	59-1290089

Part I, Line 2 - Procedures for Monitoring the Use of Grant Funds

All grants are monitored by verifying their use in accordance with the program to which it relates.

Part IV - Additional Information

Schedule I Part III - Assistance to Individuals

Boley Centers, Inc. provides assistance to 941 individuals for financial distress payments, utilities, training, Sec 8 housing, medical and rent.

Assistance is based on the program in which the individual is eligible:

1. Assistance to individuals - Individuals qualifying for Mainstream Section 8, Shelter Plus Care and Home Voucher Programs.

2. Clothing/Transportation - Individual receiving services to acquire or restore skills to reach their individual recovery goals.

3. Rent Payments/Medications - Individuals receiving FACT (Florida Assertive Community Treatment) rehabilitative services, treatment and support funded by Central Florida Behavioral Health Network Contract.

4. Rent Payments/Medications - Individuals receiving Supporting Housing or Supported Living services funded by Central Florida Behavioral Health Network Contract.

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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" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2018
Open to Public Inspection

Name of the organization: Boley Centers, Inc.

Employer identification number: 59-1290089

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. ☐ First-class or charter travel ☐ Travel for companions ☐ Tax indemnification and gross-up payments ☐ Discretionary spending account ☐ Housing allowance or residence for personal use ☐ Payments for business use of personal residence ☐ Health or social club dues or initiation fees ☐ Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses descr bed above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	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 a y boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. ☐ Compensation committee ☐ Independent compensation consultant ☒ Form 990 of other organizations ☐ Written employment contract ☒ Compensation survey or study ☒ Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, S ction A, line 1a, with respect to the filing organization or a related organization:			
a	Receive a severance payment or change-of-contr l payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the p rsons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5–9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent o the revenues of:			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, descr be in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, descr be in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on 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	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

DAA

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 on 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 aren't 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 in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
Gary MacMath	(i)	131,908	8,615	5,539	4,382	7,909	158,353	0
1 CEO	(ii)	0	0	0	0	0	0	0
2	(i)							
	(ii)							
3	(i)							
	(ii)							
4	(i)							
	(ii)							
5	(i)							
	(ii)							
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

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Part III Supplemental 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.

Part III - Other Additional Information

Part I, Line 4b.

Gary MacMath Participates in a supplemental nonqualified retirement plan. The organization did not make any contributions to the plan for the year ending 6/30/19.

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SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
Attach to Form 990 or Form 990-EZ.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047
2018
Open To Public Inspection

Name of the organization: Boley Centers, Inc.

Employer identification number: 59-1290089

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

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

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ..... $

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

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

	(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the org.? To	(d) Loan to or from the org.? From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) In default? No	(h) Approved by board or committee? Yes	(h) Approved by board or committee? No	(i) Written agreement? Yes	(i) Written agreement? No
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
Total ..... $													

Part III Grants or Assistance Benefiting Interested Persons.

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

	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

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Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of org. revenues? Yes	No
(1) Marcia MacMath	Spouse of CEO	73,853	VP of Training		X
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

Part V Supplemental Information

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

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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.
Go to *www.irs.gov/Form990* **for instructions and the latest information.**

OMB No. 1545-0047

2018

Open To Public Inspection

Name of the organization: Boley Centers, Inc.

Employer identification number: 59-1290089

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art — Works of art				
2	Art — Historical treasures				
3	Art — Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		137,934	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 contr bution — Historic structures				
14	Qualified conservation contr bution — Other				
15	Real estate — Residential				
16	Real estate — Commercial				
17	Real estate — Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ( )				
26	Other ( )				
27	Other ( )				
28	Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

			Yes	No
30a	During the year, did the organization receive by contr bution 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 isn't required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," descr be the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any nonstandard contr butions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contr butions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, descr be in Part II.			

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Part II **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.

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.
Go to *www.irs.gov/Form990* for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Name of the organization	Employer identification number
Boley Centers, Inc.	59-1290089

Form 990 - Additional Information

Part IX, Statement of Functional Expenses:

The Organization's Functional expenses do not include any amounts for fundraising. The Organization is supported by two Foundations, one of which does all fundraising activities for the Organization. This allows the Organization to focus on its programs.

Form 990, Part III, Line 4c - Third Accomplishment

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.

Form 990, Part III, Line 4d - All Other Accomplishments

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

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Name of the organization: Boley Centers, Inc.

Employer identification number: 59-1290089

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, Part VI, Line 2 - Related Party Information Among Officers

Gary MacMath	Marcia MacMath
CEO	Training Dir
Husband/Wife	

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Prior to filing, Form 990 is emailed to the board members and presented at a board meeting for review.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy

Board Members are required to complete Conflict of Interest Form annually.

Form 990, Part VI, Line 15a - Compensation Process for Top Official

Compensation is dependent upon years of experience, education, and certifications.

Form 990, Part VI, Line 15b - Compensation Process for Officers

Compensation is dependent upon years of experience, education, and

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Name of the organization: Boley Centers, Inc.

Employer identification number: 59-1290089

certifications.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation

Audited financial statements are available on the State of Florida website. No other governing documents are provided to the public.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Book v Tax JT Venture	$	-5,916
Loan Discount Adjustment	$	-14,560
Deferred Compensation	$	-15,826
Total	$	-36,302

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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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and E N of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) 128 Place Apts Inc 2780/2790 1st Ave N 59-3717717 St. Petersburg FL 33713	Housing	FL	501 C3	10	N/A		X
(2) Arlington Ave Apts Inc 1007 Arlington Ave N 26-4225646 St. Petersburg FL 33705	Housing	FL	501 C3	10	N/A		X
(3) Bessie Boley Foundation 445 31st Street N 59-6165239 St. Petersburg FL 33713	Support	FL	501 C3	12b	N/A		X
(4) Boley Foundation, Inc 445 31st Street N 59-2230228 St. Petersburg FL 33713	Support	FL	501 C3	12b	N/A		X
(5) Broadwater Place, Inc. 3615 37th Street S. 27-3345871 St. Petersburg FL 33713	Housing	FL	501 C3	10	N/A		X

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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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and E N of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Clam Bayou Apts Inc 3910/3990 34th Ave S 43-2078260 St. Petersburg FL 33711	Housing	FL	501 C3	10	N/A		X
(2) Community Housing of Pinell s Inc 4123 37th St N 59-2689809 St. Petersburg FL 33714	Housing	FL	501 C3	10	N/A		X
(3) Dome District Apts Inc 1029 Burlington Ave N 59-3617678 St. Petersburg FL 33701	Housing	FL	501 C3	10	N/A		X
(4) Forest Lane Apts Inc 7101 53rd St N 59-3212722 Pinellas Park FL 33781	Housing	FL	501 C3	10	N/A		X
(5) Forest Meadows Apts Inc 5170 Forest Meadows Lane 59-3212721 St. Petersburg FL 33709	Housing	FL	501 C3	10	N/A		X

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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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and E N of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Lake Winds Apts Inc 836/840 34th Ave S 59-3682167 St. Petersburg FL 33705	Housing	FL	501 C3	10	N/A		X
(2) Laurel Trace, Inc. 7211 46th Ave N. 90-0604565 St. Petersburg FL 33713	Housing	FL	501 C3	10	N/A		X
(3) Palmetto Breeze Apts Inc 2426/2962 1st Ave S 06-1670536 St. Petersburg FL 33713	Housing	FL	501 C3	10	N/A		X
(4) Pinellas Affordable Living Inc 445 31st Street N 59-3171557 St. Petersburg FL 33713	Housing	FL	501 C3	10	N/A		X
(5) Pinellas County Housing Inc 1800 4th St S & 3301 6th St S 59-2311570 St. Petersburg FL 33705	Housing	FL	501 C3	10	N/A		X

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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.
Go to *www.irs.gov/Form990* for instructions and the latest information.

OMB No. 1545-0047

2018

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) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and E N of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	No
(1) Shady Pines Apts Inc 4037 76th Ave N 59-3547490 St. Petersburg FL 33781	Housing	FL	501 C3	10	N/A		X
(2) Sunset Point Apartments Inc 1401 & 1413 Sunset Point Rd. 45-4082301 Clearwater FL 33755	Housing	FL	501 C3	10	N/A		X
(3) Twin Brooks Apts Inc 3450 24th Ave S 02-0803197 St. Petersburg FL 33711	Housing	FL	501 C3	10	N/A		X
(4) Boley-Par Inc. 6655 66th St N 46-3480340 Pinellas Park FL 33781	Support	FL	501 C3	12a	N/A		X
(5)							

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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) Name, address, and E N of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate alloc.? Yes	(h) No	(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership
(1) Duval Park Developer, LLC 5300 W. Cypress Street, Suite 200 Tampa FL 33607 32-0422120	Developmen	FL		Related	13 128	38	X			X		
(2)												
(3)												
(4)												

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) Name, address, and E N of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No
(1) Solutions for Admin Services Inc 445 31st Street North St. Petersburg FL 33713 35-2384671	See Notes	FL		C	-2,587	349,824	50.000000		X
(2) Duval Park GP, LLC 5300 W Cypress Street, Suite 200 Tampa FL 33607 61-1724227	Housing	FL		C	-368	150,073	50.000000		X
(3)									
(4)									

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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.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Community Housing of Pinellas	b	15,000	Cash
(2)	Bessie Boley Foundation	c	143,439	Cash
(3)	Boley Foundation Inc.	c	72,890	Cash
(4)	128th Place Apts Inc.	d	29,147	Note Receivable
(5)	Arlington Ave. Apts Inc.	d	5,166	Note Receivable
(6)	Boley-Par, Inc.	d	28,864	Accounts Receivable

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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.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for inf rmation on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organizat n	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Broadwater Place, Inc.	d	11,583	Note Receivable
(2)	Clam Bayou Apts Inc.	d	130,937	Note Receivable
(3)	Community Housing of Pinellas Inc.	d	15,901	Note Receivable
(4)	Dome District Apts Inc.	d	15,152	Note Receivable
(5)	Boley Foundation Inc.	d	700	Accounts Receivable
(6)	Duval Park GP Ltd	d	6,379	Accounts Receivable

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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.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for inf rmation on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organizat n	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Forest Lane Apartments Inc.	d	37,841	Note Receivable
(2)	Forest Meadows Apts. Inc	d	70,801	Note Receivable
(3)	Lake Winds Apts Inc.	d	87,136	Note Receivable
(4)	Laurel Trace, Inc.	d	42,383	Note Receivable
(5)	Palmetto Breeze Apts Inc.	d	8,440	Note Receivable
(6)	Pinellas Affordable Living Inc.	d	2,833,694	Note Receivable

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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.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	Pinellas County Housing Inc.	d	92,217	Note Receivable
(2)	Shady Pines Apts. Inc.	d	960	Note Receivable
(3)	Sunset Point Apartments Inc	d	92,043	Note Receivable
(4)	Twin Brooks Apts Inc.	d	122,775	Note Receivable
(5)	Bessie Boley Foundation	e	1,207,043	Mortgage Payable
(6)	Solutions for Admin Services, Inc.	e	160,456	Accounts Payable

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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.

		Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II–IV?			
a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a		X
b Gift, grant, or capital contribution to related organization(s)	1b	X	
c Gift, grant, or capital contribution from related organization(s)	1c	X	
d Loans or loan guarantees to or for related organization(s)	1d	X	
e Loans or loan guarantees by related organization(s)	1e	X	
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)	1h		X
i Exchange of assets with related organization(s)	1i		X
j Lease of facilities, equipment, or other assets to related organization(s)	1j		X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X	
o Sharing of paid employees with related organization(s)	1o	X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses	1q		X
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X

2 If the answer to any of the above is "Yes," see the instructions for inf rmation on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organizat n	(b) Transaction type (a–s)	(c) Amount involved	(d) Method of determining amount involved
(1)	All related tax exempt organization	l	351,621	Services
(2)	Boley-Par, Inc.	m	1,050,659	Management fee
(3)	All related organizations	n		Sharing of facilities
(4)	All related tax exempt organization	o	138,523	Sharing of paid employees
(5)	Boley-Par, Inc.	o	1,031,744	Employee Leasing
(6)	Solutions for Admin Services, Inc.	o	335,298	Shared employees

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

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

(a) Name, address, and E N of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													

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Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See Instructions.

Schedule R - Additional Information

Part IV: Identification of Related Organizations Taxable as a Corporation:

In September 2014, Boley Centers, Inc. (Boley) with Pinellas Affordable Living, Inc. (PAL), a related organization, entered into an agreement with two other not for profit organizations to create Duval Park GP, LLC. Boley originally was a 30% partner and PAL a 25% partner in Duval Park GP, LLC. The development was completed in October 2015, at which time Boley became a 50% owner and PAL owned 0%. Duval Park GP, LLC was created to be the general partner in a new limited partnership, Duval Park, Ltd.

Duval Park GP, LLC is a 0.0099% owner in Duval Park, Ltd., along with another general partner with a 0.0001% ownership interest and a limited partner with a 99.99% ownership interest. Duval Park, Ltd. was created to build an 88-unit low income housing apartment complex. During 2015, Boley made a $300,000 investment into the joint venture. This entity elected to be classified as an association taxable as a corporation with the filing of its 2015 tax return.

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.

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

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Part VII **Supplemental Information.**
Provide additional information for responses to questions on Schedule R. See Instructions.

organizations. Two of the related entities are billed for shared employees.

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Form **990-T**

Department of the Treasury
Internal Revenue Service

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

For calendar year 2018 or other tax year beginning 07/01/18 , and ending 06/30/19 .
Go to *www.irs.gov/Form990T* for instructions and the latest information.
Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

OMB No. 1545-0687

2018

Open to Public Inspection for 501(c)(3) Organizations Only

A [ ] Check box if address changed

B Exempt under section
[X] 501(C)(3)
[ ] 408(e) [ ] 220(e)
[ ] 408A [ ] 530(a)
[ ] 529(a)

C Book value of all assets at end of year 17,354,290

Print or Type

Name of organization ([ ] Check box if name changed and see instructions.)
Boley Centers, Inc.

Number, street, and room or suite no. If a P.O. box, see instructions.
445 31st Street North

City or town, state or province, country, and Z P or foreign postal code
St. Petersburg FL 33713

D Employer identification number (Employees' trust, see instructions.)
59-1290089

E Unrelated business activity code (See instructions.)
551112

F Group exemption number (See instructions.)

G Check organization type [X] 501(c) corporation [ ] 501(c) trust [ ] 401(a) trust [ ] Other trust

H Enter the number of the organization's unrelated trades or businesses. 1 Descr be the only (or first) unrelated trade or business here
Pass-through income/(loss) . If only one, complete Parts I–V. If more than one, descr be the first in the blank space at the end of the previous sentence, complete Par s I and II, complete Schedule M for each additional trade or business, then complete Parts III–V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? [ ] Yes [X] No
If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of Gary MacMath Telephone number 727-821-4819

Part I Unrelated Trade or Business Income

			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Schedule D)	4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c	Capital loss deduction for trusts	4c			
5	Income (loss) from partnership and S corporation (attach statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from controlled organi ation (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17) orga ization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions; attach schedule) See Stmt 1	12	-370		-370
13	**Total.** Combine lines 3 through 12	13	-370		-370

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	0
23	Depletion			23	
24	Contr butions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	**Total deductions.** Add lines 14 through 28			29	
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13			30	-370
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)			31	
32	Unrelated business taxable income. Subtract line 31 from line 30			32	-370

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Part III Total Unrelated Business Taxable income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally $1,000, but see line 37 instructions for exceptions)	37	1,000
38	**Unrelated business taxable income.** Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	**Organizations Taxable as Corporations.** Multiply line 38 by 21% (0.21) ▶	39	
40	**Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 38 from: ☐ Tax rate schedule or ☐ Schedule D (Form 1041) ▶	40	
41	**Proxy tax.** See instructions ▶	41	
42	Alternative minimum tax (trusts only)	42	
43	**Tax on Noncompliant Facility Income.** See instructions	43	
44	**Total.** Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a			
b	Other credits (see instructions)	45b			
c	General business credit. Attach Form 3800 (see instructions)	45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
e	**Total credits.** Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	
47	Other taxes. Check if from: ☐ Form 4255 ☐ Form 8611 ☐ Form 8697 ☐ Form 8866 ☐ Other (att. sch.)			47	
48	**Total tax.** Add lines 46 and 47 (see instructions)			48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Pa t II column (k) line 2			49	
50a	Payments: A 2017 overpayment credited to 2018	50a			
b	2018 estimated tax payments	50b			
c	Tax deposited with Form 8868	50c			
d	Foreign organizations: Tax paid or withheld at source (s e instructions)	50d			
e	Backup withholding (see instructions)	50e			
f	Credit for small employer health insurance premium (attach Form 8941)	50f			
g	Other credits, adjustments, and payments: ☐ Form 2439 ☐ Form 4136 ☐ Other Total	50g			
51	**Total payments.** Add lines 50a through 50g			51	
52	Estimated tax penalty (see instruc ions) Check if Form 2220 is attached ☐			52	
53	**Tax due.** If line 51 is less than th to al of lines 48, 49, and 52, enter amount owed			53	0
54	**Overpayment.** If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid			54	
55	Enter the amount of line 54 y u want: **Credited to 2019 estimated tax**	**Refunded**		55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "YES," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "YES," enter the name of the foreign country here		X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "YES," see instructions for other forms the organization may have to file.		X
58	Enter the amount of tax-exempt interest received or accrued during the tax year $		

Sign Here

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer | Date | Title: CEO

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

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
Byron C. Smith, CPA				

Firm's name: RSM US LLP — Firm's EIN:

Firm's address: 100 2nd Ave South Ste 600, Saint Petersburg, FL 33701-4336 — Phone no. 727-821-6161

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Schedule A – Cost of Goods Sold. Enter method of inventory valuation

1	Inventory at beginning of year	1		6	Inventory at end of year	6	
2	Purchases	2		7	**Cost of goods sold.** Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3	Cost of labor	3					
4a	Additional sec. 263A costs (attach schedule)	4a		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?	Yes	No
b	Other costs (attach schedule)	4b					
5	**Total.** Add lines 1 through 4b	5					

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property

(1) N/A

(2)

(3)

(4)

2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	**(b)** From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	**3(a)** Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	**(b) Total deductions.** Enter here and on page 1, Part I, line 6, column (B)

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)

Schedule E – Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	**(b)** Other deductions (attach schedule)
(1) N/A			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8				

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Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add col mns 5 and 10. Enter here and n page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organ zation (see instructions)

1. Description of income	2. Amount of income	3. Deductio s directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals	Enter here and n page 1, Part I, line 9, column (A).			Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business in ome from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))						

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Part II **Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals from Part I						
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.

Schedule K – Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1) N/A		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Public Inspection Copy

Federal Statements

Statement 1 - Form 990-T, Part I, Line 12 - Other Income

Description	Amount
Duval Park GP LLC - share inc	$ -370
Total	$ -370

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Form **990-T**

Net Operating Loss Carryover Worksheet for Pre-2018 Losses

For calendar year 2018, or tax year beginning 07/01/18 , ending 06/30/19

2018

Name: Boley Centers, Inc.

Employer Identification Number: 59-1290089

Preceding Taxable Year	Prior Year: Adj. To NOL Inc/(Loss) After Adj.	Prior Year: NOL Utilized (Income Offset)	Prior Year: Carryovers to Current Year	Current Year: Income Offset By Prior Carryover	Next Year Carryover
20th 06/29/99					
19th 06/30/00					
18th 06/30/01					
17th 06/30/02					
16th 06/30/03					
15th 06/30/04					
14th 06/30/05					
13th 06/30/06					
12th 06/30/07	-135	28	107		107
11th 06/30/08	-113		113		113
10th 06/30/09	-74		74		74
9th 06/30/10	-62		62		62
8th 06/30/11	18				
7th 06/30/12					
6th 06/30/13	-135,375		135,375		135,375
5th 06/30/14	-37,220		37,220		37,220
4th 06/30/15	-22,633		22,633		22,633
3rd 06/30/16	-70		70		70
2nd 06/30/17	10	-10			
1st 06/30/18	-368		368		368
NOL carryover available to current year			196,022		
Current year	0			-1,000	
NOL carryover available to next year					196,022

Public Inspection Copy

Form **990-T** | **Schedule M Charitable Contribution and Loss Calculation** | **2018**

Description Unrelated Business Activity

Name: Boley Centers, Inc.

Taxpayer Identification Number: 59-1290089

Unincorporated Business Income Tax Code: 551112 Activity: Offices of other holding compani

Worksheet 1 Activity Charitable Contribution Deduction

1	Activity Income (Schedule M, Line 13, col C)	1	-370
2	Activity Expense (does not include amount needed for Line 20)	2	
3	Net Income (Line 1 minus Line 2); If less than zero, enter -0-	3	0
4	Current activity contribution limit (Multiplier used is 10 %)	4	
5	Current year contr butions	5	0
6	Prior year contr butions (corporations only)	6	
7	Total available contr butions (Add lines 5 and 6)	7	
8	Take the lesser of Line 4 or 7; **Enter here and on Line 20 (Form 990T or Sch M)**	8	
9	Remaining contr butions (subtract line 8 from line 7)	9	
10	Allocate any remaining amount of Line 9 to taxable fringe benefits (within percent limits); **Enter amount here and on Form 990-T, Line 33 as a negative amount**	10	
11	Remaining contr butions (carried forward for corporations only, See Worksheet 3)	11	0

Worksheet 2 Activity Losses and Carryforward Amounts

1	Activity losses (do not include amounts before 2018)	1	
2	Amount of loss used in the current year	2	0
3	Prior year losses carried over to next year	3	
4	Losses generated by current year activity	4	370
5	Total loss carried forward to 2019	5	370

Worksheet 3 Activity Charitable Contribution Carryforward

	Prior Year			Current Year	Next Year
Prior Tax Years	Contributions	Used	Carryover	Amount Used	Carryover
5th 06/30/14					
4th 06/30/15					
3rd 06/30/16					
2nd 06/30/17					
1st 06/30/18					
Charitable Contr bution Carryover T Current Year			0		
Current Year Amount 0					0
Charitable Contr bution Carryover Available To Next Year					0

Public Inspection Copy

Boley Centers, Inc.

FY 20-21 Operating Budget

Board Approved 6/25/2020

INCOME	FY 19-20 Approved Budget	FY 19-20 Projected Actual	FY 20-21 Proposed Budget	Difference Proposed Budget to Projected Actual
Non Restricted Revenue	1,861,172	1,659,559	1,893,120	233,561
Federal Funding	5,851,395	5,612,888	5,939,113	326,225
State Funding	5,313,904	5,298,224	5,313,893	15,669
Local Funding	3,571,997	3,312,112	4,031,743	719,631
Dept of Vocational Rehab	497,424	392,327	450,292	57,965
Medicaid and Medicare	844,470	748,682	738,730	(9,952)
Other Grants and Contracts	1,262,933	1,072,079	1,292,035	219,956
TOTAL INCOME	**19,203,295**	**18,095,870**	**19,658,926**	**1,563,056**
			-	
EXPENSES				
Salaries and Wages	6,507,375	6,119,051	6,723,781	604,730
Youth Wages	1,037,164	649,709	1,020,555	370,846
Fringe Benefits	1,971,220	1,767,693	1,869,472	101,779
Professional Fees	362,544	328,470	345,748	17,278
Contractual Services	1,641,439	1,678,310	1,708,572	30,262
Operating Supplies	194,304	208,262	212,869	4,607
Food Supplies	309,235	292,246	299,045	6,799
Medical Supplies	158,866	154,769	151,620	(3,149)
Client Support	746,624	917,884	714,630	(203,254)
Building and Equipment Rental	216,483	204,008	247,358	43,350
Housing Vouchers	2,979,888	2,964,836	3,358,680	393,844
Repairs and Maintenance	455,044	520,335	403,967	(116,368)
Utilities	659,083	690,527	686,307	(4,220)
Vehicle Expense	115,568	123,743	115,568	(8,175)
Small Furniture and Equipment	60,775	142,255	68,700	(73,555)
Personnel Costs	28,676	23,722	27,655	3,933
Agency Expenses	75,879	92,934	81,576	(11,358)
Travel	163,793	149,264	153,032	3,768
Insurance	277,750	278,742	302,132	23,390
Taxes and Licenses	38,165	44,713	43,721	(992)
Interest Expense	25,000	50,267	30,000	(20,267)
Other Costs	490,256	498,598	451,412	(47,186)
Depreciation	637,354	638,216	641,581	3,365
TOTAL EXPENSES	**19,152,485**	**18,538,552**	**19,657,981**	**1,119,429**
NET PROFIT BEFORE OTHER INCOME	**50,810**	**(442,681)**	**945**	**443,626**
			-	
Other Income	-	23,009	-	(23,009)
NET INCOME	**50,810**	**(419,672)**	**945**	**420,617**
			-	

Boley Centers, Inc. and Affiliates

Audited Consolidated Financial Statements and Supplementary Information

June 30, 2019 and 2018

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Gregory, Sharer & Stuart, P.A.
Certified Public Accountants and Business Consultants

Independent Auditor's Report

Board of Directors
Boley Centers, Inc. and Affiliates
St. Petersburg, Florida

Report on the Consolidated Financial Statements

We have audited the accompanying consolidated financial statements of Boley Centers, Inc. and affiliates, which comprise the consolidated statement of financial position as of June 30, 2019; the related consolidated statements of activities, functional expenses, and cash flows for the year then ended; and the related notes to the consolidated financial statements.

Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the consolidated financial position of Boley Centers, Inc. and affiliates as of June 30, 2019, and the consolidated changes in their net assets and their cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

100 Second Avenue South, Suite 600 | St. Petersburg, Florida 33701-4336
(727) 821-6161 | Fax (727) 822-4573 | www.gsscpa.com

Other Matters

Report on Summarized Comparative Information

We have previously audited Boley Centers, Inc. and affiliates' 2018 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated December 5, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended June 30, 2018 is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

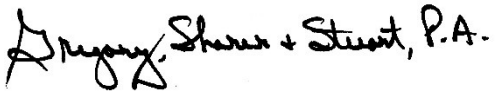
Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The schedule of expenditures of federal awards and related notes, as required by Subpart F Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements*, *Cost Principles*, *and Audit Requirements for Federal Awards*, is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. The accompanying supplementary information on pages 37 through 40 is presented for purposes of additional analysis and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated, in all material respects, in relation to the consolidated financial statements as a whole.

Other Reporting Required by *Government Auditing Standards*

In accordance with *Government Auditing Standards*, we have also issued our report dated December 23, 2019 on our consideration of Boley Centers, Inc. and affiliates' internal control over financial reporting and on our tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Boley Centers, Inc. and affiliates' internal control over financial reporting and compliance.

Gregory, Sharer & Stuart, P.A.



St. Petersburg, Florida
December 23, 2019

	June 30, 2019	June 30, 2018
Assets		
Cash and cash equivalents	$ 2,026,497	$ 1,487,423
Cash - restricted	1,675,120	1,649,304
Accounts receivable		
Grants and funding sources, net of allowance for uncollectible accounts of $60,000 at June 30, 2019 and 2018	1,863,527	2,343,290
Clients and other, net of allowance for uncollectible accounts of $23,000 and $20,000 at June 30, 2019 and 2018, respectively	72,153	42,209
Facility lease receivable	9,249	16,190
Investments	3,684,064	3,508,393
Investments in joint ventures	598,406	600,993
Prepaid expenses and other assets	403,411	280,883
Construction in progress	4,144,546	2,332,470
Property and equipment, net	34,664,083	32,417,709
Total assets	$ 49,141,056	$ 44,678,864
Liabilities and net assets		
Liabilities		
Accounts payable	$ 1,716,274	$ 1,615,251
Accrued expenses		
Compensation	409,408	398,038
Paid time off	281,727	278,862
Other	63,399	62,180
Deferred revenue	18,000	27,007
Accrued interest	201,838	201,838
Mortgages payable, net	19,422,918	14,478,972
Total liabilities	22,113,564	17,062,148
Net assets		
Without donor restrictions		
Board designated	110,616	108,585
Undesignated	26,644,074	27,195,622
	26,754,690	27,304,207
With donor restrictions	272,802	312,509
Total net assets	27,027,492	27,616,716
Total liabilities and net assets	$ 49,141,056	$ 44,678,864

See accompanying notes to consolidated financial statements.

Boley Centers, Inc. and Affiliates

Consolidated Statement of Activities for the Year Ended June 30, 2019
With Summarized Comparative Totals for the Year Ended June 30, 2018

	Year Ended June 30, 2019			Summarized Comparative Totals Year Ended June 30, 2018
	Without Donor Restrictions	With Donor Restrictions	Total	
Revenue, gains (losses), and other support				
Governmental funding				
Federal	$ 12,431,173	$ -	**$ 12,431,173**	$ 12,650,857
State	353,408	-	**353,408**	298,314
Local	2,403,991	-	**2,403,991**	2,233,996
Other funding and revenues				
Medicaid	496,786	-	**496,786**	715,619
Client fees and rents	1,509,938	-	**1,509,938**	1,468,085
Grants	130,336	-	**130,336**	227,608
Thrift store	494,427	-	**494,427**	469,262
Unrealized and realized gain on investments, net	264,268	-	**264,268**	14,013
Gain on disposal of property and equipment	1,500	-	**1,500**	126,669
Allocated loss on investments in joint ventures	(2,587)	-	**(2,587)**	(2,505)
Other	1,730,072	-	**1,730,072**	1,331,139
Net assets released from restriction	39,707	(39,707)	**-**	-
Total revenue, gains (losses), and other support	19,853,019	(39,707)	**19,813,312**	19,533,057
Expenses				
Program services	17,748,723	-	**17,748,723**	17,431,302
Fundraising - thrift store	784,442	-	**784,442**	868,764
General and administrative	1,869,371	-	**1,869,371**	1,693,506
Total expenses	20,402,536	-	**20,402,536**	19,993,572
Change in net assets	(549,517)	(39,707)	**(589,224)**	(460,515)
Net assets at beginning of year	27,304,207	312,509	**27,616,716**	28,077,231
Net assets at end of year	$ 26,754,690	$ 272,802	**$ 27,027,492**	$ 27,616,716

See accompanying notes to consolidated financial statements.

Boley Centers, Inc. and Affiliates

Consolidated Statement of Functional Expenses for the Year Ended June 30, 2019
With Summarized Comparative Totals for the Year Ended June 30, 2018

	Year Ended June 30, 2019						
	Program Services						
	Supported Housing/ Supported Living	Supported Employment	Residential	Clinical	Youth	Assertive Community Treatment	Housing
Salaries	$ 525,064	$ 1,138,209	$ 2,205,627	$ 514,214	$ 1,242,910	$ 458,583	$ 334,055
Payroll related expenses	129,701	260,141	549,292	125,118	238,579	68,388	76,896
Sub-total	654,765	1,398,350	2,754,919	639,332	1,481,489	526,971	410,951
Shared staff	-	-	-	-	-	-	-
Employee leasing contract	-	-	-	-	-	-	-
Net salaries and related payroll expenses	654,765	1,398,350	2,754,919	639,332	1,481,489	526,971	410,951
Management fee	-	-	-	-	-	-	-
Building and equipment rental	2,638	72,209	10,720	1,753	-	665	7,744
Operating supplies	2,130	9,613	99,128	16,687	8,964	2,708	68,574
Insurance	3,058	6,136	92,012	6,627	2,881	2,358	199,830
Professional fees	-	2,143	14,099	45,560	28,706	98,459	95,764
Contractual services	10,555	9,991	194,877	28,448	2,090	26,492	163,959
Travel	12,825	63,178	16,892	516	969	20,684	5,158
Utilities	44,771	40,164	415,987	49,574	29,650	10,915	510,473
Repairs and maintenance	19,523	29,920	379,937	46,801	3,221	13,792	376,641
Client support	303,223	91,564	172,000	30,307	21,359	282,519	1,323
Interest expense	-	-	15,625	-	-	-	84,585
Food supplies	116	205	211,530	90,792	3,329	349	376
Medical supplies	14,337	-	101,117	44,082	-	51	-
Small equipment	2,000	6,655	83,870	4,606	2,908	3,762	51,019
Personnel costs	12,647	17,747	79,116	4,991	7,197	5,756	7,891
Agency	2,035	3,053	2,830	-	-	834	-
Vehicle	42,624	-	178,464	41,629	-	42,624	-
Taxes and licenses	1,244	-	12,348	935	-	-	-
Depreciation and amortization	-	375	497,009	14,082	-	-	738,206
Housing vouchers and rent	-	-	-	-	-	-	2,794,143
Other expense	-	-	73,743	-	880	-	2,781
Total expenses	$ 1,128,491	$ 1,751,303	$ 5,406,223	$ 1,066,722	$ 1,593,643	$ 1,038,939	$ 5,519,418

See accompanying notes to consolidated financial statements.

Boley Centers, Inc. and Affiliates

Consolidated Statement of Functional Expenses for the Year Ended June 30, 2019
With Summarized Comparative Totals for the Year Ended June 30, 2018

	Year Ended June 30, 2019					
	Contract Services	Total Program Services	Fundraising and Thrift Store	General and Administrative	Total Year Ended June 30, 2019	Summarized Comparative Totals Year Ended June 30, 2018
Salaries	$ 168,697	$ 6,587,359	$ 418,508	$ 763,254	**$ 7,769,121**	$ 7,640,045
Payroll related expenses	45,728	1,493,843	96,150	171,879	**1,761,872**	1,787,880
Sub-total	214,425	8,081,202	514,658	935,133	**9,530,993**	9,427,925
Shared staff	-	-	-	335,298	**335,298**	254,168
Employee leasing contract	(140,179)	(140,179)	-	(891,565)	**(1,031,744)**	(875,022)
Net salaries and related payroll expenses	74,246	7,941,023	514,658	378,866	**8,834,547**	8,807,071
Management fee	140,179	140,179	-	910,480	**1,050,659**	868,485
Building and equipment rental	-	95,729	87,540	14,076	**197,345**	273,438
Operating supplies	892	208,696	10,308	34,420	**253,424**	252,503
Insurance	1,145	314,047	7,013	20,384	**341,444**	325,362
Professional fees	-	284,731	67	159,813	**444,611**	492,192
Contractual services	1,407	437,819	12,896	39,593	**490,308**	457,153
Travel	2,737	122,959	4,320	17,790	**145,069**	109,495
Utilities	4,894	1,106,428	49,490	18,672	**1,174,590**	1,082,183
Repairs and maintenance	4,126	873,961	17,848	72,425	**964,234**	943,470
Client support	-	902,295	-	-	**902,295**	810,971
Interest expense	-	100,210	-	511	**100,721**	95,614
Food supplies	657	307,354	82	3,131	**310,567**	311,720
Medical supplies	-	159,587	-	-	**159,587**	146,928
Small equipment	401	155,221	798	10,133	**166,152**	158,428
Personnel costs	75	135,420	5,132	17,168	**157,720**	155,000
Agency	-	8,752	792	33,762	**43,306**	46,184
Vehicle	12,790	318,131	-	-	**318,131**	303,810
Taxes and licenses	-	14,527	9,140	12,224	**35,891**	23,563
Depreciation and amortization	-	1,249,672	6,548	93,060	**1,349,280**	1,341,184
Housing vouchers and rent	-	2,794,143	-	-	**2,794,143**	2,777,039
Other expense	435	77,839	57,810	32,863	**168,512**	211,779
Total expenses	$ 243,984	$17,748,723	$ 784,442	$ 1,869,371	**$ 20,402,536**	$ 19,993,572

See accompanying notes to consolidated financial statements.

Boley Centers, Inc. and Affiliates
Consolidated Statements of Cash Flows

	Year Ended June 30, 2019	2018
Cash flows from operating activities		
Change in net assets	$ (589,224)	$ (460,515)
Adjustments to reconcile change in net assets to net cash provided by operating activities		
Depreciation and amortization	1,349,280	1,341,184
Amortization of loan costs	17,703	11,763
Bad debts	67,712	103,922
Gain on disposal of property and equipment	(1,500)	(126,669)
Accretion of loan discounts	32,766	32,764
Forgiveness of loans	(166,000)	(207,475)
Grants for capital projects	(65,706)	(79,006)
Unrealized and realized gain on investments	(264,268)	(14,013)
Allocated loss on investments in joint ventures	2,587	2,505
Decrease (increase) in operating assets		
Accounts receivable - grants and funding sources	479,763	(589,627)
Accounts receivable - clients and other	(97,656)	(86,565)
Facility lease receivable	6,941	6,942
Prepaid expenses and other assets	(122,528)	90,965
Restricted cash	(25,816)	13,507
(Decrease) increase in operating liabilities		
Accounts payable	(576,020)	241,277
Accrued expenses	15,454	25,355
Deferred revenue	(9,007)	(82,768)
Net cash provided by operating activities	54,481	223,546
Cash flows from investing activities		
Proceeds from sale of property and equipment	1,500	150,000
Purchases of investments	(4,978)	(245,580)
Proceeds from sale of investments	93,575	507,160
Investment in joint venture	-	(562)
Purchase of property and equipment	(372,475)	(555,544)
Construction in progress	(1,229,934)	(610,677)
Net cash used by investing activities	(1,512,312)	(755,203)
Cash flows from financing activities		
Grants received for capital projects	65,706	79,006
Payments on mortgages payable	(65,631)	(64,682)
Proceeds from mortgages payable	2,120,846	-
Payment of loan costs	(124,016)	-
Net cash provided by financing activities	1,996,905	14,324
Net increase (decrease) in cash and cash equivalents	539,074	(517,333)
Cash and cash equivalents at beginning of year	1,487,423	2,004,756
Cash and cash equivalents at end of year	$ 2,026,497	$ 1,487,423
Supplemental disclosure		
Cash paid for interest	$ 50,252	$ 51,087
Noncash investing and financing activities		
Transfers from construction in progress to property and equipment	$ 2,546,136	$ 18,914
Construction in progress financed through borrowing	$ 3,128,278	$ 1,326,674

See accompanying notes to consolidated financial statements.

Note A - Organization and Purpose

Boley Centers, Inc. and affiliates (Organization) is comprised of Boley Centers, Inc. (Boley); 128 Place, Inc. (128 PL); Arlington Avenue Apartments, Inc. (AA); Bessie Boley Foundation; Boley Foundation, Inc.; Broadwater Place, Inc. (BP); Clam Bayou Apartments, Inc. (CB); Community Housing of Pinellas County, Inc. (CHP); Dome District Apartments, Inc. (DD); Forest Lane Apartments, Inc. (FLA); Forest Meadows Apartments, Inc. (FMA); Lake Winds Apartments, Inc. (LW); Laurel Trace, Inc. (LT); Palmetto Breeze Apartments, Inc. (PB); Pinellas Affordable Living, Inc. (PAL); Pinellas County Housing, Inc. (PCH); Shady Pines Apartments, Inc. (SP); Sunset Point Apartments, Inc. (SUN); and Twin Brooks Apartments, Inc. (TB). All of the affiliated entities in these consolidated financial statements are not-for-profit corporations. The entities comprising the Organization are related through an economic interest and Boley's direct and indirect ability to determine the direction of management.

Boley is a Florida not-for-profit corporation that primarily provides room and board services, as well as case management, educational and skills training, and vocational services for individuals with chronic mental illness residing in Pinellas County, Florida. Boley is also the managing agent for 128 PL, AA, BP, CB, CHP, DD, FLA, FMA, LW, LT, PB, PAL, PCH, SP, SUN, and TB.

Bessie Boley Foundation manages certain investments and distributes the income to Boley.

Boley Foundation, Inc. is organized as the fundraising arm of Boley.

128 PL, AA, BP, CB, CHP, DD, FLA, FMA, LW, LT, PB, PCH, SP, SUN, and TB are residential facilities for individuals with chronic mental illness, regulated by the Department of Housing and Urban Development (HUD) as to rent charges and operating methods.

PAL is a Community Housing Development Organization that develops integrated affordable housing for individuals with mental illness and/or low income within the guidelines of various funding programs. PAL operates several different housing projects in St. Petersburg, Florida, as follows: Bayou Pass, Broadwater III, Broadwater IV, Clam Bayou, Oak Park, Owl's Nest, Parkside, Preserves at Clam Bayou, Salt Creek, Twin Brooks II, Twin Brooks III, Wild Acres, and Williams House.

Boley Centers, Inc. is owned by Boley-PAR, Inc., a Florida not-for-profit corporation. Boley-PAR, Inc. is also the parent company of Operation PAR, Inc. This ownership structure allows the respective organizations to retain their separate corporate existence while sharing some administrative services to be more cost effective and efficient.

Note B - Summary of Significant Accounting Policies

Basis of Presentation

The accompanying consolidated financial statements have been prepared using the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America (U.S. GAAP).

Principles of Consolidation

The accompanying consolidated financial statements include the activities of Boley; Bessie Boley Foundation; Boley Foundation, Inc.; 128 PL; AA; BP; CB; CHP; DD; FLA; FMA; LW; LT; PB; PAL; PCH; SP; SUN; and TB. All significant inter-organization accounts and transactions are eliminated in the consolidation.

Use of Estimates

The preparation of consolidated financial statements in conformity with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the consolidated financial statements and accompanying notes. Actual results could differ from those estimates.

Summarized Financial Information for 2018

The accompanying consolidated financial statements include certain prior year summarized comparative information in total, but not by net asset class. Such information does not include sufficient detail to constitute a presentation in conformity with U.S. GAAP. Accordingly, such information should be read in conjunction with the Organization's consolidated financial statements for the year ended June 30, 2018, from which the summarized information was derived.

Reclassifications

Certain amounts in the accompanying 2018 consolidated financial statements have been reclassified to conform to the 2019 presentation. Such reclassifications had no effect on the previously reported change in net assets.

Cash and Cash Equivalents

Cash and cash equivalents consist of cash on hand and money market accounts. All highly liquid investments with original maturities of three months or less are considered cash equivalents for the purpose of reporting cash flows.

Restricted Cash

Restricted cash includes escrow accounts, security deposit held, and reserves and residual receipts accounts required by HUD and by certain other agreements.

Accounts Receivable and Allowance

Accounts receivable are stated at cost less an allowance for doubtful accounts. Management's determination of the allowance is based on an evaluation of past collection history. Management provides for probable uncollectable amounts through a charge to earnings and a credit to valuation allowance based on its assessment of the current status of individual accounts. Balances that are still outstanding after management has used reasonable collection efforts are written off through a charge to the valuation allowance and a credit to accounts receivable.

An allowance for doubtful accounts is provided for accounts receivable - grants and funding sources and accounts receivable - clients and other as of June 30, 2019 and 2018. An allowance for other classifications of accounts receivable is considered unnecessary by management as of June 30, 2019 and 2018.

Investments

Investments are recorded at fair value. Cash and money market accounts designated for long-term purposes are classified as investments.

Fair Value

The Organization defines fair value in accordance with U.S. GAAP, which specifies a hierarchy of valuation techniques. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements).

The following is a brief description of the type of valuation information (inputs) that qualifies a financial asset for each level:

- Level 1 - Unadjusted quoted market prices for identical assets in active markets which are accessible by the Organization.
- Level 2 - Observable prices in active markets for similar assets. Prices for identical or similar assets in markets that are not active. Market inputs that are not directly observable but are derived from or corroborated by observable market data.
- Level 3 - Unobservable inputs based on the Organization's own judgment as to assumptions a market participant would use, including inputs derived from extrapolation and interpolation that are not corroborated by observable market data.

Investments in Joint Ventures

Boley's investments in joint ventures are carried under the equity method. Boley's initial investments in joint ventures are recorded as an asset and are adjusted by Boley's share of the joint ventures' gains and losses (Note G).

Property and Equipment

Property and equipment are carried at cost if purchased or at estimated fair market value at date of receipt if acquired by gift, less accumulated depreciation and amortization. Depreciation and amortization are calculated using the straight-line method over the estimated useful lives of the respective assets ranging from three to 40 years.

Property acquired with governmental funds is considered to be owned by the Organization while used in the program for which it was purchased or in future authorized programs; however, its disposition and the ownership of any proceeds are subject to applicable regulations.

Expenditures for renewals and improvements that significantly add to the productive capacity or extend the useful life of the asset are capitalized. Expenditures for normal repairs and maintenance are expensed as incurred.

Impairment of Assets

Long-lived assets are reviewed for impairment whenever events or changes in circumstances indicate that the net carrying amount may not be recoverable. When these events occur, management measures impairment by comparing the carrying value of long-lived assets to the estimated undiscounted future cash flows resulting from the assets. If the undiscounted future cash flows are less than the carrying amount of the long-lived assets, an impairment loss is recognized. There are no impairments recognized for the years ended June 30, 2019 and 2018.

Deferred Revenue

Deferred revenue relates to grant funding for which the terms of revenue recognition have not yet been met.

Loan Costs

Loan costs are presented as a reduction of mortgages payable in the accompanying consolidated statements of financial position and are amortized over the life of the related loan and recorded as interest expense in the accompanying consolidated statements of activities.

Net Assets and Revenue Recognition

Net assets and revenues, expenses, gains, and losses are classified based on the existence or absence of donor- or grantor- imposed restrictions. Accordingly, net assets of the Organization and changes therein are classified and reported as follows:

- Net assets without donor restrictions include all resources over which the governing board has discretionary control. The governing board of the Organization may elect to designate such resources for specific purposes. This designation may be removed at the board's discretion.
- Net assets with donor restrictions include resources subject to donor- or grantor- imposed stipulations. Some donor- or grantor- imposed restrictions are temporary in nature, such as those that will be met by actions of the Organization or by the passage of time. Other donor- or grantor- imposed restrictions are perpetual in nature, where the donor or grantor stipulates resources be maintained in perpetuity.

Revenue is recognized when earned. Governmental funding, grants, and client fees and rents are earned based on agreed rates for services provided or, in the case of government funding, reimbursed based on allowable costs expended for program services. Revenues from store sales are recognized at the time goods are sold.

During the year ended June 30, 2019, the Organization became aware that certain debt in the amount of $325,000 was recorded in a previous year as grant revenue. For the year ended June 30, 2019 grant revenue was reduced and the debt was recorded in mortgages payable on the statement of financial position as of June 30, 2019.

Contributions are recognized when the donor makes a promise to give to the Organization that is, in substance, unconditional. The Organization reports contributions restricted by donors as increases in net assets without donor restrictions if the restrictions expire (that is, when a stipulated time restriction ends or purpose restriction is accomplished) in the reporting period in which the revenue is recognized. All other donor-restricted contributions are reported as increases in net assets with donor restrictions, depending on the nature of the restrictions. When a restriction expires, net assets with donor restrictions are reclassified to net assets without donor restrictions and reported in the statements of activities and changes in net assets as net assets released from restrictions.

Functional Expenses

The costs of providing the various programs and other activities have been detailed in the accompanying consolidated statement of functional expenses. Expenses that can be identified with a specific program or supporting service are charged directly to that program or service according to their natural classification. Certain other costs have been allocated among the programs and supporting services benefited. Salaries and related salary expenses that are associated with a specific program are charged directly to that program. Salaries and related salary expenses that benefit more than one program are allocated to the various programs based on time and effort as well as direct charges. Maintenance, training, and other costs are allocated to natural expense classifications (i.e., repairs and maintenance, personnel costs, etc.), based on usage, and recorded as program and supporting services.

Income Taxes

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. Income earned in furtherance of the Organization's tax-exempt purpose is exempt from federal and state income taxes.

Recent Accounting Pronouncement

In August 2016, the Financial Accounting Standards Board (FASB) issued Accounting Standards Update (ASU) 2016-14, *Presentation of Financial Statements of Not-for-Profit Entities*. The update addresses the complexity and understandability of net asset classification, deficiencies in information about liquidity and availability of resources, and the lack of consistency in the type of information provided about expenses and investment return. The Organization has adjusted the presentation of these statements accordingly. The ASU has been applied retrospectively to all periods presented.

In May 2014, FASB issued ASU 2014-09, *Revenue from Contracts with Customers*, to clarify the principles used to recognize revenue for all entities. Subsequently in August 2015, FASB issued ASU 2015-14, which delayed the effective date for nonpublic entities to annual periods beginning after December 15, 2018 (the Organization's June 30, 2020 consolidated financial statements). The Organization is currently evaluating the impact of this accounting standard on its consolidated financial statements.

In June 2018, FASB issued ASU 2018-08, *Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*, to clarify the definition of an exchange transaction and contribution and to clarify accounting for the same. The standard is effective for nonpublic entities for fiscal years beginning after December 15, 2018 (the Organization's June 30, 2020 consolidated financial statements); early adoption is permitted. The Organization is currently evaluating the impact of this accounting standard on its consolidated financial statements.

In November 2016, FASB issued ASU 2016-18, *Statement of Cash Flows: Restricted Cash*, providing specific guidance on the cash flow classification and presentation of changes in restricted cash and restricted cash equivalents. The amendments in ASU 2016-18 require that the statement of cash flows explains the change during the period in the total of cash, cash equivalents, and amounts generally described as restricted cash or restricted cash equivalents (collectively "cash"). Therefore, amounts generally described as restricted cash and restricted cash equivalents should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The amendments in ASU 2016-18 are effective for nonpublic entities for fiscal years beginning after December 15, 2018 (the Organization's June 30, 2020 consolidated financial statements); early adoption is permitted. The Organization is currently evaluating the impact of this accounting standard on its consolidated financial statements.

Note C - Liquidity and Availability

The Organization maintains a policy of structuring its financial assets to be available as its general expenditures, liabilities and other obligations come due. As part of its liquidity plan, excess cash is invested in short-term investments. The following represents the Organization's financial assets available to meet general expenditures over the next 12 months at June 30:

	2019	2018
Financial assets at year end		
Cash and cash equivalents	$ 2,026,497	$ 1,487,423
Investments	3,684,064	3,508,393
Accounts receivable, net	1,935,680	2,385,499
Total financial assets	7,646,241	7,381,315
Less amounts not available to be used within one year		
Board designated net assets	110,616	108,585
Financial assets available to meet general expenditures over the next 12 months	$ 7,535,625	$ 7,272,730

None of the financial assets are subject to donor or other contractual restrictions. Accordingly, all such funds are available to meet the cash needs of the Organization in the next 12 months.

In addition, the Organization maintains cash that is restricted for the benefit of the Organization but is required by certain lenders. Restricted cash may be used to replace structural elements or mechanical equipment of the Organization's properties or for other purposes after written approval from the lender is received.

In addition, Boley has an unsecured line of credit of $1 million with Centennial Bank, none of which was outstanding at June 30, 2019 or 2018 (Note K).

Note D - Cash and Cash Equivalents and Investments

Cash and cash equivalents held by financial institutions consist of the following as of June 30:

	2019	2018
Cash	$1,973,099	$1,434,105
Money market accounts	53,398	53,318
	$2,026,497	$1,487,423

Investments consist of the following at June 30:

	Boley Centers, Inc.	Bessie Boley Foundation	Boley Foundation, Inc.	Total
2019				
Cash and money market accounts	$ -	$ 236,277	$ 105,802	$ 342,079
Fixed income securities	-	233,896	682,849	916,745
Equities	-	1,238,379	896,076	2,134,455
Mutual funds	76,341	-	-	76,341
Community Foundation of Tampa Bay	-	-	214,444	214,444
	$ 76,341	$ 1,708,552	$ 1,899,171	$3,684,064
2018				
Cash and money market accounts	$ -	$ 38,915	$ 65,494	$ 104,409
Fixed income securities	-	223,606	637,444	861,050
Equities	-	1,418,947	831,976	2,250,923
Mutual funds	74,118	-	-	74,118
Community Foundation of Tampa Bay	-	-	217,893	217,893
	$ 74,118	$ 1,681,468	$ 1,752,807	$3,508,393

Total interest and dividends are included in other revenue and consist of the following for the years ended June 30:

	2019	2018
Interest and dividends on investments	**$ 142,185**	$ 144,925
Interest on cash and money market accounts	**23,374**	13,996
Discounts earned	**360**	360
	$ 165,919	$ 159,281

Administrative fees for investments were $40,511 and $40,878 for the years ended June 30, 2019 and 2018, respectively, and are included in unrealized and realized gain on investments in the accompanying consolidated statement of activities.

Note E - Fair Values of Financial Assets

The fair values of financial assets are as follows as of June 30:

Asset Category	Assets/Liabilities Measured at Fair Value	Measured Using: Quoted Prices in Active Markets for Identical Assets (Level 1)	Significant Other Observable Inputs (Level 2)	Significant Unobservable Inputs (Level 3)
2019				
Cash and money market accounts	$ 342,079	$ 342,079	$ -	$ -
Fixed income securities	916,745	-	916,745	-
Equities	2,134,455	2,134,455	-	-
Mutual funds	76,341	-	76,341	-
Community Foundation of Tampa Bay	214,444	-	-	214,444
	$ 3,684,064	$ 2,476,534	$ 993,086	$ 214,444
2018				
Cash and money market accounts	$ 104,409	$ 104,409	$ -	$ -
Fixed income securities	861,050	-	861,050	-
Equities	2,250,923	2,250,923	-	-
Mutual funds	74,118	-	74,118	-
Community Foundation of Tampa Bay	217,893	-	-	217,893
	$ 3,508,393	$ 2,355,332	$ 935,168	$ 217,893

For the valuation of fixed income securities and mutual funds, the Organization used other observable inputs, particularly dealer market prices for comparable investments as of the valuation date (Level 2).

For the valuation of investments held at the Community Foundation of Tampa Bay, the Organization used significant unobservable inputs, including information from fund managers or other valuation methods (Level 3). Management reviews and evaluates the values provided by the fund managers and agrees with the valuation methods and assumptions used in determining the fair value of the investments.

The table below sets forth a reconciliation of the Organization's beginning and ending Level 3 financial assets:

June 30, 2018	$ 217,893
Realized/unrealized gains included in change in net assets	4,885
Purchases, sales, issuances, and settlements, net	(8,334)
June 30, 2019	$ 214,444

Note F - Facility Lease Receivable

PAL leases certain real property (Parkside) under an agreement for $1 annually. The property may be used only for the purpose of improving and operating an eight-unit apartment complex. The agreement expires 20 years after the date of issuance of the certificate of occupancy (October 2020). At the landlord's sole discretion, the lease can be extended for an additional 20-year term, or the landlord can purchase the property improvements at fair value. A lease receivable was recorded equal to the difference between the fair value of the real property and the contractual annual rent payments, and will be recognized as lease expense over the term of the lease.

The facility lease receivable is expected to be realized as follows:

In one year or less	$ 6,941
Between one and five years	2,308
	$ 9,249

Note G - Investments in Joint Ventures

Investments in joint ventures consist of the following as of June 30:

	2019	2018
Solutions for Administrative Services	**$ 297,281**	$ 299,868
Duval Park	**301,125**	301,125
	$ 598,406	$ 600,993

Solutions for Administrative Services, Inc.

Boley and Operation PAR, Inc. along with Personal Enrichment through Mental Health Services, Inc. (collectively, members) own a Florida corporation named Solutions for Administrative Services, Inc. (SAS).

The primary purpose of SAS is to serve as an administrative services organization that efficiently provides management, support, and administrative services to qualifying tax-exempt organizations that operate in the geographic area served by SAS, including the current members. Specific services provided by SAS include certain core service areas including: human resources, finance/accounting, and electronic health record development/management, information technology, and support services.

The members and other area tax-exempt organizations desiring to utilize SAS's services will have the benefit of collaborating and sharing a variety of management and related administrative services, thereby gaining efficiencies and economies of scale, and enabling participants to focus on their respective missions, goals, and programs for which they are organized.

During the years ended June 30, 2019 and 2018, Boley did not make any investment in SAS. Boley's share of the operating loss of SAS for the years ended June 30, 2019 and 2018 was $2,587 and $2,505, respectively, and was accounted for using the equity method.

Duval Park, Ltd.

Boley and PAL along with three other unrelated investors are .01% general partners in Duval Park GP, LLC (LLC). The LLC with a limited partner, who is also an unrelated entity, own Duval Park, Ltd. (Duval).

Duval was created to build an 88-unit, low-income housing apartment complex.

During 2016, Boley made a $300,000 investment into Duval. Boley's share of operating activities of Duval for the years ended June 30, 2019 and 2018 was $0 and $562, respectively.

A developer fee of $9,952 and $7,708 was received by each Boley and PAL for the years ended June 30, 2019 and 2018, respectively, related to this project. Total developer fees related to this project are $19,904 and $15,416 for the years ended June 30, 2019 and 2018, respectively, and are included in developer fees in other revenue on the accompanying consolidated statements of activities.

Note H - Construction in Progress

Construction in progress and construction commitments consist of the following at June 30:

	Construction in Progress		Construction Commitments	
	2019	2018	2019	2018
Pinellas Affordable Living, Inc.				
Preserves at Clam Bayou	$ -	$ 1,985,154	$ -	$ 2,971,432
Ranch at Pinellas	3,486,291	275,359	834,714	3,379,900
Evergreen Village	334,864	71,957	3,756,365	-
Ranch Phase II	246,538	-	-	-
Whispering Pines	9,964	-	-	-
Butterfly Grove	35,671	-	-	-
Sally Poynter Preserves III	31,218	-	1,195,640	-
	$ 4,144,546	$ 2,332,470	$ 5,786,719	$ 6,351,332

Preserves at Clam Bayou is a 16-unit apartment complex that was financed by the City of St. Petersburg, Pinellas County, Bessie Boley Foundation, and the Home Depot Foundation. Eight of the 16 units are reserved for veterans. Construction was completed and the project opened in January 2019.

Ranch at Pinellas (Ranch) is a 25-unit apartment complex that completed construction in September 2019. Construction was financed with $4.1 million from Florida Housing Finance Corporation.

Evergreen Village is a planned complex consisting of five duplexes and four triplexes in one, two, and three-bedroom units. In November 2019, PAL entered into three agreements to borrow a total of approximately $4.5 million from Florida Housing Finance Corporation (approximately $4.3 million and $235,300) and through a HOME Investment Partnership Program Grant with Pinellas County ($535,000) to purchase and develop Evergreen Village as affordable rental housing units, with restrictions on the use of the funding and restrictions on the use of the developed property. Construction began in December 2019 and is anticipated to be completed in September 2020.

Ranch Phase II is a planned eight-unit apartment complex that is being financed by Pinellas County and Housing Finance Authority of Pinellas County. Land was purchased in November 2017 for $254,500. Construction is underway and anticipated to be complete in February 2020.

Whispering Pines is land purchased and capitalized development costs for expected future development.

Butterfly Grove is the redevelopment of an existing property. A 20-unit apartment complex will be financed with $4,926,841 from Florida Housing Finance Corporation.

Sally Poynter Preserves III is a planned eight-unit apartment complex that is being financed by the City of St. Petersburg, Housing Finance Authority of Pinellas County, and Pinellas County. Construction began in November 2019 and anticipated to be completed in July 2020.

The Organization does not have a liability recorded for work performed after June 30, 2019, as management believes there is no obligation until the work has been performed.

Note I - Property and Equipment

Property and equipment consists of the following at June 30:

	2019	2018
Buildings and improvements	$ 43,392,465	$ 40,749,995
Land	8,188,991	7,511,948
Furniture and equipment	2,493,243	2,337,480
Vehicles	1,170,009	1,184,141
Leasehold improvements	312,820	312,820
	55,557,528	52,096,384
Less accumulated depreciation and amortization	(20,893,445)	(19,678,675)
	$ 34,664,083	$ 32,417,709

Note J - Mortgages Payable

Mortgages Payable

All mortgage notes payable are collateralized by real property. Most are also collateralized by assignment of rents. Mortgages payable consist of the following at June 30, 2019:

Entity	Property	Debt Holder	Maturity Date	Monthly Payment	Interest Rate, per Annum	Forgiveness Provisions	Face Value	Discount	Fair Value
DD	Dome District Apartments	City of St. Petersburg	January 2021	$ -	0%	Yes	$ 9,000	$ -	$ 9,000
PAL	Bayou Pass Apartments	City of St. Petersburg	January 2021	-	0%		111,000	(2,593)	108,407
Boley	Safe Haven	Synovus Bank	April 2021	-	0%	Yes	118,421	-	118,421
PB	Palmetto Breeze Apartments	Synovus Bank	July 2021	-	0%	Yes	107,875	-	107,875
PAL	Parkside Apartments*	City of St. Petersburg	January 2022	-	0%	Yes	9,000	-	9,000
PAL	Parkside Apartments*	City of St. Petersburg	January 2022	-	0%		90,000	-	90,000
PAL	Oak Park Apartments	City of St. Petersburg	July 2022	225	0%		7,900	(5,059)	2,841
128 PL	128 Place	City of St. Petersburg	September 2023	-	0%	Yes	62,000	(10,715)	51,285
CB	Clam Bayou Apartments	Synovus Bank	September 2023	-	0%	Yes	187,960	-	187,960
PAL	Clam Bayou Apartments	Synovus Bank	September 2023	-	0%	Yes	60,034	-	60,034
PAL	Salt Creek	City of St. Petersburg	April 2024	-	0%	Yes	186,222	-	186,222
PAL	Salt Creek	City of St. Petersburg	April 2024	-	0%	Yes	129,093	-	129,093
PAL	Salt Creek	City of St. Petersburg	April 2024	-	0%	Yes	1,815	-	1,815
PB	Palmetto Breeze Apartments	City of St. Petersburg	January 2025	-	0%	Yes	82,000	(12,135)	69,865
Boley	Broadwater II	Synovus Bank	July 2026	-	0%	Yes	154,535	-	154,535
Boley	Safe Haven	City of St. Petersburg	January 2027	-	0%	Yes	433,812	(111,025)	322,787
CB	Clam Bayou Apartments	City of St. Petersburg	December 2027	-	0%	Yes	91,500	-	91,500
PAL	Clam Bayou Apartments	City of St. Petersburg	June 2028	-	0%	Yes	399,294	-	399,294
TB	Twin Brooks Apartments	City of St. Petersburg	September 2028	-	0%	Yes	191,667	-	191,667
Boley	Grove Park Village	Synovus Bank	April 2029	-	0%	Yes	117,377	-	117,377
PAL	Bayou Pass Apartments	Neighborhood Lending Partners	February 2030	677	2%		77,731	(16,722)	61,009
AA	Arlington Avenue Apartments	City of St. Petersburg	June 2030	-	0%	Yes	500,000	-	500,000
Boley	Burlington Gardens	City of St. Petersburg	December 2030	-	0%	Yes	1,567,925	-	1,567,925
Boley	Broadwater II	City of St. Petersburg	January 2031	-	0%	Yes	238,144	-	238,144
PAL	Bayou Pass Apartments	Neighborhood Lending Partners	February 2031	622	5%		98,416	-	98,416
PAL	Broadwater III	City of St. Petersburg	October 2033	-	0%	Yes	500,000	-	500,000
PAL	Broadwater IV	City of St. Petersburg	August 2034	-	0%	Yes	110,000	-	110,000
PAL	Ranch at Pinellas	Florida Housing Finance Corp.	July 2035	-	0%	Yes	129,049	-	129,049
PAL	Ranch at Pinellas	Florida Housing Finance Corp.	July 2035	-	0%		2,342,968	-	2,342,968
Boley	Mastry	City of St. Petersburg	December 2035	-	0%	Yes	268,965	-	268,965
Boley	Safe Haven	Pinellas County	May 2036	-	0%	Yes	325,000	-	325,000
PAL	Preserve at Clam Bayou	Pinellas County	November 2036	-	0%	Yes	1,175,000	-	1,175,000
Boley	Mid-County Safe Haven	Pinellas County	May 2037	-	0%	Yes	2,135,880	-	2,135,880
PAL	Preserve at Clam Bayou	City of St. Petersburg	July 2037	-	0%	Yes	965,790	-	965,790
Boley	Grove Park Village	Pinellas County	October 2038	-	0%	Yes	302,000	-	302,000
PAL	Salt Creek	Florida Housing Finance Corp.	September 2039	819	0%		206,290	(105,304)	100,986
Boley	Covert Apartments	City of Clearwater	December 2039	232	0%		57,132	-	57,132
BP	Broadwater Place	City of St. Petersburg	September 2040	-	0%	Yes	170,000	-	170,000
LT	Laurel Trace	Pinellas County	September 2040	-	0%	Yes	140,000	-	140,000
Boley	Fountainview	City of St. Petersburg	June 2043	-	0%	Yes	870,073	-	870,073
CB	Clam Bayou Apartments	Florida Housing Finance Corp.	September 2043	-	0%		184,130	-	184,130
Boley	Grove Park Village	Pinellas County	April 2046	-	0%	Yes	510,748	-	510,748
PCH	Pinellas County Housing	Walker & Dunlop	January 2048	8,232	2.65%		1,794,377	-	1,794,377
PAL	Ranch at Pinellas	Pinellas County	May 2048	962	0%	Yes	400,000	-	400,000
PAL	Ranch at Pinellas II	Pinellas County	July 2049	-	0%	Yes	68,917	-	68,917
PAL	Ranch at Pinellas II	Housing Finance Authority of Pinellas County	July 2049	-	0%		285,448	-	285,448
PAL	Twin Brooks Apartments II/III	City of St. Petersburg	December 2049	-	0%	Yes	1,641,199	-	1,641,199
TB	Twin Brooks Apartments	Synovus Bank	December 2049	-	0%	Yes	120,000	-	120,000
SUN	Sunset Point Apartments	City of Clearwater	June 2053	-	0%	Yes	346,451	-	346,451
							20,082,138	$ (263,553)	$ 19,818,585
Less unamortized loan costs							(395,667)		
Less unamortized discounts							(263,553)		
Long-term debt, net							$ 19,422,918		

Mortgages payable consist of the following at June 30, 2018:

Entity	Property	Debt Holder	Maturity Date	Monthly Payment	Interest Rate, per Annum	Forgiveness Provisions	Face Value	Discount	Fair Value
128 PL	128 Place	Synovus Bank	June 2019	-	0%	Yes	$ 161,500	$ -	$ 161,500
DD	Dome District Apartments	City of St. Petersburg	January 2021	-	0%	Yes	9,000	-	9,000
PAL	Bayou Pass Apartments	City of St. Petersburg	January 2021	-	0%		111,000	(7,034)	103,966
Boley	Safe Haven	Synovus Bank	April 2021	-	0%	Yes	118,421	-	118,421
PB	Palmetto Breeze Apartments	Synovus Bank	July 2021	-	0%	Yes	107,875	-	107,875
PAL	Parkside Apartments*	City of St. Petersburg	January 2022	-	0%	Yes	13,500	-	13,500
PAL	Parkside Apartments*	City of St. Petersburg	January 2022	-	0%		90,000	-	90,000
PAL	Oak Park Apartments	City of St. Petersburg	July 2022	225	0%		10,599	(5,677)	4,922
128 PL	128 Place	City of St. Petersburg	September 2023	-	0%	Yes	62,000	(12,713)	49,287
CB	Clam Bayou Apartments	Synovus Bank	September 2023	-	0%	Yes	187,960	-	187,960
PAL	Clam Bayou Apartments	Synovus Bank	September 2023	-	0%	Yes	60,034	-	60,034
PAL	Salt Creek	City of St. Petersburg	April 2024	-	0%	Yes	186,222	-	186,222
PAL	Salt Creek	City of St. Petersburg	April 2024	-	0%	Yes	129,093	-	129,093
PAL	Salt Creek	City of St. Petersburg	April 2024	-	0%	Yes	1,815	-	1,815
PB	Palmetto Breeze Apartments	City of St. Petersburg	January 2025	-	0%	Yes	82,000	(14,766)	67,234
Boley	Broadwater II	Synovus Bank	July 2026	-	0%	Yes	154,535	-	154,535
Boley	Safe Haven	City of St. Petersburg	January 2027	-	0%	Yes	433,812	(125,585)	308,227
CB	Clam Bayou Apartments	City of St. Petersburg	December 2027	-	0%	Yes	91,500	-	91,500
PAL	Clam Bayou Apartments	City of St. Petersburg	June 2028	-	0%	Yes	399,294	-	399,294
TB	Twin Brooks Apartments	City of St. Petersburg	September 2028	-	0%	Yes	191,667	-	191,667
Boley	Grove Park Village	Synovus Bank	April 2029	-	0%	Yes	117,377	-	117,377
PAL	Bayou Pass Apartments	Neighborhood Lending Partners	February 2030	677	2%		84,195	(20,120)	64,075
AA	Arlington Avenue Apartments	City of St. Petersburg	June 2030	-	0%	Yes	500,000	-	500,000
Boley	Burlington Gardens	City of St. Petersburg	December 2030	-	0%	Yes	1,567,925	-	1,567,925
Boley	Broadwater II	City of St. Petersburg	January 2031	-	0%	Yes	238,144	-	238,144
PAL	Bayou Pass Apartments	Neighborhood Lending Partners	February 2031	622	5%		100,828	-	100,828
PAL	Broadwater III	City of St. Petersburg	October 2033	-	0%	Yes	500,000	-	500,000
PAL	Broadwater IV	City of St. Petersburg	August 2034	-	0%	Yes	110,000	-	110,000
Boley	Mastry	City of St. Petersburg	December 2035	-	0%	Yes	268,965	-	268,965
Boley	Mid-County Safe Haven	Pinellas County	May 2037	-	0%	Yes	2,135,880	-	2,135,880
PAL	Preserve at Clam Bayou	City of St. Petersburg	July 2037	-	0%	Yes	443,050	-	443,050
Boley	Grove Park Village	Pinellas County	October 2038	-	0%	Yes	302,000	-	302,000
PAL	Salt Creek	Florida Housing Finance Corp.	September 2039	819	0%		216,113	(110,424)	105,689
Boley	Covert Apartments	City of Clearwater	December 2039	232	0%		59,919	-	59,919
BP	Broadwater Place	City of St. Petersburg	September 2040	-	0%	Yes	170,000	-	170,000
LT	Laurel Trace	Pinellas County	September 2040	-	0%	Yes	140,000	-	140,000
Boley	Fountainview	City of St. Petersburg	June 2043	-	0%	Yes	870,073	-	870,073
CB	Clam Bayou Apartments	Florida Housing Finance Corp.	September 2043	-	0%		184,130	-	184,130
Boley	Grove Park Village	Pinellas County	April 2046	-	0%	Yes	510,748	-	510,748
PCH	Pinellas County Housing	Walker & Dunlop	January 2048	8,232	2.65%		1,835,821	-	1,835,821
PAL	Twin Brooks Apartments II/III	City of St. Petersburg	December 2049	-	0%	Yes	1,641,199	-	1,641,199
TB	Twin Brooks Apartments	Synovus Bank	December 2049	-	0%	Yes	120,000	-	120,000
SUN	Sunset Point Apartments	City of Clearwater	June 2053	-	0%	Yes	346,451	-	346,451
							15,064,645	$ (296,319)	$ 14,768,326
Less unamortized loan costs							(289,354)		
Less unamortized discounts							(296,319)		
Long-term debt, net							$ 14,478,972		

Maturities of mortgages payable are as follows:

	Mortgages with Forgiveness Provisions	Principal Payments Due	Total
Year ending June 30:			
2020	$ 4,500	$ 66,984	$ 71,484
2021	131,921	190,954	322,875
2022	107,875	171,206	279,081
2023	-	80,193	80,193
2024	627,124	81,711	708,835
Thereafter	13,955,326	4,664,344	18,619,670
Total	$ 14,826,746	$ 5,255,392	$ 20,082,138

Loan Costs

Loan costs consist of the following as of June 30:

	2019	2018
Loan costs	**$ 541,352**	$ 417,336
Less accumulated amortization	**(145,685)**	(127,982)
Net loan costs	**$ 395,667**	$ 289,354

Estimated future annual amortization expense associated with long-term debt subsequent to June 30, 2019 is as follows:

2020	$ 15,898
2021	15,898
2022	15,898
2023	15,898
2024	15,206
Thereafter	316,869
	$ 395,667

Interest expense related to amortization of loan costs was $17,703 and $11,763 for the years ended June 30, 2019 and 2018, respectively.

Interest Free and Below Market Mortgages

The recorded amounts of certain mortgages which are interest free or have below-market interest are calculated based on fair value using the prevailing market interest rates for similar transactions at the time the mortgages were executed, ranging from 4.2% to 8.5%. Each year, interest expense is recognized, and the mortgage liability is increased (accreted).

Other interest free and below-market interest rate mortgages payable are recorded at face value which management had determined approximates fair value.

Certain mortgages payable with forgiveness provisions are recorded net of accumulated forgiveness.

Neighborhood Lending Partners, Inc. Mortgages

The mortgages payable to NLP include a provision whereby PAL agrees that a default under the terms of any promissory note or loan executed by PAL in connection with any loan by NLP, whether now existing or hereafter existing, will be deemed a default under the terms of all promissory notes and loans by NLP to PAL. Upon the happening of any such default, NLP may, at its option, declare the entire outstanding indebtedness owed to be immediately due and payable in full.

Accrued Interest

Prior to Salt Creek's refinancing in 2016, the terms of the previous loan included accruing interest that would be due in the event that Salt Creek or PAL violated any of the terms of the agreement. This accrued interest would otherwise be forgiven along with the principal of the $186,222 note when it comes due in April 2024. When the loan was refinanced in 2016, the debt holder lowered the interest rate to 0%. Therefore, no further interest is required to be recorded for this loan, however the historical balance of $201,838 will remain until forgiven.

Note K - Line of Credit

Boley has an unsecured line of credit of $1 million with Centennial Bank, none of which was outstanding at June 30, 2019 or 2018. Borrowings under the line of credit carry a variable interest rate (5.00% at June 30, 2019), subject to change based on the Wall Street Journal prime rate at June 30. This line of credit is payable on demand.

Note L - Net Assets Without Donor Restrictions

Net assets without donor restrictions consist of the following at June 30:

	2019	2018
Board designated	$ 110,616	$ 108,585
Section 811 capital advances	15,997,675	15,997,675
Operating surplus	10,646,399	11,197,947
	$26,754,690	$27,304,207

The board of directors has designated certain cash to be used for certain incentive compensation payments. For the years ended June 30, 2019 and 2018, board designated net assets totaled $110,616 and $108,585, respectively.

Note M - Net Assets With Donor Restrictions

Net assets with donor restrictions are restricted for the following purposes or periods as of June 30:

	2019	2018
Discounts on below market-rate mortgages	$ 263,553	$ 296,319
Facility lease receivable	9,249	16,190
	$ 272,802	$ 312,509

Net assets released from donor restrictions by incurring expenses which satisfied the purpose or time restriction specified by the donors or grantors are as follows for the years ended June 30:

	2019	2018
Accretion of loan discounts	$ 32,766	$ 32,764
Passage of time (facility lease receivable)	6,941	6,942
Capital purchases	-	160,000
	$ 39,707	$ 199,706

Note N - Thrift Store Revenue

Thrift store revenue for the years ended June 30 consists of the following:

	2019	2018
Contributions - donated goods	$ 137,934	$ 84,780
Sales and other	356,493	384,482
	$ 494,427	$ 469,262

Note O - Other Revenue

Other revenue consists of the following for the years ended June 30:

	2019	2018
Consulting	$ 52,828	$ 46,336
Debt forgiveness	166,000	207,475
Developer fees	119,904	65,416
Donations	77,629	35,029
Food stamp revenue	1,588	1,845
Interest, dividends, and discounts earned	165,919	159,281
Maintenance revenue	2,401	4,383
Management revenue	77,838	77,147
Medicare	119	18,438
Research study participation	524,737	241,448
Special events, net of direct expenses of $32,495 and $49,761 for the years ended June 30, 2019 and 2018, respectively	88,932	70,891
Youth programs - private sector	372,397	367,206
Other	79,780	36,244
	$ 1,730,072	$ 1,331,139

Note P - Related Party Transactions

Boley-PAR, Inc. provides management and other administrative services to its members under a management services agreement. The services provided under this agreement include human resources, finance/accounting, electronic health record (EHR) development/management, information technology, property management, and support services. The services are provided by staff that is leased from each member agency under a leased employee agreement. The employee leasing costs are based on actual compensation and benefits.

During the years ended June 30, 2019 and 2018, Boley provided employee leasing services at a cost of $1,031,744 and $875,022, respectively, to Boley-PAR, Inc. and incurred management fees of $1,050,659 and $868,485, respectively, to Boley-PAR, Inc. for management/administrative services received.

Included in accounts payable is $28,864 and $63,845 owed from Boley-PAR Inc. as of June 30, 2019 and 2018, respectively.

Boley also allocated personnel costs to SAS in connection with services that are provided by SAS to outside agencies. Certain staff is also shared with another member of Boley-PAR, Inc. Included in the consolidated statements of functional expenses for the years ended June 30, 2019 and 2018 is $335,298 and $254,168, respectively, of shared staff costs.

Included in accounts payable is $160,456 and $134,239 due to SAS as of June 30, 2019 and 2018, respectively.

Note Q - Retirement Plan

Boley has a defined contribution 401(k) profit-sharing plan. Employees who have completed one year of service and are 21 years of age or older are eligible to participate. The Organization makes a matching contribution equal to 100% of the salary reduction amount contributed by the employee during the plan year that does not exceed 3% of employee's compensation received during the plan year. Contributions for the years ended June 30, 2019 and 2018 were approximately $121,000 and $129,000, respectively.

Note R - Operating Leases

Boley leases facilities for the vocational program and a thrift store, as well as various pieces of equipment under various operating leases. Rental expense for the years ended June 30, 2019 and 2018 was approximately $199,000 and $273,000, respectively.

Future minimum lease payments are as follows:

Year ending June 30,	
2020	$ 186,030
2021	142,163
2022	74,925
	$ 403,118

Note S - Restrictive Covenants, Contingencies, and Concentrations

Cash Balances

From time to time, the Organization may maintain cash balances that exceed federal insurance limits. Management believes the risk of loss is remote.

Accounts Receivable

Concentrations of credit risk with respect to accounts receivable are considered minimal as the majority of the amounts receivable relate to grants from federal and state government agencies and/or have been collected subsequent to year-end.

Federal and State Audits

The Organization is subject to federal and state audits to determine compliance with grant funding requirements and provisions under Medicaid and Medicare. In the event that expenditures are disallowed or submitted claims are denied, repayment could be required. A Medicaid allowance has been established.

Community Development Block Grants/Entitlement Grants

The Organization has received Community Development Block Grants/Entitlement Grants to purchase community residential housing. In the event the Organization should dispose of or alter the use of the property within the period stipulated by the related contracts, the pro-rata share must be returned to the City of St. Petersburg.

Home Investment Partnerships Program Funds

The Organization has received Home Investment Partnerships Program funds to purchase community residential housing. In the event the Organization should dispose of or alter the use of the property within the period stipulated by the related contract, the pro-rata share must be returned to the respective funding source.

Noncompliance

The Organization is required under various loans and HUD regulatory agreements to operate certain residential housing as qualified low-income projects, as well as comply with various other provisions. In the event of noncompliance, the properties could be forfeited, and/or the repayment of disallowed expenditures may be required.

Section 811 Capital Advances

HUD has provided funding through Section 811 Capital Advances of approximately $16 million cumulatively through June 30, 2019. These capital advances are collateralized by mortgages to HUD. These mortgages bear no interest and are not required to be repaid to HUD, as long as the mortgaged property remains available for low-income individuals with chronic mental illness for at least 40 years. It is the intention of management to meet this requirement and, therefore, these capital advances are reflected in net assets without donor restrictions. Failure to keep the HUD projects available for low-income, mentally disabled individuals would result in repayment of the entire capital advance outstanding, plus interest since the date of the first advance.

The HUD projects operate in a heavily regulated environment. The operations of the projects are subject to the administrative directives, rules and regulations of federal, state, and local regulatory agencies including, but not limited to, HUD. Such administrative directives, rules, and regulations are subject to change by an act of Congress or an administrative change mandated by HUD. Such changes may occur with little notice or inadequate funding to pay for the related cost, including the additional administrative burden, to comply with a change.

Note T - Subsequent Events

For the year ended June 30, 2019, management of the Organization has evaluated subsequent events for potential recognition and disclosure through December 23, 2019, which is the date the consolidated financial statements were available to be issued. There were no subsequent events that would require adjustment to, or disclosure in, the accompanying consolidated financial statements, except as discussed in Note H.

Supplementary Information

Federal/State Agency *Pass-Through Entity* Federal Program	CFDA Number	Contract #	Federal Expenditures	Transfers to Subrecipients
U.S. Department of Agriculture				
Passed through the State of Florida Department of Elder Affairs				
National School Lunch Program	10.555	Y7030	$ 70,829	$ -
U.S. Department of Housing and Urban Development				
Passed through the City of St. Petersburg, Florida				
Community Development Block Grants/Entitlement Grants	14.218	Burlington Gardens	1,567,925 *	-
Community Development Block Grants/Entitlement Grants	14.218	Fountain View	870,073 *	-
Community Development Block Grants/Entitlement Grants	14.218	B-17-MC-12-0017	7,068	-
Community Development Block Grants/Entitlement Grants	14.218	B-18-MC-12-0017	55,905	-
Subtotal - CFDA 14.218			2,500,971	-
Direct funding				
Shelter Plus Care	14.238	FL0353L4H021708	33,986	-
Shelter Plus Care	14.238	FL0353L4H021809	8,992	-
Shelter Plus Care	14.238	FL0041L4H021710	269,400	-
Subtotal - CFDA 14.238			312,378	-
Passed through Pinellas County, Florida				
Home Investment Partnerships Program	14.239	Grove Park Village	510,748 *	-
Home Investment Partnerships Program	14.239	Mid-County Safe Haven	2,135,880 *	-
Home Investment Partnerships Program	14.239	Safe Haven	325,000 *	
Passed through the City of St. Petersburg, Florida				
Home Investment Partnerships Program	14.239	Broadwater II	238,144 *	-
Home Investment Partnerships Program	14.239	Mastry	268,965 *	-
Home Investment Partnerships Program	14.239	Safe Haven	433,812 *	-
Home Investment Partnerships Program	14.239	M17-MC-12-0017	172,865	-
Home Investment Partnerships Program	14.239	M18-MC-12-0220	52,372	-
Subtotal - CFDA 14.239			4,137,786	-
Passed through the City of Tampa, Florida				
Housing Opportunities for Persons with AIDS	14.241	FY17/PY18	259,779	-
Housing Opportunities for Persons with AIDS	14.241	FY18/PY19	814,916	-
Subtotal - CFDA 14.241			1,074,695	-
Direct funding				
Continuum of Care Program	14.267	FL0038L4H021609	223,549	-
Continuum of Care Program	14.267	FL0352L4H021708	348,408	128,951
Continuum of Care Program	14.267	FL0038L4H021710	668,144	-
Continuum of Care Program	14.267	FL0352L4H021809	190,482	48,448
Continuum of Care Program	14.267	FL0036L4H021811	194,120	64,776
Continuum of Care Program	14.267	FL0036L4H021710	428,445	105,962
Subtotal - CFDA 14.267			2,053,148	348,137
Direct funding				
Mainstream Vouchers	14.879	Various	1,482,339	-

Federal/State Agency *Pass-Through Entity* Federal Program	CFDA Number	Contract #	Federal Expenditures	Transfers to Subrecipients
U.S. Department of Labor				
Direct funding				
Homeless Veterans Reintegration Project	17.805	HV-32067-18-60-5-12	391,790	-
Homeless Veterans Reintegration Project	17.805	HV-32069-18-60-5-12	300,600	-
Subtotal - CFDA 17.805			692,390	-
U.S. Department of Veterans Affairs				
Direct funding				
VA Homeless Providers Grant and Per Diem Program	64.024	09-706-FL	189,824	-
Passed through the Society of St. Vincent de Paul South Pinellas, Inc.				
VA Homeless Providers Grant and Per Diem Program	64.033	N/A	54,612	-
VA Homeless Providers Grant and Per Diem Program	64.033	N/A	53,329	-
Subtotal - CFDA 64.033			107,941	-
U.S. Department of Education				
Passed through the Florida Department of Education				
Rehabilitation Services - Vocational Rehabilitation Grants to States	84.126	VR5066	423,565	-
Rehabilitation Services - Vocational Rehabilitation Grants to States	84.126	N/A	63,369	-
Subtotal - CFDA 84.126			486,934	-
Passed through Syracuse University				
National Institute on Disability and Rehabilitation Research	84.133	25783-02961-SO2	15,000	-
U.S. Department of Transportation				
Passed through Florida Department of Transportation				
Enhanced Mobility of Seniors and Individuals with Disabilities	20.513	FL-2018-014-00	65,706	-
U.S. Department of Health and Human Services				
Passed through Central Florida Behavioral Health Network, Inc.				
Temporary Assistance for Needy Families	93.558	QB003-17	180,111	-
Passed through Central Florida Behavioral Health Network, Inc.				
Medical Assistance Program	93.778	QB003-17	269,222	-
Passed through Central Florida Behavioral Health Network, Inc.				
Block Grants for Community Mental Health Services	93.958	QB003-17	572,575	-
			$ 14,211,849	$ 348,137

* This represents the balance of a loan from a previous year on which the federal agency imposes continuing compliance requirements.

Note A - Basis of Presentation

The accompanying schedule of expenditures of federal awards includes the federal grant activities of Boley Centers, Inc. The information in this schedule is presented in accordance with the requirements of Subpart F Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Because the schedule presents only a selected portion of the operations of Boley Centers, Inc., it is not intended to and does not present the statements of financial position, activities, or cash flows of Boley Centers, Inc. Some amounts presented in the schedule may differ from amounts presented or used in the preparation of the financial statements.

The Boley Centers, Inc. and affiliates consolidated financial statements include organizational units expending $750,000 or more in federal awards that have separate Uniform Guidance audits that are not included in this single audit.

Note B - Summary of Significant Accounting Policies

Expenditures reported on the schedule are reported on the accrual basis of accounting. Such expenditures are recognized following the cost principles contained in the Uniform Guidance, wherein certain types of expenditures are not allowable or limited as to reimbursement.

Note C - Support Requiring Matching Funds

From time to time, Boley receives funding from various sources that require Boley to obtain matching funds. During the year ended June 30, 2019, Boley obtained matching funds of the required amount.

Note D - Indirect Costs

Boley did not elect to use the 10% de minimis indirect cost rate allowed by the Uniform Guidance.

Note E - Loans

Boley has the following loan balances at June 30, 2019:

CFDA Number	Description	Original Loan Amount	Balance at July 1, 2018	Additional Loan Funding/ Forgiveness of Loan	Balance at June 30, 2019
14.218	Community Development Block Grants/Entitlement Grants - Burlington Gardens	$ 1,567,925	$ 1,567,925	$ -	$ 1,567,925
14.218	Community Development Block Grants/Entitlement Grants - Fountain View	$ 870,073	$ 870,073	$ -	$ 870,073
14.239	Home Investment Partnerships Program - Grove Park Village	$ 687,500	$ 510,748	$ -	$ 510,748
14.239	Home Investment Partnerships Program - Mid-County Safe Haven	$ 2,135,880	$ 2,135,880	$ -	$ 2,135,880
14.239	Home Investment Partnerships Program - Safe Haven	$ 325,000	$ -	$ -	$ 325,000
14.239	Home Investment Partnerships Program - Broadwater II	$ 238,144	$ 238,144	$ -	$ 238,144
14.239	Home Investment Partnerships Program - Mastry	$ 268,965	$ 268,965	$ -	$ 268,965
14.239	Home Investment Partnerships Program - Safe Haven	$ 433,812	$ 433,812	$ -	$ 433,812

Note F - Contingency

Expenditures incurred by Boley are subject to audit and possible disallowance by the federal agencies. Management believes that, if audited, any adjustment for disallowed expenses would be immaterial.

Gregory, Sharer & Stuart, P.A.
Certified Public Accountants and Business Consultants

Independent Auditor's Report on Internal Control Over Financial Reporting and on Compliance and Other Matters Based on an Audit of Financial Statements Performed in Accordance with *Government Auditing Standards*

Board of Directors
Boley Centers, Inc. and Affiliates
St. Petersburg, Florida

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards* issued by the Comptroller General of the United States, the consolidated financial statements of Boley Centers, Inc. and affiliates, which comprise the consolidated statement of financial position as of June 30, 2019; the related consolidated statements of activities, functional expenses, and cash flows for the year then ended; and the related notes to the consolidated financial statements, and have issued our report thereon dated December 23, 2019.

Internal Control Over Financial Reporting

In planning and performing our audit of the consolidated financial statements, we considered Boley Centers, Inc. and affiliates' internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the consolidated financial statements, but not for the purpose of expressing an opinion on the effectiveness of Boley Centers, Inc. and affiliates' internal control. Accordingly, we do not express an opinion on the effectiveness of Boley Centers, Inc. and affiliates' internal control.

A *deficiency in internal control* exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A *material weakness* is a deficiency, or a combination of deficiencies, in internal control, such that there is a reasonable possibility that a material misstatement of the entity's financial statements will not be prevented, or detected and corrected on a timely basis. A *significant deficiency* is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

Compliance and Other Matters

As part of obtaining reasonable assurance about whether Boley Centers, Inc. and affiliates' consolidated financial statements are free from material misstatement, we performed tests of their compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

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Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of Boley Centers, Inc. and affiliates' internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering Boley Centers, Inc. and affiliates' internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Gregory, Sharer & Stuart, P.A.

Gregory, Sharer + Stuart, P.A.

St. Petersburg, Florida
December 23, 2019

Gregory, Sharer & Stuart, P.A.
Certified Public Accountants and Business Consultants

Independent Auditor's Report on Compliance for Each Major Federal Program and on Internal Control Over Compliance

Board of Directors
Boley Centers, Inc.
St. Petersburg, Florida

Report on Compliance for Each Major Federal Program

We have audited Boley Centers, Inc.'s compliance with the types of compliance requirements described in the *OMB Compliance Supplement* that could have a direct and material effect on each of Boley Centers, Inc.'s major federal programs for the year ended June 30, 2019. Boley Centers, Inc.'s major federal programs are identified in the summary of auditor's results section of the accompanying schedule of findings and questioned costs.

Boley Centers, Inc. and affiliates' basic consolidated financial statements include the operations of the entities listed in the table below which expended $25,480,364 in federal awards that are not included in Boley Centers, Inc.'s schedule of expenditures of federal awards during the year ended June 30, 2019. Our audit did not include the operations of the entities listed in the table below because Boley Centers, Inc. engaged us to perform separate audits of those entities.

Entity	Audit Report Date	Federal Awards Expended
128 Place, Inc.	September 27, 2019	$ 1,228,982
Arlington Avenue Apartments, Inc.	September 27, 2019	2,404,052
Broadwater Place, Inc.	September 27, 2019	1,903,486
Clam Bayou Apartments, Inc.	September 27, 2019	1,247,005
Dome District Apartments, Inc.	September 27, 2019	1,124,492
Forest Lane Apartments, Inc.	September 27, 2019	1,314,395
Forest Meadows Apartments, Inc.	September 27, 2019	982,505
Lake Winds Apartments, Inc.	September 27, 2019	918,293
Laurel Trace, Inc.	September 27, 2019	1,338,237
Palmetto Breeze Apartments, Inc.	September 27, 2019	922,832
Pinellas Affordable Living, Inc.	September 27, 2019	6,166,649
Pinellas County Housing, Inc.	September 27, 2019	2,087,927
Sunset Point Apartments, Inc.	September 27, 2019	2,194,308
Twin Brooks Apartments, Inc.	September 27, 2019	1,647,201
		$ 25,480,364

Management's Responsibility

Management is responsible for compliance with the requirements of laws, regulations, contracts, and grants applicable to its federal programs.

100 Second Avenue South, Suite 600 | St. Petersburg, Florida 33701-4336
(727) 821-6161 | Fax (727) 822-4573 | www.gsscpa.com

Auditor's Responsibility

Our responsibility is to express an opinion on compliance for each of Boley Centers, Inc.'s major federal programs based on our audit of the types of compliance requirements referred to above. We conducted our audit of compliance in accordance with auditing standards generally accepted in the United States of America; the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States; and the audit requirements of Subpart F Title 2 U.S. Code of Federal Regulations (CFR), Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* (Uniform Guidance). Those standards and the Uniform Guidance require that we plan and perform the audit to obtain reasonable assurance about whether noncompliance with the types of compliance requirements referred to above that could have a direct and material effect on a major federal program occurred. An audit includes examining, on a test basis, evidence about Boley Centers, Inc.'s compliance with those requirements and performing such other procedures as we considered necessary in the circumstances.

We believe that our audit provides a reasonable basis for our opinion on compliance for each major federal program. However, our audit does not provide a legal determination of Boley Centers, Inc.'s compliance.

Opinion on Each Major Federal Program

In our opinion, Boley Centers, Inc. complied, in all material respects, with the types of compliance requirements referred to above that could have a direct and material effect on each of its major federal programs for the year ended June 30, 2019.

Report on Internal Control Over Compliance

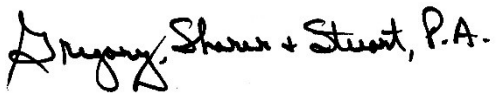
Management of Boley Centers, Inc. is responsible for establishing and maintaining effective internal control over compliance with the types of compliance requirements referred to above. In planning and performing our audit of compliance, we considered Boley Centers, Inc.'s internal control over compliance with the types of requirements that could have a direct and material effect on each major federal program to determine the auditing procedures that are appropriate in the circumstances for the purpose of expressing an opinion on compliance for each major federal program and to test and report on internal control over compliance in accordance with the Uniform Guidance, but not for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, we do not express an opinion on the effectiveness of Boley Centers, Inc.'s internal control over compliance.

A *deficiency in internal control over compliance* exists when the design or operation of a control over compliance does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, noncompliance with a type of compliance requirement of a federal program on a timely basis. A *material weakness in internal control over compliance* is a deficiency, or combination of deficiencies, in internal control over compliance, such that there is a reasonable possibility that material noncompliance with a type of compliance requirement of a federal program will not be prevented, or detected and corrected, on a timely basis. A *significant deficiency in internal control over compliance* is a deficiency, or a combination of deficiencies, in internal control over compliance with a type of compliance requirement of a federal program that is less severe than a material weakness in internal control over compliance, yet important enough to merit attention by those charged with governance.

Our consideration of internal control over compliance was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies. We did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

The purpose of this report on internal control over compliance is solely to describe the scope of our testing of internal control over compliance and the results of that testing based on the requirements of the Uniform Guidance. Accordingly, this report is not suitable for any other purpose.

Gregory, Sharer & Stuart, P.A.



St. Petersburg, Florida
December 23, 2019

Section I - Summary of Auditor's Results

Financial Statements

Type of auditor's report issued:	Unmodified		
Internal control over financial reporting:			
Material weakness(es) identified?	_____ Yes	__X__ No	
Significant deficiency(ies) identified?	_____ Yes	__X__ None reported	
Noncompliance material to financial statements noted?	_____ Yes	__X__ No	

Federal Awards

Type of auditor's reports issued on compliance for federal awards:	Unmodified		
Internal control over major federal programs:			
Material weakness(es) identified?	_____ Yes	__X__ No	
Significant deficiency(ies) identified?	_____ Yes	__X__ None reported	
Any audit findings disclosed that are required to be reported in accordance with Section 2 CFR 200.516(a)?	_____ Yes	__X__ No	

Identification of major federal programs:

CFDA Number	Name of Federal Program or Cluster
14.218	Community Development Block Grants/Entitlement Grants
14.879	Mainstream Vouchers

Dollar threshold used to distinguish between type A and type B programs	$ 750,000	
Auditee qualified as low-risk auditee?	__X__ Yes	_____ No

Section II - Financial Statement Findings

None reported.

Section III - Federal Award Findings and Questioned Costs

None reported.

Additional Supplementary Information

Boley Centers, Inc.
SCHEDULE OF STATE EARNINGS
For the fiscal year ended June 30,2019

1	**Total Expenditures**	**$20,402,536**
2	**Less Other State and Federal Funds**	**$ (7,858,903)**
3	**Less Non-Match SAMH Funds**	**$ (4,233,075)**
4	**Less Unallowable Costs per 65E-14, F.A.C.**	**$ (843,469)**
5	**Total Allowable Expenditures** (Sum of lines 1, 2, 3, and 4)	**$ 7,467,089**
6	**Maximum Available Earnings** (Line 5 times 75%)	**$ 5,600,317**
7	**Amount of State Funds Requiring Match**	**$ 1,189,389**
8	**Amount Due to Department (if negative) *** (Subtract line 7 from line 6)	**$ 4,410,928**

* Boley Centers, Inc. has met the State's matching requirements.
Accordingly, no funds are refundable to the Department of Children and Families.

Boley Centers, Inc.
SCHEDULE OF RELATED PARTY TRANSACTION ADJUSTMENTS
For the fiscal year ended June 30,2019

Revenues From Grantee	Related Party	Allocation of Related Party Transactions Adjustment State-Designated Cost Centers				
		1	2	3	.....	Total
Rent	XXX					
Services	XXX					
Interest	XXX					
Other	XXX					
Total Revenue From Grantee	XXX					
Expenses Associated with Grantee Transactions						
Personnel Services	YYY					
Depreciation	YYY					
Interest	YYY					
Other	YYY					
Total Associated Expenses	YYY					
Related Party Transaction Adjustment	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ	ZZZ

Footnote: This audit schedule is not applicable to Boley Centers, Inc. for the fiscal year ended June 30, 2019.

Boley Centers, Inc.
SCHEDULE OF BED-DAY AVAILABILITY PAYMENTS
For the fiscal year ended June 30,2019

Program	Cost Center	State Contracted Rate	Total Units of Service Provided	Total Units of Service Paid for by 3rd Party Contracts, Local Govt. or Other State Agencies	Maximum # of Units Eligible for Payment by Department (D-E)	Amount Paid for Services by the Department	Maximum $ Value of Units in Column F (F x C)	Amount Owed to Department (G-H or $0, whichever is greater)
A	**B**	**C**	**D**	**E**	**F**	**G**	**H**	**I**
Children's MH	Crisis Stabilization Unit				0		$0.00	$0.00
Adult MH	Crisis Stabilization Unit				0		$0.00	$0.00
Children's SA	Substance Abuse Detox				0		$0.00	$0.00
Adult SA	Substance Abuse Detox				0		$0.00	$0.00
Adult MH	Short-term Residential Treatment				0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00
					0		$0.00	$0.00
					Total Amount Owed to Department =			$0.00

Footnote: This audit schedule is not applicable to Boley Centers, Inc. for the fiscal year ended June 30, 2019.

AUDIT SCHEDULE
SUBSTANCE ABUSE & MENTAL HEALTH SERVICES
PROGRAM / COST CENTER ACTUAL EXPENSES AND REVENUES SCHEDULE

AGENCY: Boley Centers, Inc. DATE PREPARED: 12/20/2019

CONTRACT #: QB003 BUDGET PERIOD FROM: 7/1/2018 to 6/30/2019

PART I: ACTUAL FUNDING SOURCES & REVENUES

	STATE DESIGNATED SAMH COST CENTERS / STATE SAMH FUNDED COST CENTERS / AMH														
FUNDING SOURCES & REVENUES	Residential Level II	Room & Board w/Supervision Level II	Medical Services	Supported Housing	Day Night	Outpatient Individual	FACT	Supported Employment	Behavioral Health Fee	Total for Program 1 (B ... B_n)	Total for State SAMH Funded Cost Centers (C ... C_n)	Total for Non State Funded SAMH Cost Centers	Tot. for All State Designated SAMH Cost Centers (D E)	Non SAMH Cost Center	otal Funding (F G)
A	B a	B b	B c	B d	B e	B f	B g	B h	B i	C	D	E	F	G	H
IA. STATE SAMH FUNDING															
(1) CFBHN $	1,118,916	1,156,133	108,573	1,089,378	504,892	34,828	1,229,633	180,111	0	5,422,464	5,422,464	xxxxxxxxx	5,422,464	xxxxxxxxx	5,422,464
TOTAL STATE SAMH FUNDING	1,118,916	1,156,133	108,573	1,089,378	504,892	34,828	1,229,633	180,111	0	5,422,464	5,422,464	0	5,422,464	0	5,422,464
IB. OTHER GOVT. FUND NG															
(1) Other State Agency Funding	0	0	32,115	0	0		0	0	0	32,115	32,115	0	32,115	321,293	353,408
(2) Medicaid	0	23,938	18,767	66,753	335,815	13,709	0	0	0	458,982	458,982	0	458,982	37,804	496,786
(3) Local Government	0	9,540	0	0	0		0	0	0	9,540	9,540	0	9,540	2,394,451	2,403,991
(4) Federal Grants and Contracts	0	0	0	0	0		0	0	0	0	0	0	0	7,008,709	7,008,709
(5) In-kind from local govt. only	0	0	0	0	0		0	0	0	0	0	0	0	0	0
TOT. OTHER GOVT. FUNDING	0	33,478	50,882	66,753	335,815	13,709	0	0	0	500,637	500,637	0	500,637	9,762,257	10,262,894
IC. ALL OTHER REVENUES															
(1) 1st & 2nd Party Payments	89,923	50,181	0	0	0		0	0	0	140,104	140,104	0	140,104	1,369,834	1,509,938
(2) 3rd Party Payments (except Medicare)	0	0	0	0	0		0	0	0	0	0	0	0	0	0
(3) Medicare	0	0	119	0	0		0	0	0	119	119	0	119	0	119
(4) Contributions and Donations	0	0	0	1,574	525		0	0	0	2,099	2,099	0	2,099	75,531	77,630
(5) Other	0	0	0	0	0		0	0	0	0	0	511	511	2,539,756	2,540,267
(6) In-kind			0	0	0		0	0	0	0	0	0	0	0	0
TOT. ALL OTHER REVENUES	89,923	50,181	119	1,574	525	0	0	0	0	142,322	142,322	511	142,833	3,985,121	4,127,954
TOTAL FUNDING $	1,208,839	1,239,792	159,574	1,157,705	841,232	48,537	1,229,633	180,111	0	6,065,423	6,065,423	511	6,065,934	13,747,378	19,813,312

PART II: ACTUAL EXPENSES

	STATE DESIGNATED SAMH COST CENTERS / STATE SAMH FUNDED COST CENTERS / AMH																
EXPENSE CATEGORIES	Residential Level II	Room & Board w/Supervision Level II	Medical Services	Supported Housing	Day Night	Outpatient Individual	FACT	Supported Employment	Behavioral Health Fee	Total for Program 1 (B ... B_n)	Total for State SAMH Funded Cost Centers (C1 ... Cx)	Total for Non State Funded SAMH Cost Centers	Tot. for All State Designated SAMH Cost Centers (D E)	Non SAMH Cost Center	Other Support Costs (optional)	Admin	Total Expenses (F G H' I')
A	B1 a	B1 b	B1 c	B1 d	B1 e	B1 f	B1 g	B1 h	B1 i	C	D	E	F	G	H	I	J
IIA. PERSONNEL EXPENSES																	
(1) Salaries $	455,091	490,707	105,067	521,699	365,175	43,973	458,583	99,280		2,539,575	2,539,575		2,539,575	4,466,292		763,254	7,769,121
(2) Fringe Benefits	106,821	101,576	25,344	123,867	94,301	5,475	68,388	41,149		566,921	566,921	0	566,921	1,023,072		171,879	1,761,872
TOTAL PERSONNEL EXPENSES	561,912	592,283	130,411	645,566	459,476	49,448	526,971	140,429	0	3,106,496	3,106,496	0	3,106,496	5,489,364	0	935,133	9,530,993
IIB. OTHER EXPENSES																	
(1) Building Occupancy	100,653	102,125	14,097	77,486	108,097	4,439	51,864	6,873		465,634	465,634	0	465,634	1,765,362		105,173	2,336,169
(2) Professional Services	0	0	45,560	0	0	0	98,459	0		144,019	144,019	0	144,019	140,779		159,813	444,611
(3) Travel	643	481	0	12,826	516	0	20,683	9,133		44,282	44,282	0	44,282	82,997		17,790	145,069
(4) Equipment	4,746	11,094	0	2,000	4,605	0	3,762	6		26,213	26,213	0	26,213	129,806		10,133	166,152
(5) Food Services	54,944	55,356	524	116	90,268	0	349	0		201,557	201,557	0	201,557	105,879		3,131	310,567
(6) Medical and Pharmacy	29,487	63,066	43,444	14,337	0	0	51	0		150,385	150,385	0	150,385	9,202		0	159,587
(7) Subcontracted Services	0	0	0	0	0	0	0	0		0	0	0	0	450,715		393,806	844,521
(8) Insurance	8,366	3,666	1,166	3,016	4,891	570	2,358	318		24,351	24,351	0	24,351	296,709		20,384	341,444
(9) Interest Paid	0	0	0	0	0	0	0	0		0	0	0	0	100,210		511	100,721
(10) Operating Supplies & Expenses	12,720	16,476	821	2,130	15,837	30	2,708	394		51,116	51,116	0	51,116	167,888		34,420	253,424
(11) Other	121,614	125,041	4,384	361,674	89,645	892	331,732	3,645		1,038,627	1,038,627	0	1,038,627	4,541,574		189,077	5,769,278
(12) Donated Items	0	0	0	0	0	0	0	0		0	0	0	0	0		0	0
TOTAL OTHER EXPENSES	333,173	377,305	109,996	473,585	313,859	5,931	511,966	20,369	0	2,146,184	2,146,184	0	2,146,184	7,791,121	0	934,238	10,871,543
TOT. PERSONNEL & OTH. EXP.	895,085	969,588	240,407	1,119,151	773,335	55,379	1,038,937	160,798	0	5,252,680	5,252,680	0	5,252,680	13,280,485	0	1,869,371	20,402,536
IIC. DISTRIBUTED INDIRECT COSTS																	
(a) Other Support Costs (Optional)										0	0	0	0	0	0	0	0
(b) Administration	153,246	135,860	23,301	168,302	90,369	8,783	113,456	27,064	0	720,381	720,381	0	720,381	1,148,990		(1,869,371)	0
TOT. DISTR'D INDIRECT COSTS	153,246	135,860	23,301	168,302	90,369	8,783	113,456	27,064	0	720,381	720,381	0	720,381	1,148,990	xxxxxxxxx	xxxxxxxxx	0
TOTAL ACTUAL OPER. EXPENSES	1,048,331	1,105,448	263,708	1,287,453	863,704	64,162	1,152,393	187,862	0	5,973,061	5,973,061	0	5,973,061	14,429,475	0	0	20,402,536
IID. UNALLOWABLE COSTS	(3,401)	(5,342)	0	0	0	0	0	0	0	(8,743)	(8,743)	0	(8,743)	(834,726)	xxxxxxxxx	xxxxxxxxx	(843,469)
TOT. ALLOWABLE OPER. EXP. $	1,044,930	1,100,106	263,708	1,287,453	863,704	64,162	1,152,393	187,862	0	5,964,318	5,964,318	0	5,964,318	13,594,749	xxxxxxxxx	xxxxxxxxx	19,559,067
IIF. CAPITAL EXPENDITURES $	0	0	0	0	0	0	0	0	0	0	0	0	0	3,461,144	0	0	3,461,144

Summary Cover Sheet for Boley Centers Reimbursement Request

APEX: N95 masks	$3,320.00
Hand sanitizer	$1,248.00
Clorox Sanitizer for Clorox 360 machines	$1,316.25
Cloth Masks	$1,094.46
Total	$6,978.71

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(800) 227-1563 (800) 875-9059

INVOICE

INVOICE NUMBER	2038276-0
INVOICE DATE	03/25/20
ACCOUNT / DEPT	117590 0007
DEPT NAME	1100/9170

BILLING ADDRESS	SHIPPING ADDRESS
BOLEY CENTERS INC 6655 66TH STREET N PINELLAS PARK FL 33781 - -	BOLEY CENTERS INC HAYS CTR 1100/9170 3RD FL 445 31ST STREET NORTH ST PETERSBURG FL 33713

CUSTOMER PURCHASE ORDER	ACCOUNT EXECUTIVE	TYPE	ROUTE	PAYCODE	ORDER TAKER
	122	ORIGINAL	7	CHARGE	246

2 0 3 8 2 7 6 0

Packages Delivered _____

ITEM NUMBER	MFG	ITEM DESCRIPTION	UM	ORD QTY	B/O QTY	SHIP QTY	SELL PRICE	EXTEND PRICE
		**Attention : Kevin Marrone/Kathyrn Juarez 276 EA WAS PICKED UP ON 3/25/20 BALANCE BEING DELIVERED ON 3/26/20						
N95-UC	CAP	N95 MASKS	EA	1000		1000	3.320	3320.00

Admin.
COVID-19

1

Purchaser agrees to pay all cost of collecting or securing or attempting to collect or secure this account, including reasonable attorney's fees, whether the same is to be collected or secured by suit or otherwise Service charge of 1 5% per month (18% per annum) shall be charged on all accounts which show a balance owed after (30) days

Subtotal	3320 00
Tax	
Less Deposit	
Total Due	3320.00

Received By
Signature may appear on our delivery manifest

[illegible] INVOICE

[illegible] 07/14/20 235339 1

BOLEY, INC (3)
PAULA J. HAYS CENTER
445 31ST ST. N.
ST. PETERSBURG , FL 33713

BOLEY, INC (3)
PAULA J. HAYS CENTER
445 31ST ST. N
ST PETERSBURG , FL 33713

235339	07/14/20	11036	1	A	07/14/20	NET 30 DAY

P664A	HAND SANITIZER, CLEANPAK W/ALOE VERA, QT					
48	48	EA	1 50	EA	0.00	648 00
P664B	HAND SANITIZER, CLEANPAK, W/ LOE VERA, GAL					
16	16	EA	37.50	EA	0.00	600.00

Admin.
COVID-19

MC

Received by

Customer

1248.00
0.00
0.00
0.00
1248.00
0.00
1248.00

Kathryn Juarez

From: Bob Mussoni <bmussoni@imperialdade com>
Sent: Friday, August 7, 2020 3 56 PM
To: Kathryn Juarez
Cc: Cornelius Dale
Subject: Fw· Order 7427755-0

As requested Kathryn. Thank you Cornelius. All have a great weekend!

Regards,

Bob Mussoni
Sales Consultant
Cell phone 727-403-9124
Office 813-621-3091

From: Cornelius Dale <cornelius@imperialdade.com>
Sent: Friday, August 7, 2020 3·38 PM
To: Bob Mussoni <bmussoni@imperialdade com>
Subject: RE Order 7427755-0

Below is the credit card receipt for the last payment processed. I put a note on the account to email a receipt to you when the credit card is charged.

Imperial Dade

255 Route 1&9
Jersey City NJ 07306
2014377440

8/5/2020 2 24 08 PM

Reference Number	333273062
Total	$1,316 25
Transaction Type	Sale
Transaction Status	Settled-1015
Card Brand	American Express
Card Number	XXXXXXXXXXX1034
Entry Method	Keyed
Approval Code	111741
Approval Message	EXACT MATCH
AVS Result	Full Exact Match
Customer Name	BOLEY CENTERS
Customer ID	P277341
Invoice	7427755

X_____
Please sign here to agree to payment

Cornelius Dale
A/R Rep
Imperial Dade

The Queensboro Shirt Company

INVOICE

Invoice Number: 2012006

Order Number: 1762943

Customer: 1882859 -- Boley Centers, Inc.

Account Executive: Niki Turi

Queensboro

Date Invoiced: 2020-08-12

Bill To:

Gary MacMath
Boley Centers, Inc.
445 31st St. N.
ST. PETERSBURG, Florida 33713

Ship To:

Gary MacMath
Boley Centers, Inc.
445 31st St. N.
ST. PETERSBURG, Florida 33713

Remit To:

The Queensboro Shirt Company
1400 Marstellar Street
Wilmington, NC 28401
phone: (800) 847-4478
fax: (910) 251-7771
email: ar@queensboro.com

Invoice Details

10344 - Printed 100% Cotton 4-Ply Face Mask - 100 Mask Minimum

	One Size	Tot Qty	Price	Surcharge	Total
Natural	120	120	$4.95	$0.00	$594 00
Maroon	120	120	$4.95	$0.00	$594.00

	Tot QTY	Unit Price	Total Price
Promotional Discount -- Fixed	240	$-0.45	$-108.00
Shipping	1	$14.46	$14.46

The Queensboro Shirt Company

Invoice Number: 2012006 2020-08-12

Date: 2020-08-12

Customer: 1882859 -- Boley Centers, Inc.

Invoice Summary

Invoice Total:	$1,094.46
Amount Already Paid:	$1094.46
Balance:	$0.00

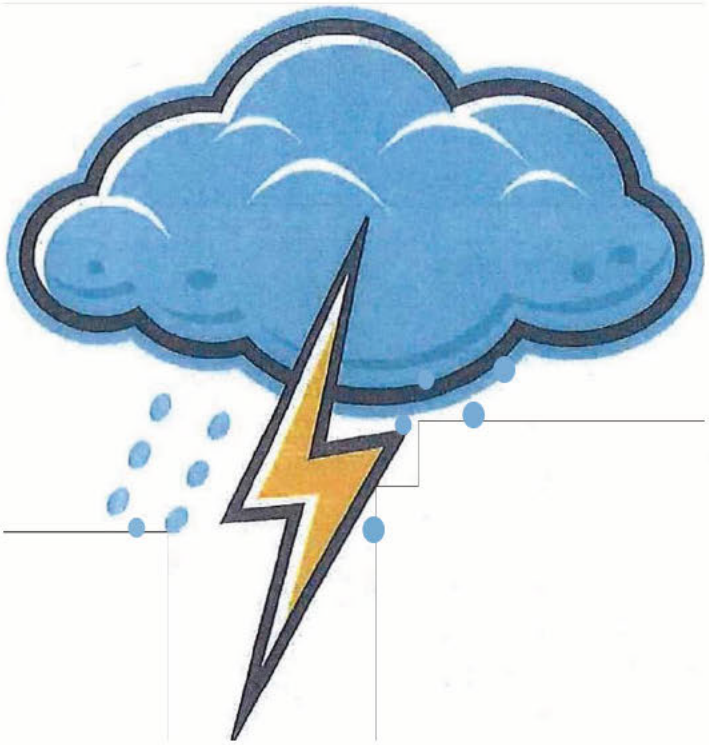
# of Pieces Shipped: 240

This Order Is Now Complete

Boley Centers, Inc.

EMERGENCY ACTION PLAN

2020



Chief Executive Officer

Developed:
02/19/2015 Revised:
10/2019

Hurricanes
Sinkhole
Utility Failures
Violent/Threatening Situations
Aggressive Behavior
Armed or Dangerous Person In Vicinity or on Property
Armed Person in Building
Infant/Child Abductions
Bomb Threats
Suspicious Mailings
Terrorist Violence
Biological/Chemical/Radiological Attacks
Public Demonstrations
Rioting & Looting

Chapter V **Evacuation or Temporary Sheltering Procedures**

Chapter VI **Terminating the Emergency**

Restoration of Operations
Documentation
Responsibility for Incident Documentation
Investigation
Investigation Responsibilities
Damage Assessment
Responsibilityfor Damage Assessment
Post-Emergency Activities
Incident Debriefing
Critique
Community Outreach
Support Services

Chapter I

Policy Statement

The purpose of an Emergency Action Plan is to assist employees, individuals served and management in making educated decisions during times of crisis Boley Centers, Inc. recognizes no Emergency Plan can be all-inclusive. This Plan is simply a resource tool to provide guidance in determining appropriate actions to take to try to prevent injury and property loss due to emergency situations.

In the event of an emergency, individuals shall be permitted to do whatever is reasonably necessary and possible to *save* the life of a consumer, staff or visitor, or to *save* any person from serious harm Such individuals shall promptly yield such care to more qualified individuals as help becomes available

The plan will also assist agency, facility, and program management in maintaining survivability of consumer services provided by Boley Centers, Inc. in the event of an incident impacting upon a facility or facilities

Scope of Plan

It is Boley Centers, Inc.'s intent to attempt to prevent foreseeable emergency situations that might impact the safety of employees, consumers and visitors through the implementation of a facility safety and health program and the regular training of personnel in emergency procedures It is recognized that emergency situations are not totally preventable. Therefore, this Plan has been developed to achieve the following objective:

> **To provide employees and consumers with procedures to follow for effective and safe actions during emergency situations, including evacuation procedures.**

This Plan is the emergency action guide for employees of Boley Centers, Inc in the event of an emergency This Plan is *divided* into separate action guides based on the nature of the emergency· Emergency Medical Situations, Fires, Natural Emergencies, Utility Failures, and Violent or Threatening Situations. While no plan can take into consideration all possible emergency situations, the guidelines included in this Plan should assist employees in making educated response decisions. Staff is also encouraged to have their own individual family emergency plans.

Legal Compliance

This plan shall comply with Federal, State and local government agency regulations, as well as the requirements of funding and accrediting agencies with jurisdiction relating to services provided by Boley Centers, Inc.

The Plan will be reviewed at least annually and revised to include regulation changes as often as necessary

Authority Statement

The administration of Boley Centers, Inc. recognizes that during emergency situations, special procedures must be followed to control and mitigate an emergency. Therefore, the administration, by the acceptance of this Emergency Action Plan, grants authority to those responsible individuals and/or positions named or unnamed in the Plan to implement and carry out the Plan until the emergency situation has abated.

Individuals authorized to respond to emergency situations shall be trained in those procedures and emergency techniques such as evacuation, first aid, use of fire extinguishers and other areas as determined by their duties and responsibilities.

When at all possible, the supervisor and/or Area Safety Coordinator will take the lead in emergency response, but all employees of the Agency have the authority and responsibility to implement the Plan if present during an emergency situation.

Plan Distribution

The Emergency Action Plan shall be available to employees for easy review either electronically or hard copy. The master copy will be maintained by the Performance Improvement Department in accordance with Boley Centers, Inc. policy and procedure.

Plan Information and Contact Person

Boley Centers' Emergency Action Plan is available to all employees electronically Information concerning the Plan can also be obtained from supervisors, Area Safety Coordinators, and the Risk Management & Safety Director.

Plan Updating Procedures

The Emergency Action Plan will be reviewed at least annually. Boley Centers, Inc's Risk Management & Safety Director will implement changes to the Plan.

Revision Notation

When revisions are made to the Plan, notification and description of the revisions will be provided to the Area Safety Coordinators and program managers for review with program staff.

Plan Training

To maximize effectiveness of response during facility emergencies, a training program shall be provided to employees. The objective of the training program shall be to:

A Educate employees as to their roles and responsibilities concerning the Plan.

B Educate employees as to the Plan's procedures to effect a safe response in facility emergency situations

C Educate employees as to procedures to effect a safe and expedient evacuation of a facility, or part of a facility, impacted by an emergency situation.

Training Program

The following is the general training program for Boley Centers' employees, consumers, and contract employees·

A Employees will receive initial training during new employment orientation and program specific orientation within 90 days of entering the workplace. When employees change areas, departments, or locations in which they work, they will receive program specific training on how the Plan will work for their new area by their department supervisor and/or Area Safety Coordinator. An annual training and post- test reinforce the elements of the Plan. Employees also receive training in the elements of the Plan on a continuing basis through participation in activities such as emergency drills.

B Area Safety Coordinators will receive additional training on the specific duties, actions, and responsibilities of their position during emergency situations identified in this Plan

C Consumers and tenants will receive shall receive instruction on their responsibilities during an emergency situation or drill as appropriate Consumer instruction will generally be limited to the actions to take upon discovery of an emergency situation, proper notifications, specific emergency appropriate responses, and evacuation.

D. Contract employees and volunteers, if working on Boley Centers property routinely and regularly, shall be informed of the Plan procedures and their responsibility as it relates to the Plan and of specific evacuation procedures for the area(s) in which they will be working.

Plan Drills and Exercises

Emergency drills are conducted in residential and outpatient programs and treatment facilities to reinforce the expected response of individuals in different emergency scenarios and to evaluate the Plan's effectiveness under different conditions

Frequency of Drills/Exercise

Emergency drills will be conducted according to published schedule based on type of program and occupancy. Specific areas to be evaluated during drills will include

A Proper operation of alarm and/or public address systems, if applicable

B. Procedures for evacuation of personnel, consumers and visitors.

C Employee and consumer adherence to Plan procedures

Additionally, a mock hurricane evacuation is conducted annually prior to the onset of hurricane season

Exercise Documentation

All drills and exercises of the Plan will be documented indicating the results of the exercise, problems encountered during the drill and recommendations for improvement, if applicable. The Area Safety Coordinator will complete a "Drill/Test Report Form" to be reviewed and approved by the program/facility manager and forwarded to the Risk Management and Safety Department. Drill compliance will be reviewed at each meeting of the Risk Management and Safety Committee

Chapter II

General Information

Operations

There are no unusual or special operations conducted at any facility of Boley Centers, Inc. that would place any component of the agency in a high-risk category for an emergency situation.

Emergency Recognition and Prevention

Facility employees, contract employees, and consumers will be instructed in the preferred response to emergency conditions through the use of employee and consumer orientations, training programs, and the implementation of safety procedures. Employees and consumers are instructed in the steps to take to prevent facility emergency situations, recommended response if they discover an emergency, and actions to take during an emergency situation.

Fire Prevention

The following will outline specific procedures that shall be addressed by each facility to minimize the occurrence and impact from a fire emergency Although, there are no unusual fire hazards present at any of Boley Center's facilities, housekeeping procedures, storage practices, egress routes, emergency lighting, and life safety equipment are routinely monitored and inspected

A. Boley Centers, Inc. is committed to preventing the occurrence of fires and situations that may result in fires at any of its facilities.

B. Fire prevention is the responsibility of all facility personnel. Supervisors will continually monitor employees for compliance with safe practices to minimize the hazard of fire. Employees will check their work areas on a daily basis for fire prevention problems and report any problems promptly to their supervisor or Area Safety Coordinator and complete maintenance requests when applicable.

C. In residential and outpatient programs and treatment facilities, fire protection equipment will be inspected by Area Safety Coordinators or designees monthly. Results of the inspection and corrective actions for noted deficiencies will be recorded on the Facility Safety Checklist and forwarded to the Risk Management and Safety Department after the Program/Facility Manager has reviewed and approved the documentation. The Risk Management and Safety Department will review the documentation monthly and present findings to the Risk Management & Safety Committee

1 Equipment to be inspected will include

a Fire extinguishers
b Smoke detectors (where applicable)
c Fire alarm (where applicable)
d Emergency lighting
e. Illuminated exit signs

2. Areas to be inspected include

   a. Fire exits to be unlocked and free of obstructions
   b. Housekeeping
   c Proper storage and labeling of flammable/combustible materials
   d. Electrical rooms and fire panels to be easily accessible and free of obstructions

Organization and Personnel Responsibilities

Boley Centers has designated specific Job positions to the Emergency Evacuation Team. (See attachment for detail.)

Area Safety Coordinators, where assigned, will assist program managers during emergency situations to oversee that appropriate actions are taken Boley's administration grants the Area Safety Coordinator the authority to carry out those tasks and functions as identified in the Plan to provide for the safety of personnel, consumers, and visitors.

Communication

Each facility shall maintain contact information (email address, and work, pager, home, and cellular phone numbers, etc.) for facility and agency personnel that may be needed during a facility emergency The Human Resources Department maintains emergency contact information on all employees, available to authorized staff, or staff with a need to know, upon request.

Program Directors and Managers will be responsible for advising their staff of planned closures and evacuation plans. Communication may be accomplished by phone, email or fax. Staff are asked to update emergency contact information as changes occur. Contact information will be confirmed at least annually.

Emergency Services

A list of phone numbers for professional emergency response services (police, 911, poison control, etc.) is posted in each facility.

Media Relations Policy

Boley Centers, Inc. recognizes that it is essential that accurate and factual information be relayed to the news media. In the event of an emergency, all requests from the media shall be directed to one of the following authorized individuals: President/Chief Executive Officer, Chief Operating Officer or Executive Vice President of Housing Development and ADA Services. Only those employees are authorized to represent the Agency to the media. At no time is any employee to initiate verbal or written contact, respond to a verbal or written request, answer individual's questions or express any opinions to a member of the press or media. If contacted by the media, obtain the individual's name and contact information, the reason for the call and deadline and respond with, "It is the policy of Boley Centers, Inc. that unauthorized employees are not to represent the Agency to the press and/or media I will make sure that an authorized spokesperson contacts you within the hour if possible." Forward the information immediately to a supervisor or authorized spokesperson and notify the President/CEO

Emergency Alerting Procedures

In order to provide for the safety of employees, consumers, and visitors, it is essential that early warning of emergency situations be made so that evacuation procedures can be implemented and emergency response organizations notified of the situation

Emergency alerting procedures and equipment shall be tested as required by external entities and as part of Boley Centers' drills

Notification for Small Area Specific Incidents

Incidents such as medical emergencies will generally not require the notification of the entire facility. The telephone will be the preferred means of communicating such emergencies to emergency service organizations and Boley Centers' employees with a need to know. A runner sent to deliver verbal notification of the situation will be the secondary means of emergency notification if no telephone is available or functional

Notification of a Serious or Facility Wide Emergency Situation

It is critical that prompt warning of an emergency situation be communicated to personnel, consumers, visitors, and emergency service organizations The preferred means of notification of an emergency such as a fire or explosion is the activation of a monitored fire alarm system.

In facilities without a monitored fire system, an air horn or bull horn will be used to signal a fire and alert employees, consumers, and visitors to immediately begin evacuation of the premises. Emergency services will be notified of the emergency by telephone from an area not involved in the emergency situation.

For notification of non-fire related emergencies, the public address system will be used to relay warnings, codes, and information to individuals in the facility. Emergency services, if necessary, will be notified by telephone from an area not involved in the emergency situation.

Evacuation

Many emergency situations will require the evacuation of all or part of a facility. Quick and safe evacuation of employees, consumers, and visitors from a facility is of the utmost importance

Employee and Consumer Responsibilities

Nothing in the Plan is meant to be person dependent Every employee has the same responsibility to respond to and assist in emergency situations. Supervisors and Area Safety Coordinators, when present, will naturally take control of emergency situations, but in their absence, every employee has the authority to take whatever action they deem appropriate and necessary, based on Plan protocols and the information available at the time. All employees have a responsibility to facilitate the evacuation of personnel, consumers, and visitors in a timely manner from the facility during an emergency situation, and to assist in accounting for individuals following the evacuation

The following will outline the responsibilities of each level of facility management and the expectation of consumers during an evacuation·

A. Employees·

1 Shall be familiar with their responsibilities during evacuation of their work area(s).

2 Shall assist department supervisors and Area Safety Coordinators in the evacuation of other employees, consumers, and visitors to a safe area

B. Area Safety Coordinators (where assigned)

1 Shall be familiar with the requirements of the Plan and their responsibilities.

2. Shall provide prompt notification to the affected area or facility when an emergency situation is encountered

3. Shall assist the supervisor in the evacuation of all individuals to a safe area

4 Shall assist the supervisor in accounting for facility personnel, consumers, and visitors following an evacuation

5. Shall report the status of the evacuation to Emergency Services upon their arrival.

C. Supervisors·

1. Shall be familiar with the requirements of the Plan and their responsibliitles.

2. Shall provide training for the personnel assigned to their area(s) in the requirements of the Plan as it relates to them and procedures to follow during an evacuation.

3 Shall evaluate and provide for special evacuation needs or assistance of individuals in their area(s).

4. Shall account for individuals in their areas following an evacuation and report this information to the Area Safety Coordinator or designee.

D Consumers (Residential)·

A. Shall be familiar with evacuation signals and their meaning.

B. Shall be knowledgeable of the locations of emergency exits and the evacuation meeting point.

C Shall evacuate quickly during an emergency or drill

D. Shall follow the instructions of Boley Centers, Inc. employees

E Shall not go back into an evacuated building until instructed to do so by a Boley Centers, Inc employee.

Chapter III

Agency Wide Emergency Codes

- [redacted]

- [redacted]

- [redacted]

Chapter IV

Emergency Procedures

The following materials are instructions for facility personnel on preferred actions to be taken in emergency situations to maintain personal safety and the safety of other individuals, and to assist management efforts to control emergency situations.

Emergency Medical Situations

- Injured or Ill persons
- Biomedical Spills
- Hazardous Materials/Chemical Leaks
- Nuclear Power Plant Accidents
- Pandemic Outbreaks

Fires

- Structure Fires
- Forest Fires
- Airplane Crashes

Natural Emergencies

- Storms/Tornadoes
- Floods/High Water Conditions
- Hurricanes
- Sinkholes

Utility Failures

- Power
- Water
- Gas

Violent/Threatening Situations

- Aggressive Behavior
- Armed or Dangerous Person In Vicinity/On Property
- Armed Person in Building
- Infant/Child Abductions
- Bomb Threats
- Suspicious Mailings
- Terrorist Violence
- Biological/Chemical/Radiological Attacks
- Public Demonstrations
- Rioting/Looting

EMERGENCY MEDICAL SITUATIONS

When someone becomes ill/ or injured, there is a short period of time before emergency medical assistance arrives. The following are guidelines for employees when responding to medical emergencies to initiate notification of proper authorities immediately and reduce the wait time before medical assistance arrives and can minister to the victim.

[redacted]

[redacted]

[redacted]

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BIOMEDICAL EMERGENCIES

A biomedical emergency refers to any event (accident, injury, accidental spill) in which individuals may be at risk of exposure to uncontained body fluids with the potential to harbor life threatening pathogens such as the human immune-virus and Hepatitis B virus and include blood, blood products, lymph, semen, vaginal secretions, cerebrospinal, synovial, pleural, peritoneal, pericardial, feces, and amniotic fluids. Body excretions and secretions such as nasal discharges, saliva, sputum, sweat, tears, urine and vomit shall not be treated as biomedical unless visibly contaminated with blood

A Upon discovery of a biomedical emergency, EMPLOYEES shall·

1 Isolate the area as much as possible to restrict traffic and access to the site.

2. Put on appropriate personal protective equipment If gloves develop holes, tears, or splits during the cleanup, remove them, wash hands immediately, and put on fresh gloves Disposable gloves must never be washed or reused.

3. To assure the effectiveness of any sterilization or disinfection process, surfaces must first be thoroughly cleaned of all visible blood or soil before disinfection.

4. Remove visible blood with disposable towels

5. Chemical germicides or bleach will be provided at each site to disinfect contaminated surfaces. Chemical germicides will be used according to manufacturer directions.

6. Properly dispose of material used to clean contaminated surface.

7. Liquid waste created by these chemical disinfection operations shall be disposed of into a sewage system.

8. Wash hands thoroughly when finished.

B Upon being notified of a biomedical emergency, the SUPERVISOR or AREA SAFETY CORDINATOR shall·

1. Confirm that area is secured, and employees are notified of areas to avoid.

2. Confirm that employees are using personal protection equipment

3 Confirm waste is disposed of appropriately.

HAZARDOUS MATERIALS/CHEMICAL SPILLS

Chemicals are a natural and important part of our environment Under certain conditions, chemicals can be poisonous or harmful. Typically, there are no chemical dangers that Boley employees, other than maintenance staff, are presented with on a daily basis.

In general, only small quantities, not larger than household use, of chemicals are used on site at any Boley Centers, Inc. facility. These materials are primarily confined to Maintenance Department supplies. Natural gas and propane may be used in residential facilities with kitchen services and tenant apartments. The major hazard from natural gas and propane would be the possibility of fire or explosion.

A Upon discovery of a chemical spill, EMPLOYEES shall·

1 Evacuate all employees, consumers, and visitors from the affected areas

2. **Call for help.** If the accident is beyond the training and capabilities of on-site employees, **call 911.**

3. Notify the Supervisor and Area Safety Coordinator of the incident

4. **If material is flammable, eliminate all ignition sources.** Be aware of all open flame sources such as pilot lights on water heaters, furnaces, and smoking materials. Beware of all electrical arc potentials that may change the environment and cause ignition such as light switches being turned on or off, static electricity, extension cords being plugged in or unplugged, etc.

5. **If material is toxic, do not breathe vapors.** Do not walk in or touch any spilled substances

6 **IF SAFE to do so and you have been appropriately trained,** attempt to keep run off from entering unaffected areas of the building and the sewer system.

B Upon being notified of a chemical leak, the SUPERVISOR or <u>AREA SAFETY COORDINATOR</u> shall·

1. Confirm area is secured and access is restricted Specific guidance may be needed to ensure that nobody attempts to exit through contaminated areas

2. Consult Safety Data Sheets (SDS) for proper handling, clean up and disposal

3. Determine If any outside emergency services needed - EMS, Hazardous Materials Unit, Fire Fighters, Police? If yes, confirm 911 was called.

3 Determine the impact on the facility - is spill confined to a manageable area or is facility wide?

4. Determine If evacuation is necessary, and If so, what areas?

a. If necessary, relocation of consumers or programs will be earned out according to Boley Centers, Inc. Evacuation and Temporary Sheltering Procedures.

b Agency and consumers' medications and supplies will be replaced as soon as possible following the emergency if necessary.

NUCLEAR POWER PLANT ACCIDENTS

Nuclear power plant accidents would have a direct effect on residents within a ten- mile radius of the plant and a residual effect on those within 50 miles Since there are no active nuclear power plants operating within 50 miles of a Boley Centers, Inc. facility, the likelihood of the agency being affected by a nuclear power plant accident is very slim

A. The following are important facts about nuclear accidents:

1. A nuclear power plant accident would not cause the same widespread destruction as a nuclear weapon

2 Although radioactive materials could be released in a cloud or plume, no fallout is produced to endanger people.

3 Radiation would be monitored by authorities to determine potential danger and warn the public.

4 Local citizens would be evacuated or instructed on how to avoid radiation hazards.

5 Most radioactivity loses its strength quickly.

6. The area affected by a nuclear power plant accident will depend on the amount of radioactive material released, weather conditions and wind direction and speed

B. Upon warning of a nuclear power plant accident, EMPLOYEES shall:

1 Monitoring of local radio and television stations for areas involved and government instructions to protect against contamination and/or evacuation

2 If evacuation is not ordered, remain indoors with doors and windows closed Turn off fans, air conditioners and heaters that use outside air

3 Cover or refrigerate all food products

4. When coming in from outdoors, shower and change clothing and shoes Store worn items in a sealed plastic bag.

5. Wear dense, heavy clothing.

C. Upon discovery of a chemical spill, the SUPERVISOR or AREA SAFETY COORDINATOR shall:

1 Determine the impact on the facility and implement the following as needed.

a Contacting outside emergency services.

b. Arrange for alternate food and water supply if contamination occurs.

c. Evacuation

If necessary, relocation of consumers or programs will be carried out according to Boley Centers Inc's Evacuation and Temporary Sheltering Procedures

11. Agency and consumers' medications and supplies will be replaced as soon as possible following the emergency, if necessary.

PANDEMIC OUTBREAKS

Boley Centers will review recommendations from the U.S Health and Human Services, Centers for Disease Control and Prevention (CDC) and the local Health Department in the event of a pandemic outbreak affecting areas in which the agency operates programs. Consumers will be educated as appropriate Staff and consumers will be encouraged to stay home if not feeling well Depending on the scope and severity of the outbreak, the Chief Executive Officer may determine it necessary to close programs or facilities in affected areas for the duration of the pandemic

FIRES

STRUCTURE FIRES

A fire can engulf a structure in a matter of minutes. Understanding basic safety practices can be the key to surviving a building fire

A Upon detection or learning of a building fire, EMPLOYEES shall·

1 Follow the R-A-C-E plan described below:

Rescue/remove persons who are in danger from the immediate fire area
Alarm/alert all persons in the building by sounding the alarm and call 911
Confine/contain fire and heat and smoke by shutting doors
Exit/evacuate the building immediately and report to safe area

2. **RESCUE** injured individuals from immediate danger if possible when rescue is not possible, try to move the individual to a safer area, such as one protected by a fire door. Take note of the location and immediately advise fire personnel when you evacuate. Try to remember to take a floor plan to aid fire personnel in the location of the injured individual.

3. **ALERT** co-workers, consumers, and visitors to evacuate the building by activating the fire alarm pull station as you exit the building if it is equipped with a monitored system. If not monitored sound the air horn to initiate evacuation.

4 Make an announcement lo employees, consumers, and visitors via the public address system if time permits and safe to do so to evacuate the building immediately so that it is clear to everybody in the building that this is an actual fire, not another drill.

5 **CONTAIN** the fire by turning out lights and closing doors as you evacuate This helps to limit the spread of fire and smoke This is also a visual to others that nobody is in that area.

6. Staff will immediately stop what they are doing and **EVACUATE** upon hearing the signal or alert. Go to the nearest, safe fire exit

7. Do not delay or back track into the building for any reason. Without retreating into the building If you are in your office or passing your office and you can do so quickly and safely, retrieve essential personal property (hand bags, keys, wallets, etc.), turn out the lights, and close the office door as you exit. Do not go back to your office if it is not on your way out of the building Always use the nearest safe exit.

8 Clear the area of all other personnel and consumers. Guide clients and visitors as you evacuate. Be sure to explain what is going on and what is to be expected of them.

9. Unless necessary for evacuation, do not open closed doors If you must open a door, check it for heat before opening, and open carefully to avoid a backflash Do not open a door that is hot to the touch.

10 Knock on closed doors as you exit to alert anybody that might not have heard the alert. Do not open doors to check behind them for others.

11 Remain quiet as you exit to assist in hearing further instructions regarding the emergency

12 If there is smoke present, remain in a low, crouched position as you exit the building away from the smoke and possible toxic fumes

13 Take a floor plan with you when you evacuate to help fire department personnel locate the fire and trapped individuals and navigate the building.

10. Once outside safely, call 911 to report the fire (Do this even if the facility has a monitored fire system to confirm receipt of emergency signal by the fire department. Be prepared to give the following information·

a. Facility address

b Nature of the problem - What's on fire

c. Your full name

e. Telephone number you are calling from.

11 Report to your designated evacuation meeting point. If your checkpoint becomes an unsafe location, go to another location that is away from hazards. Stay out of the street and areas of the parking lot where emergency vehicles can be expected

12. Make sure that you are accounted for with your supervisor

13 If necessary, temporary shelter will be provided for employees, consumers and visitors. Further information will be provided at the appropriate time through your supervisor or Area Safety Coordinator.

14. Do not leave the property until authorized to do so by your supervisor.

15. Any requests from the media are to be forwarded to the Chief Executive Officer or designee as per agency policy, no employee is to comment to the media in regards to the facility and/or occurrences that have taken place on Boley Centers, Inc. property

16. Staff are never to reset the fire alarm system until the local fire department arrives and inspects the building and gives the "all clear" signal.

17 While not mandatory for employees to fight fires, if safe to do so and if appropriately trained, employees may choose to try to use fire extinguishers to eliminate the fire after ensuring building occupants and the Fire Department have been alerted and that evacuation has begun. Follow the **P-A-S-S** system when utilizing fire extinguishers

Pull the safety pin on the extinguisher
Aim the hose of the extinguisher at the base of the fire
Squeeze the handle to discharge the extinguisher material
Sweep the hose across the base of the fire from side to side

Extinguishing a fire should only be attempted after all the above steps have been completed and only if the fire is small and contained and the fuel source is known and you feel certain you can put the fire out. Anyone attempting to extinguish a fire should leave the building immediately if extinguishing efforts are not successful or the fire spreads.

If while extinguishing a fire you are burned by the extinguishing chemical, take the fire extinguisher with you to the Emergency Room, so they know what chemicals to treat you for.

B. Upon notification of a building fire, the SUPERVISOR or AREA SAFETY COORDINATOR shall:

1 Confirm evacuation has begun and that the Fire Department has been notified

2. Assist in the evacuation.

3. Evaluate the **FIRE.** If feasible and if appropriately trained and safe to do so, use fire extinguishers to try to extinguish the fire.

4. Relocate employees, consumers and visitors to their assigned evacuation check point

5 Confirm all employees, consumers and visitors are accounted for

6. Advise the Fire Officer in charge as to present conditions in the building (location of fire, missing personnel, chemicals involved, etc.)

7. Advise the Fire Officer in charge of the available assistance Boley employees may provide (utility shut down, floor plan layout, contents of facility etc.).

8 Relocate employees, consumers and visitors to an area of safe refuge, if necessary.

9 Notify the Chief Executive Officer, Chief Operating Officer, Director and Support Services

10 Establish a telephone communication capability to allow employees and consumers to notify their relatives/friends of their whereabouts and status.

11. Establish a telephone response line for incoming questions from relatives/friends of employees and consumers, and agency personnel concerning site activities.

12. Prepare an initial assessment of the damage impact on the facility once the Fire Department returns control of the building to Boley Centers, Inc., and assess what temporary work is suitable to be performed by employees to minimize further damage. Such work may include covering ventilation openings made by the firefighters, securing forced doors from rescue operations and shutting down any necessary utilities to prevent further damage. Contact the Chief Executive Officer for instructions on how to proceed concerning securing and repairing the property.

13 If necessary, relocation of consumers or programs will be carried out according to Boley Centers Inc.'s Evacuation and Temporary Sheltering Procedures.

14 Agency and consumers' medications and supplies will be replaced as soon as possible following the emergency, inecessary

FOREST FIRES

A Boley Centers does not have any facilities that would be directly affected by a forest fire.

1. Forest fires are monitored by various government agencies

2. Boley Centers, Inc. will act consistently with recommendations and evacuation orders announced by local authorities concerning a wildfire threatening a Boley Centers, Inc. facility

B Upon notification of a forest fire, the SUPERVISOR or AREA SAFETY COORDINATOR shall·

1. Maintain contact with local authorities for up to date information regarding location of the fire and potential for evacuation.

2. Inform the Chief Executive Officer periodically of the status of the fire and pending evacuation.

3. If necessary, consumers will be evacuated as per Boley Centers, Inc 's Evacuation and Temporary Sheltering procedures under the supervision of the facility manager with the assistance of the Area Safety Coordinator or designee

   a. Agency and consumers' medications and supplies will be replaced as soon as possible following the emergency if necessary.

4 Assess the situation after authorities have cleared the area for return and take appropriate action to reopen the facility to resume to normal

EXPLOSIONS

Explosions can be accidental or the result of terrorist violence, like a bomb or deliberate airplane crash. Response to an explosion would depend on the extent of facility damage and whether the crash has created a fire situation. Employees should evacuate the area immediately and follow the emergency procedures for medical emergencies, fire emergencies and/or evacuations as necessary

NATURAL EMERGENCIES

Natural Emergencies would include severe weather conditions such as tornadoes, hurricanes, floods, forest fires, or sink holes These emergency situations are typically monitored by various government agencies, from predicting the emergency, to reporting during the emergency, to after the emergency, including aftermath assistance A tremendous amount of information is relayed through commercial radio and television announcements. If you believe that conditions are becoming threatening, you should tune into a local radio and/or TV broadcast and stand by. Advice will be given based on current conditions

Each facility will have a weather band/weather alert radar, located in an area of the facility where it Is easily monitored by employees on all shifts or other emergency notification system such as email or text alerts from local government or weather agencies. If an employee becomes aware of a watch or warning situation, he/she should notify a Supervisor or the Area Safety Coordinator immediately If the emergency is imminent and taking the time for supervisory notification would jeopardize individuals' safety, such as a tornado, any employee is empowered to take reasonable and necessary actions, such as emergency response, emergency service notification, and/or evacuation

STORMS/LIGHTNING/TORNADOES

Severe weather is common in Florida, as are storms accompanied by lightning. Be aware of potential high winds and lightning associated with severe storms More people are struck by lightning prior to the rain arriving and after the rain has passed than during the rain Although not as common as lightning storms, dangers from tornadoes are present in Florida

A Upon detection or learning of a severe storm, EMPLOYEES shall

1 If time permits, notify the Supervisor or Area Safely Coordinator immediately

2 Announcement of the approaching severe weather will be made via the program/facility manager or Area Safety Coordinator. If neither is on site or If the storm is imminent, any employee is empowered to take reasonable and necessary actions to make the announcement and initiate the emergency response.

3. Get consumers, staff, and visitors indoors as quickly as possible.

4. Secure any outdoor equipment or furniture if time permits, to prevent injury and facility damage Be cautious of flying debris and protect your eyes

5. If lightning is present, stay away from open doors and windows and do not use the telephone

6. If you are outside during a lightning storm without any available shelter, avoid staying near tall objects and trees. Be cautious of flying debris and protect your eyes

7 If a Tornado Watch is issued, monitor the progress and direction of the storm.

8 If a Tornado Warning is issued or a funnel cloud is observed, assist consumers and visitors to shelter in a designated "Tornado Safe Zone" immediately. Bring blankets, radios, emergency supplies and floor plans, if possible. Cover individuals with blankets to protect from flying debris. Do not open doors or windows. There is no truth to the myth that it will keep the building from "exploding" and may in fact put you and others at a higher risk.

9 Stay away from windows and doors and areas of the building with unsecured objects. Stay low and go to the smallest interior room or hallway on the lowest floor. Avoid places with wide-span roofs such as auditoriums.

10. Monitor radio. Stay in Safe Zone until an 'All Clear" is announced or until rescue units arrive.

11 If traveling during a lightning storm, stay in your car.

12. If traveling in your car during a tornado, leave the vehicle and try to find shelter in the nearest sturdy building or as a last resort, lie in the nearest ditch or culvert and cover your head with your arms. **Do not try to outrun a tornado!**

B. Upon notification of storm/tornado warnings, the SUPERVISOR or AREA SAFETY COORDINATOR shall·

1 Make an announcement of the impending storm and any related instructions.

2 Verify that equipment and furniture has been secured.

3. Verify that no persons have been allowed to remain outdoors.

4. Monitor weather reports for the all-clear signal.

5 After the storm, check for any injured individuals and inspect the facility for any damage that may have occurred.

6. If necessary, relocation of consumers or programs will be carried out according to Boley Centers Inc's Evacuation and Temporary Sheltering Procedure

a Agency and consumers' medications and supplies will be replaced as soon as possible following the emergency, if necessary.

FLOODS/HIGH WATER CONDITIONS

Flooding may occur for a number of reasons - excessive rain, pipe break, water main break, storm surge, etc.,

A Upon detection of or notification of impending flooding, EMPLOEES shall.

1 Monitor news reports of rising water and street closures.

2. Shut down utilities and put out open flames

3 Secure outdoor equipment and furniture

4 Move valuables and documents to highest possible level. Assist residents with securing of property and packing of personal items.

5 Unplug and cover computers and all electronic equipment copiers, phones and phone systems, printers, fax machines, mail machines, etc. with heavy-duty plastic garbage bags and secure. Try to move small devices to the highest level possible.

6. Seal openings and windows with plastic or caulk.

7 If it becomes necessary to evacuate the facility due to high water conditions, the supervisor or the Area Safety Coordinator will initiate evacuation procedures Staff will assist consumers to prepare for evacuation and arrange for transportation services if needed.

8. **Stay away from flooded areas or structures where power lines are down.** Electrical outlets under water pose a danger to anyone coming in contact with the water If not sure of whether the power is on or off, **presume it is ON.**

9 Do not walk through flooded areas. Often an area is much deeper than it appears due to ditches, holes, etc.

10 Be aware of potential health problems that may occur if floodwaters contaminate food and living environments. Adhere to infection control protocols and wash hands frequently by prescribed methods

11. Following a significant water disruption or emergency, adhere to any advisories to boil water issued by the municipal water utility.

12. Alert employees, consumers, and visitors not to consume water from drinking fountains, ice, or drinks made from municipal tap water while the advisory is in effect unless the water has been disinfected by an acceptable method (e.g., by bringing water to a rolling boil for at least one minute).

13. After the advisory is lifted, run faucets and drinking fountains at full flow for at least 5 minutes or use high-temperature water flushing or chlorination.

14. If corrective decontamination of the hot water system is necessary after disruption in service or a cross-connection with sewer lines:

    a. Decontaminate the system when the fewest occupants are in the building.

    b. If using high-temperature decontamination, raise the hot water temperature to 160°F-170°F (71°C-77°C) and maintain that level while progressively flushing each outlet around the system for at least five minutes.

    c If using chlorination, add enough chlorine, preferably overnight, to achieve a free chlorine residual of 2: 2 mg/L (2: 2 ppm) throughout the system. Flush each outlet until chlorine odor is detected and the elevated chlorine concentration in the system for at least 2 hours but not more than 24 hours.

    d Use a thorough flushing of the water system instead of chlorination if a highly chlorine-resistant microorganism is suspected as the water contaminant

    e Maintain surveillance for waterborne diseases in consumers and employees after the boil water advisory is lifted.

15 Facilities damaged by water intrusion will be inspected as soon as possible following the emergency. Wet building materials (e.g. structural materials, porous materials, wall paper, carpeting, furnishings, etc.) will be removed if they cannot be thoroughly cleaned and dried within 72 hours New materials will be replaced as soon as the underlying structure is declared to be thoroughly dry. Remediation activities may be delayed 1n cases of wide area destruction

16. Close off affected areas during cleanup procedures.

17 Ensure functionality of sewage system.

18 Clean hard-surfaced equipment, floors and walls after drying with detergent according to standard cleaning procedures.

19 Wood furniture and materials are to be cleaned and dried thoroughly before restoring varnish or other surface coatings.

20. Contain dust and debris during remediation and repair according to accepted standards

B Upon notification of storm/tornado warnings, the SUPERVISOR or AREA SAFETY COORDINATOR shall.

1. Make announcements as necessary to keep employees informed of flood status and what precautions should be initiated.

2. Assist with securing the building and relocation/evacuation of residents if called for by the Chief Executive Officer.

3 Verify all utilities have been shut down and outside equipment and furniture has been secured or removed.

4. Verify employees have secured their own worksites - computers and documents.

5 Contact Support Services, as needed, for evacuation transportation, sandbags, garbage bags, etc.

6. Check for injured persons or facility damage after the water has receded and it is safe to do so report damages to the Chief Executive Officer.

7. Make arrangements **with** professionals to have utilities inspected prior lo turning back on.

8. Verify that water systems have been decontaminated after any boil water advisory.

9 Assess damage following emergency and assist in activities to return program to normal operating status.

10. If necessary, relocation of consumers or programs will be earned out according to Boley Centers Inc's Evacuation and Temporary Sheltering Procedure.

    a. Agency and consumers' medications and supplies will be replaced as soon as possible following the emergency if necessary.

HURRICANE AND SEVERE WEATHER

Condition: **Hurricane Season Preparations**

The following activities will be completed by May 15, prior to the onset of Hurricane Season each year

A. Boley Evacuation Shelter sites will be determined.

B. President/CEO determines amount of emergency cash to be withdrawn in case of a Hurricane Watch.

C The Support Services Manager will:

1. Assign one maintenance staff to remain at each evacuation site during a Hurricane.

2 Confirm current emergency contact information for staff

3. Confirm staff have signed essential staff agreements.

3. Confirm number of family members each essential staff expects will be sheltering with them

4. Communicate number of persons expected to the Evacuation Shelter Manager.

5 Review with staff disaster protocols, site preparations, and expectations of staff

6. Direct staff to physically prepare buildings and properties by trimming trees, cleaning gutters, removing debris, and testing generators and essential equipment, etc.

7. Confirm fuels, wind protection, and essential storm supplies and post-storm supplies, like tarps, are ordered or stocked for each shelter.

8. Confirm generators are functioning properly.

9. Confirm Memorandums of Understanding are up to date with essential suppliers

10 Maintain communication with CEO/COO as to needs and progress of preparations or remediations

D. Evacuation Shelter Managers (see attachment) will:

1 Confirm evacuation capacities with host supervisors based on projected census, and essential staff and their families.

2 Identify essential staff and confirm coverage is adequate for projected census

a Confirm agreements are signed.
b. Confirm number of family members that will be accompanying staff.

3 Confirm current emergency contact information for all staff

4 Confirm adequate emergency supplies and food on hand and secured (see attachment).

5 Confirm physical site preparations with the Support Services Manager

6. Review generator instructions and determine fuel needs

7 Review Emergency Action Plan hurricane protocols with staff.

8 Review supply lists, what needs to be transported from and to each site, and recommendations and limitations on terms for evacuating consumers.

9 Participate in a mock hurricane drill. Share findings withstaff

E The Transportation Supervisor will.

1 Review and revise the emergency transportation plan as needed at least annually prior to the start of hurricane season.

2 Confirm contact information of all drivers.

3 Identify essential staff drivers.

4. Confirm Essential Staff agreements have been signed.

5 Review evacuation and transportation plans with all staff.

6. Always keep vehicles fully gassed

Condition: Hurricane Watch (Residential)

A. Staff at each facility are expected to monitor severe weather warnings routinely utilizing weather band radio, broadcast radio, television, and/or internet broadcasts or other alert system such as text alerts.

B. When a tropical storm or hurricane has been identified by the National Weather Service, the CEO/COO and/or the Support Services Manager will monitor the storm's progress and relate pertinent information to the CEO/COO, Emergency Evacuation Team Leaders, and Program Vice Presidents by email, fax or phone Program Vice Presidents or their designated on-call managers will alert managers and supervisors or the highest level staff on duty of the watch. Each Department will establish a phone tree if necessary, for timely notification of staff.

C The CEO/COO will instruct that preparations be implemented ahead of an evacuation order when conditions indicate that an evacuation is imminent to allow added time for staff to prepare consumers and buildings.

NOTE: In most cases Law Enforcement will issue Evacuation Orders for affected areas prior to a Hurricane Warning being issued. Decisions regarding the timing of preparations, closing of facilities, and evacuation of consumers will be based on available information regarding the day and time the storm is expected to affect the area, the predicted severity and duration of the storm, the projected path of the storm, and other mitigating circumstances. In all instances, the welfare and safety of consumers and employees will be of primary concern.

D. Program Vice Presidents and managers will begin preparing their facilities, staff, and consumers for possible closure and/or evacuation. Staff will begin assembling food, water containers, blankets, and other hurricane supplies

E. Staff will inform each resident of the situation and review their *Consumer Hurricane Disaster Evacuation Plan* to determine if they can safely be relocated per their plan for the duration of the storm or if they will be sheltering at a Boley evacuation site.

F Staff will confirm each resident's emergency contact information and confirm the information has been placed in the medicine cart.

G Authorized staff in residential settings will check all medications (consumer, inventory controlled, inventory PRN) and medical supplies and notify the pharmacy for refill of any with less than a two-week supply on hand. Stanley Pharmacy will fill residential consumers' medications that are scheduled for resupply within 7 days and deliver them early if storm conditions worsen.

H. Staff working in Supported Living, FACT, and Targeted Case Management programs will assist consumers in their programs in obtaining 14 days of medications and medical supplies.

I. Under the direction of the facility supervisor, staff will call family members to determine current intentions to have the resident evacuate with them or shelter at a Boley evacuation site. Families of residents not evacuating with them will be given the location and phone number of the evacuation site

J Staff will review evacuation procedures and keep residents informed of storm predictions and preparations, checking on them frequently.

K Walkie Talkies, with a range to include all Boley Centers' Residential Treatment Facilities, will be issued to site managers and will serve as an alternative means of communication if phone communication is not possible.

L. When a Hurricane Watch is announce, the CFO will arrange for a pre-determined amount of cash to be withdrawn from Boley Centers, Inc 's bank account and placed in a secure Agency location to assure funds for purchasing emergency supplies after a hurricane in case electricity is not available and banks are closed The amount will be set by the CEO/COO prior to each hurricane season The CFO, or designee, will access these funds when the Agency enters into a Hurricane Evacuation Funds will be distributed to each Evacuation Shelter Manager by the Support Services Manager at the direction of the CEO/COO. The Evacuation Shelter Manager will administer funds and be held accountable for all purchases and securing receipts

M. The Support Services Manager will oversee installation of building storm protection at Boley facilities, starting with the evacuation sites, and as time and conditions permit beyond that.

N The Transportation Supervisor will direct all agency vehicles be maintained with full tanks of gas

Condition: Hurricane Watch (FACT Team)

A Prior to the beginning of Hurricane Season, each FACT Team Case Coordinator will review evacuation zones and individual disaster plans with consumers in the community on their caseload.

B When a tropical storm or hurricane has been identified, each Case Coordinator will again review evacuation zones and individual disaster plans with consumers in the community on their caseload and assist in arranging for an evacuation site and transportation, and additional medication if the consumer has less than a seven day supply

C. The FACT Team will provide services if it is safe to do so. When at all possible, consumer needs will be addressed one to two days prior to the impending storm.

Staff will inform each resident of the situation and review their *Consumer Hurricane/ Disaster Evacuation Plan* to determine if they can safely be relocated per their plan for the duration *of* the storm or if they will be sheltering at a Boley evacuation site.

Condition: Hurricane Warning

A Once a Hurricane Watch has been upgraded to a Hurricane Warning, the CEO (or COO in the CEO's absence) will make a decision regarding evacuation based on all available weather information, the consumer population, and condition and location of facilities. The CEO will determine a time to implement evacuation The time of the evacuation will be based on the direction of the Pinellas County Emergency Management Office.

B The COO, with the assistance of the Support Services Manager, will coordinate preparations and evacuations with Emergency Evacuation Team Leaders.

C Vice Presidents and Managers will be responsible for advising their staff of planned closures and evacuations, and staff roles during the emergency. Communication may be accomplished by phone, email, or fax

D Residential staff on duty at the time of any potential emergency condition will be required to remain on duty until relieved. Residential staff called to duty will report to the Emergency Shelter Managers. Emergency Shelter Managers will report to the Vice President of Residential Services any staff member who falls to report to duty as required. Actions will be taken to secure additional staffing.

E. Emergency Evacuation Team members and volunteers will be given time, when possible, to secure their homes and families before reporting to assist with evacuation and aid in the management of the consumers for the duration of the storm.

F Staff who do not work through the disaster will be asked to provide their supervisor with additional contact information if they are evacuating the area and to make every effort to communicate their status and availability to work periodically during and following the disaster.

G Emergency Evacuation Team Leaders will direct their teams in the opening of evacuation centers.

H. All available staff will assist in securing facilities, records, supplies, electronic equipment, and anything else essential to services.

Central Florida Behavioral Health Network and 2-1-1 (727-210-4211) (and other agencies as applicable) will be notified as to which programs are being closed and that Boley Centers will not be accepting any new consumers until further notice.

J. Evacuation of consumers, records, medication, food, water, and other essential items will be earned out per the Transportation Plan

Condition: **Hurricane Landfall**

A. Once a hurricane is projected to hit land, the Emergency Evacuation Team Leaders will assist in securing facilities and ensuring that consumers, employees, and supplies are in the proper location.

Condition: **Hurricane All Clear/Recovery**

A Once an All Clear has been announced, the Emergency Evacuation Team Leaders will direct the initial clean up. Members of the Emergency Evacuation Team will deploy to assess conditions at affected facilities if not needed where they are. (It is expected that movement will be curtailed by law enforcement and these assessment efforts may be hampered). Priority will be given to returning residential consumers to their programs when assessing the conditions of facilities.

B. Once the facilities are assessed, CFBHN and 2-1-1 will be inform of Boley Centers, Inc.'s ability or inability to resume providing services for the community.

SINK HOLES

Sink holes are common in Florida, but generally not predictable.

A In the event of a sinkhole, EMPLOYEES shall

1 Pay attention to changes in a facility's landscape in times of heavy or extended periods or rain.

2 Report any noticeable changes to the supervisor or Area Safety Coordinator

B. In the event of a sinkhole with no imminent danger to structures or injury to persons, the SUPERVISOR or AREA SAFETY COORDINATOR shall

1. Mark off the area using rope, yellow caution tape, and/or cones

2 Restrict access to the area. Do not allow anybody to enter the vicinity.

3 Notify the Chief Executive Officer of the sinkhole

4 Monitor the sinkhole for increases in size or encroaching threat of property damage or danger to individuals

C In the event of a large sinkhole that may cause injury to persons or structural damage, the SUPERVISOR or AREA SAFETY COORDINATOR shall.

I. Evacuate consumers, visitors, and staff from the affected portion of the facility to a safe area.

2. Notify the CEO/COO with an assessment of the damage and/or threat.

3. If necessary, evacuate the entire facility as per Boley Centers Inc 's Evacuation and Temporary Sheltering procedures.

a Agency and consumers' medications and supplies will be replaced as soon as possible following the emergency if necessary

UTILITY FAILURES

Power and water failures can be caused by natural emergencies, accidents, and system maintenance. Although not uncommon, power and water failures are usually short-lived. Determining cause and breadth of the outages will dictate what actions a facility will take in response to the outage.

POWER FAILURES

Power failures are common in the area and are generally caused by adverse weather conditions or equipment damaged due to motor vehicle accidents. In general, a power failure will not be considered as an emergency situation

A In the event of a power failure, EMPLOYEES shall:

1. Determine the cause of the power failure. Is the disruption widespread, affecting the entire community area, or local, only affecting the facility or parts of the facility?

   a If the outage is due to a fire, explosion or electrical arcing, evacuate employees, consumers, and visitors from the hazard area

   b **Call 911,** report the fire, and respond per Plan fire response protocols.

2 If no immediate hazard is present, move personnel, consumers, and visitors to a safe area with emergency lighting Emergency lighting units will generally only work 90 to 120 minutes.

3. Distribute flashlights

4 Notify Support Services, the electric company, or an electrician, as appropriate based on available information to report the problem. Note that during storm conditions, it may be several hours before power is restored

5 Move around as little as possible so the chance of injuring yourself in the darkness is minimal. Keep consumers seated

6. Notify the supervisor and Area Safety Coordinator of the outage

7 Stand by to notify affected areas of the facility to evacuate This may be a specific area of the facility or facility wide.

B. In the event of a power failure, the SUPERVISOR or AREA SAFETY COORDINATOR shall:

1 Determine the cause and impact on the facility and implement the following as needed.

a Is evacuation necessary? If so, what areas?

b Contact outside emergency services if needed.

c. Discuss the cause and expected duration of the outage with the supervisor and decide best course of action until power is restored

d If remaining in the building, provide a safe area with emergency lighting for employees, consumers, and visitors

e. If evacuating, assist the evacuation process to minimize the chance of injury to individuals as they move through the darkness of the facility.

WATER FAILURES

Water failures occur infrequently and disruption is normally short lived. Water failures are generally caused by county or facility equipment problems or maintenance. In general, a water failure will not be considered as an emergency situation

A In the event of a non-facility water failure, EMPLOYEES shall:

1. Determine the cause of the water failure. Is the disruption wide spread - affecting the entire community area, or local - only effecting the facility or parts of the facility?

2 Notify the Water Department to report the problem Depending on the problem, it may be several hours before water service is restored. Try to find out when they expect the problem to be corrected.

3. If there is going to be an extended water outage, residential programs will have to make alternative arrangements for sanitary and hygiene needs such as ordering Porta-Potties or scheduling time and transportation for consumers to shower at another Boley Centers, Inc. facility.

4. For drinking purposes, bottled water will be purchased.

B. In the event of a facility water failure, EMPLOYEES shall

1. Call Support Services to report the failure.

2. If there is going to be an extended water outage, residential programs will have to make alternative arrangements for sanitary and hygiene needs such as ordering Porta-Potties or scheduling time and transportation for consumers to shower at another Boley Centers, Inc. facility

3 For drinking purposes, bottled water will be purchased.

4 If necessary, space will be found at another Boley Centers, Inc facility to house residential consumers temporarily per Boley Centers Inc's evacuation procedures.

C. In the event of a water failure, the SUPERVISOR or AREA SAFETY COORDINATOR shall

1 Confirm the water has been shut off at the main if a flood situation is occurring.

2. Confirm Support Services has been notified.

3. Determine the impact on the facility and implement the following as needed:

a Order Porta-Potties

b Order bottled water

c Order waterless soap/hand sanitizer for hand washing

d Set up alternative sites for showers

e. Fill buckets of water for toilet priming

f Make arrangements and coordinate consumer evacuation to another Boley Centers, Inc facility if the outage will extend over a longer period of time

GAS FAILURES

Gas failures are generally caused by adverse weather conditions. Gas is only used in the kitchens of Boley Centers. In general, a gas failure would not affect the safety of consumers and employees, and therefore would not be considered an emergency situation.

A. In the event of a gas failure, EMPLOYEES shall:

1. Notify Support Services and the gas company to report the problem and determine if the outage is facility based or a gas company problem.

2. If there is a smell of gas or a suspected gas leak.

   a Turn gas appliances off.

   b Shut off gas at the main.

   c. Do Not switch lights on or off.

   d. Do Not light any matches.

   e Open doors and windows for ventilation.

3 Notify the supervisor or Area Safety Coordinator

4 Stand by to notify affected areas of the facility to evacuate if necessary.

B In the event of a power failure, the SUPERVISOR or AREA SAFETY COORDINATOR shall.

1. Try to determine the cause and impact of the failure on the facility.

2. Notify the kitchen manager of the cause and expected duration of the outage so that menu changes can be made if necessary.

3. Confirm gas company and/or Support Services have been notified.

4. Notify the Fire Department.

5 Notify 911 if need for emergency medical services.

6. Assist in evacuation activities, if necessary.

THREATS OF VIOLENCE AND COMMUNITY-WIDE CIVIL UNREST

Workplace threats and violence and community threaten the safety of employees, consumers, and visitors and can lead to the need for increased facility security. Preparation for disorder, whether expected or not, is the best deterrent to experiencing such difficulty.

THREATENING/AGGRESSIVE BEHAVIOR

A. In the event of aggressive or threatening behavior, EMPLOYEES shall·

1. Take all threats of violence seriously until proven otherwise

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Chapter V

EVACUATION AND TEMPORARY SHELTERING PROCEDURES

A Predicted Community Wide Emergency

This would involve a situation such as a hurricane.

1 The decision to shut down or evacuate due to a predicted emergency resides with the Chief Executive Officer. Directors will be notified if evacuation is necessary.

2 Outpatient services and admission to residential may be suspended until operations are fully stabilized. CFBHN and 211 will be notified of program closures.

3. Persons in acute crisis will be directed to psychiatric facilities or medical hospitals for admission

4. Prior to the on-set of a predictable emergency or evacuation, employee volunteers and responders will be given time to secure their homes and families before returning to aid in the management of the consumers for the duration of the emergency.

5. If relocation is necessary, evacuation of consumers, records, medication, food, water, and other essential items will be carried out per the Transportation Plan. Staff will accompany residents to the evacuation site.

6. Evacuation sites are identified and reviewed annually. See attachment for current list.

7. Prior to a predicted emergency that may impact an entire facility or area, current consumer and employee information will be printed and located off property. This information will also be accessible remotely or through any unaffected Agency facility. Consumers and employees will be contacted, as appropriate, to be advised of any changes to services and/or locations.

8 Staff will assist each resident in packing a blanket, pillow, sheets, towels, wash cloth, two changes of clothing, and personal care supplies to last at least three days

9 Program Managers will coordinate logistics of temporary service provision at the receiving facility with the administrator and program managers.

10 Staff will inform consumers and their families of the evacuation plan, new location and any anticipated service changes or interruptions. Staff will leave a message at the home site they are evacuating and a note on the door with the evacuation information for any family or consumer they were not able to contact. Emergency information will also be available via Boley Centers' web site.

11 Residents will be accounted for using a current census log. Logs will be printed prior to evacuation, reviewed hourly and at shift change Logs will indicate consumers who evacuated with family and identify special medical or diet needs of remaining consumers. If necessary, consumer information can be accessed from any unaffected Boley Centers facility. Residents will be accounted for as they enter the transporting vehicle for evacuation. Staff will perform a visual inspection of the facility before leaving. A supervisor will be notified immediately of any missing consumer.

12 Existing residents and arriving evacuees will be registered upon arrival at the evacuation site. Name, emergency contact Information, and medical and diet needs will be obtained. Staff will document medications and supplies brought in with the consumer. Staff will try to make contact with families of consumers who have not been notified of the evacuation

13 The registration list will be used to create a unit log to be used to do hourly checks on consumers in each shelter.

14 Evacuees will be assigned an area for sleeping and storage of personal belongings.

15 All individuals in the shelter will move to the most secure location In the building during the height of the storm.

16. Evacuation Centers will operate with awake staff around the clock Staff will remain on duty until relieved by the Shelter Manager.

17 All staff at the evacuation site will be required to have a Boley Centers identification badge visible so they are easily distinguishable from consumers and visitors.

18 Family members sheltering with essential staff will be required to bring their own bedding, clothing, hygiene products, food, water, medications, medical supplies and other essential items. Family members will be accommodated and assisted as best as possible to the extent that space and supplies allow.

19 Generators will be run to provide power for essential operations for as long as fuel lasts.

20. Food and stock medications and other essential supplies, or supplies in limited quantity will be kept secured.

21 Each shelter facility will have a 7 day supply of food on hand for staff and consumers. Staff family members are expected to bring their own food, but will be accommodated as supplies allow. The Shelter Manager will assign staff to prepare three meals a day. Portions may be limited as to make supplies last the full 7 days.

22 A 7 day supply of water will be maintained as long as potable water is available. The Shelter Manager will assign staff to keep water containers full. Water shall be used sparingly. The Shelter Manager will begin water conservation measures if the supply of safe water is disrupted. Staff family members are expected to bring their own water, but will be accommodated as supplies allow.

23 First aid kits will be available in each shelter. Consumer medications will be kept secure in a locked medicine cart.

24. Non-residential facilities and administrative offices will be closed until the emergency situation is stabilized.

25 AHCA, CFBHN and 211 will be notified of the change in service location, service changes or interruptions, and the projected date for return to the original location.

26. The Client Manager for Department of Children and Family Services will be contacted to advise of consumer relocations.

27 Agency and consumers' medications and supplies will be replaced as soon as possible following the emergency, if necessary.

B Emergency Evacuation Team

Boley Centers has designated the following personnel and responsibilities to the Emergency Evacuation Team

1. Team Leader (Support Services Manager) -
   - a Will coordinate and oversee activities during evacuation and at evacuation centers.
   - b Will assign on-duty staff to Team Unit Leaders as necessary.
   - c Will communicate any needs to the President/CEO as necessary.
   - d. Will provide each evacuation site with emergency communication equipment.
   - e. Will coordinate the distribution of emergency cash funds and re-authorized purchase orders to evacuation sites.
   - f Will coordinate evacuation with the American Red Cross local office.

2 Unit leader - Registration (Supervisors of each residence) back-up RRS IV at each facility -
   - a. Will report to assigned Boley Centers' evacuation center.
   - b Will register all consumers as they enter evacuation center
   - c Will check registration against evacuated facility census with facility on-duty staff.
   - d Will attempt to contact consumers' relatives to inform them of consumers' evacuated location using the emergency contact sheet information.
   - e. Will notify Department of Children and Family Services of relocation of consumers.

3. Unit Leader - Food (Supervisors of each residence) back-up RRS IV at each facility -
   a Will confirm that adequate food supply (1 week) is available.
   b. Will oversee that 3 meals are prepared daily.
   c Will cook as much perishable foods as possible before loss of electricity.

4. Unit Leader - Water (Residential staff on duty) -
   a. Will confirm that available containers have been filled with water. (wash bowls, bathtubs, emergency jugs, etc.).

5. Unit Leader - Building (Support Services Manager) back-up: VP of Housing
   a. Will ensure that windows are boarded, as deemed necessary.
   b. Will provide maintenance service as necessary.
   c. Will assist facility on-duty staff in evacuating buildings as time permits.
   d. Will provide emergency electric through generators.

6. Unit Leader - Transportation (Transportation Supervisor) back-up Support Services Manager
   a Will coordinate the transportation of consumers to evacuation center.
   b Will coordinate the transportation of supplies to the evacuation center.
   c. Will ensure that all vehicles are filled with gas.
   d Will coordinate with facility staff on duty the transport of all consumer records, medication and food supplies

7 Unit Leader - Staff Support (Residential Manager) back-up. senior supervisor under Manager
   a. Will assure that approved on-duty staff's families have access to evacuation sites, if desired.
   b. Will coordinate family registration at each evacuation site to include pertinent medical conditions and other special needs/diets

8. Unit Leader - Case Management (VP of Supported Housing) back-up.
   a Will provide family members with a list of shelters.
   b. Will provide Boley Centers' community consumers with a list of local evacuation shelters including the following.·
      (1) List of what to take to shelter.
      (ii) Emergency numbers and Red Cross number.
   c Will provide yearly disaster orientation to community consumers.
   d. Will coordinate with Day Treatment and Psychiatric Services to provide outpatient therapy to consumers and family members during and after a disaster.

Chapter VI

TERMINATING THE EMERGENCY

This section of the Emergency Action Plan will deal with those activities necessary to support employees and consumers following a disaster and those activities necessary for the continued operations of Boley Centers, Inc 's programs.

A. Damage Assessment

Following an incident, an assessment of damage that has occurred to facility properties and equipment must be conducted The major emphasis of this assessment will be to determine any damage to facilities, safety hazards and repairs that must be initiated to minimize further damage and restore the facility for the continuation of business and service provision. All damage will be reported to the President/CEO. No property will be occupied until it is safe to do so

Support Services will have the main responsibility for conducting the damage assessment following a disaster. Assistance will be obtained as needed from Boley Centers, Inc. personnel and outside organizations such as structural engineers and local government officials

B. Post-Emergency Activities

Post-emergency activities are those that tend to the welfare of consumers and facility personnel and review of facility actions during the incident. Staff will assist consumers with relocating to their residences (or other location if their residence is damaged), and replenishing medication and medical supplies, food, water, clothing, etc. Staff will assess consumers for symptoms of PTSD and arrange for appropriate services.

C Incident Debriefing

The incident debriefing is utilized to inform employees about any hazards that may still remain following the incident and to identify unsafe conditions that may exist.

Some employees and consumers may be profoundly impacted from the events surrounding the incident, especially those involving injuries or loss of life. It may be necessary to provide critical incident stress debriefing sessions following such incidents. The Risk Manager will coordinate these sessions with Human Resources to arrange crisis counseling for employees if necessary.

D Restoration of Operations

1 The President/CEO or the Chief Operating Officer, if designated by the President, may approve re-entry into a facility that has been evacuated, unless the building has been condemned or re-entry blocked by the Fire Department, Law Enforcement, or other agency with Jurisdiction.

2. The restoration of facility operations and services will be based on the extent of damage suffered to the facility If services are interrupted at multiple sites due to facility damage, the efforts will concentrate on opening top priority programs first CFBHN and 2-1-1 will be updated on program activity and locations as services are restored.

2 As such time as emergency orders have been lifted and the building is safe to return to, residents will be transported back using agency vans and buses.

3 If structural or other damage makes it unsafe to continue operations in place, affected programs, staff, and clients will be temporarily relocated to a safe area of the building or to another building, until repairs are completed.

4. Program Managers will contact other Boley Centers, Inc facilities for bed/space availability to relocate affected consumers. Program Managers will coordinate logistics of temporary service provision at the receiving facility with the administrator and program managers

5. Staff will inform residential consumers and their families of the new location and any anticipated service changes or interruptions. Outpatient consumers will be contacted to be advised of any changes to services and/or locations.

6 If safe to do so, clients will gather personal items and clothing, etc. from areas to be evacuated. If not safe to do so, staff will help clients replace clothing and personal necessities when relocated.

7. Evacuation of consumers, records, supplies, medication, food, water, and other essential Items, etc. will be carried out per the Transportation. If not available to be transported from damaged site, supplies and such will either be brought from other locations or purchased as necessary. Consumer information will be accessible from any unaffected Boley Centers facility Staff will accompany residents to the evacuation site.

8. After arriving at the temporary location, a roll call or head count of the consumers will be conducted. Once confirmed all clients are accounted for, clients will be oriented to their new location.

9. Supervisors or Area Safety Coordinators will orient relocated staff to the location of fire exits, fire extinguishers, utility shut offs, etc. in their new workplace.

10. CFBHN and 211 will be notified of the change in service location, service changes or interruptions, and the projected date for return to the original location.

E Return of Unused Emergency Funds

1. The Evacuation Shelter Manager will submit a Program Funds Report to the Chief Operating Officer within five (5) days of termination of evacuation. All receipts and excess funds will be returned with this report.

2 The Chief Operating Officer will submit the reports, receipts and excess funds to the Accounting Department so that the emergency cash fund can be replenished.

F Incident Documentation

Documentation of emergency activities is of critical importance following the conclusion of an emergency situation. The supervisor is responsible for preparing a report documenting activities that took place during the emergency situation and collecting all records and forms used during the incident. The report and all related documentation will be submitted to the Risk Management & Safety Director for review and necessary follow-up actions such as incident investigation, and managing insurance claims, and legal actions arising from the incident. The report findings and necessary corrective actions will be reported to the Chief Executive Officer

G Incident Investigation

Once resolved, each emergency situation will be investigated to determine cause, effectiveness of response, and what Boley Centers, Inc. can do, if anything, to prevent a reoccurrence in the future.

1. Small Incidents

Small incidents will be investigated utilizing Boley Centers, Inc employees. The Program Manager and/or VP is responsible for conducting a credible investigation and completing the incident follow up. Support Services will provide assistance as needed in the investigation

2. Large Incidents

Large incidents, especially those involving fire, acts of violence, and loss of life, will generally be investigated by local, state, and/or federal authorities. The Risk Manager will assist authorities as needed Employees of the program will be required to participate as requested.

H. Critique

The critique of the incident is basically a review of what actions took place during the incident, both good and bad, after investigation. A critique is not designed to place blame, but rather allow for the flow of ideas and recommendations to improve the Emergency Action Plan and facility and/or agency policies and procedures. The Risk Manager will coordinate critiques.

Community Outreach Services

1 ADM Staffing Assistance - Following a community-wide emergency, many individuals will require support from organizations such as Boley Centers, Inc. Boley Centers' first priority will be to provide support to our current consumers and to our staff. Assistance will be provided, as requested and within our capabilities, to assist in ADM staffing or American Red Cross shelters, FEMA emergency application centers, and other areas as requested.

2 Outreach to Disaster Relief Workers - Disaster relief workers may suffer from "burn-out" during the acute phase of the emergency, during the fade-out" phenomenon toward the end of the recovery period, and after the workers have returned to their normal lives and work. Boley Centers, Inc. will provide assistance to such individuals as requested as resources allow.

J. Support Services During and After an Emergency

It is imperative that we address the needs of staff members, to provide care for our current consumers, and to conduct community outreach programs during and following the emergency. The Boley Centers, Inc. Emergency Action Plan has been designed to meet the needs of its employees, consumers, and visitors in providing for their safety during and following an emergency situation that impacts the facility. During and after an emergency situation, consumers and staff will be placed under significant stress and will need extraordinary support services. Of critical importance for these individuals will be safe and supportive housing, crisis intervention, psychiatric services, replacement of medications and case management.

Following a community-wide emergency, Boley Centers, Inc. will provide as much assistance as possible to staff that have sustained substantial losses. Boley Centers, Inc will participate as part of the community response effort as coordinated by the State of Florida Department of Children and Family Services, District Alcohol, Drug Abuse and Mental Health program office staff, and the Disaster Recovery Leadership Network to provide for the protection and care of current consumers, the extension of services to new consumers devastated by the emergency, and the mental health support of recovery workers.

Boley Emergency Action Plan - Attachment A

Boley Property Evacuation Shelters and Shelter Manager List

Facility:	**Celia Hall**	**Hays Center**	**Markus Mittermayr**	**Safe Haven**
Address:	815 - 7th Avenue S. St. Petersburg, FL	445 - 31st Street N. St Petersburg, FL	4123 - 31st Street S. St. Petersburg, FL	555 - 31st Street S St. Petersburg, FL
Phone:	727-824-5722	727-821-4819	727-522-4717	727-209-2456
Shelter Manager:	Jura Philpot, Residential Manager	Kevin Marrone, Chief Operating Officer	Joan Bliss, Facility Supervisor	Chnsta Bruning, Vice President Homeless Services
Shelter Capacity	50 Consumers	Administrative Headquarters	30 Consumers	65 Consumers
Evacuating Facilities:	Edna Stephens	N/A	Markus M1ttermayr	Morningside

Boley Emergency Action Plan - Attachment B

Emergency Services Phone Numbers

1	Police, Fire or Medical Emergency.	911
2.	Poison Control	1-800-282-3171
3.	Clearwater Fire Department	727-462-6666
4	Clearwater Police Department.. .	727-462-6666
5.	Dept. of Civil Emergency Service...	727-462-3800
6.	Florida Highway Patrol.....	727-893-2711
7	Largo Fire Department.....	727-584-8671
8.	Largo Police Department.	727-585-4357
9	Pinellas County Sheriffs Department..	727-582-6200
10.	Pinellas Park Fire Department...	727-544-8831
11	Pinellas Park Police Department	727-544-8956
12.	Progress Energy	727-895-8711
13	Red Cross - South Pinellas County Chapter... .	727-898-3111
14.	Red Cross - Upper Pinellas County Chapter	727-446-2358
15	St. Petersburg Fire Department	727-893-7694
16.	St. Petersburg Police Department . """ .	727-895-1911
17.	TECO Peoples Gas...	877-832-6747
18.	Water Department - St. Petersburg	727-893-7261
19.	Water Department - Pinellas County.....	727-462-4714
20	Water Department - Pinellas Park	727-544-8831
21.	Water Department - Largo	727-584-7646
22	Water Department - Clearwater...	727-462-6600

Boley Emergency Action Plan - Attachment C

VENDOR/COMMUNITY PARTNER PHONE LIST

Center Pharmacy	Medications/ Medical Supplies	6499 38th Ave. North St. Petersburg, Florida	727-344-3902
City of St. Petersburg Water & Sewer	Water/Sewer	325 Central Avenue	727-893-7261
Department of Children & Families		11351 Ulmerton Road Larqo, Florida	727-893-5200
Fire Department (Non-Emergency)		400 9th Street South St. Petersburg, Florida	
The Home Depot	Building Supplies	2300 22 Avenue North St. Petersburg, Florida	727-898-1100
PEMHS	Mental Health Crisis	11254 58th Street North	727-541-4628(Main) 727-791-3131 (Emergency)
Pinellas County Utilities			727-464-5800 (Emergency)
Police (Non-Emerqencv)	Non-Emergency	1300 1st Avenue North St. Petersburq, Florida	
Progress Energy	Electricity	125 5th Street South	727-895-8711 800-228-8485(Emergency)
SYSCO	Food	3000 69th St. East Palmetto, Florida	1-800-797-2655
TECO People's Gas	Heatinq/Cookinq Gas	1800 9th Avenue North	877-832-6747
Wal-Mart	Home Furnishings, Food, Clothing, etc.	8001 US 19 North	727-576-1770
		3501 34th Street South	727-906-4647

ADD FIRE ALARM MONITORING COMPANIES

Facility Emergency Supply List

1 Flashlight/4 consumers
2 Sets of batteries/flashlight
2 Lanterns
4 Sets of batteries

1 Tool box with

1 Hammer
1 Pliers
2 Screwdrivers
1 Phillips Driver
1 Adjustable wrench

12 Rolls Masking tape

1 Case Styrofoam cups
1 Case Paper plates
1 Case Plastic knives, forks, spoons
1 Case Napkins

1 Blanket/consumer
1 Pillow/consumer
1 Sheet/consumer
1 Towel/consumer
1 Washcloth/consumer

Government Commodities:
Peanut butte1 - canned
Honey - canned
Beef - canned
Peanuts - canned

Non-perishable food items - a 72 hour food supply will be delivered to the Hays and Owl's Nest evacuation sites by the Food Service Manager. Evacuating Group Homes will bring their 72 hour supply of food with them to their assigned sites. The supply will consist of,
but not be limited to, the following items:

Tuna fish - canned
Soups
Dry cereal
Vegetables - canned
Fruits - canned
Juices - canned
Raisins
Peanut Butter

South Pinellas County Red Cross Shelters

Note: Boley Centers, Inc has designated four of its facilities to be Emergency Evacuation Shelters for its clients:

1. Celia Hall, 815 7th Avenue South, St. Petersburg, Florida
2. Hays Center, 445 31st Street N., St. Petersburg, Florida
3. Markus Mittermayr, 4123 37th Street North, St. Petersburg, Florida
4. Safe Haven, 555 31st Street South, St. Petersburg, Florida

The following list of shelters will be made available for Boley Centers' clients living on their own in the community.

Seminole Middle School * (also hearing impaired and kidney dialysis patients), 8701 131st St. N, Seminole
Pinellas Park High School *, 6305 I18th Ave. N, Pinellas Park
Sexton Elementary School*, 1997 54th Ave. N., St. Petersburg
Northside Baptist Church, 6000 38th Ave. N, St. Petersburg
St. Petersburg High School *, 2501 5th Avenue N, St. Petersburg
John Hopkins Middle School* (also hearing impaired and kidney dialysis patients), 701 16th Street S, St. Petersburg

North Pinellas County Red Cross Shelters

Note: Boley Centers, Inc. has designated four of its facilities to be Emergency Evacuation Shelters for its consumers:

1. Hays Center, 445 31st St. N., St. Petersburg, Florida
2. Markus Mittermayr, 4123 37th Street North, St. Petersburg, Florida
3. Safe Haven, 555 31st St. N., St. Petersburg, Florida
4. Celia Hall, 815 7th Avenue South, St. Petersburg, Florida

The following list of shelters should only be used if one of Boley Centers' shelters are uninhabitable.

1. Tarpon Springs Middle School, 500 N. Florida Ave., Tarpon Springs
2. St. Nicholas Greek Community Center, 36 N. Pinellas Ave., Tarpon Springs
3. First Christian Church, 2795 Keystone Rd , Tarpon Springs
4. Palm Harbor Elementary School, 415 15th St., Palm Harbor
5. Palm Harbor Middle School, 1800 SR 584, Palm Harbor
6. Curlew Creek Elementary School, 3030 Curlew Rd., Palm Harbor
7. Dunedin High School, 1651 Pinehurst Rd., Dunedin
8. Countryside High School, SR 580/McMullen Booth Rd., Clearwater
9. Leila Davis Elementary School, 2630 Landmark Dr., Clearwater
10. Safety Harbor Middle School, 125 6th St. N., Safety Harbor
11. Sandy Lane Elementary School, 1360 Sandy Lane, Clearwater
12. Paul B. Stephens Exceptional Student Center, 2929 CR 103, Clearwater
13. First Baptist Church of Safety Harbor, 525 14th Ave. S. Safety Harbor
14. Kennedy Middle School, 1660 Palmetto St., Clearwater

15. Trinity Baptist Church, 2235 N.E. Coachman Rd., Clearwater
16. Eisenhower Elementary School, 2800 Drew St., Clearwater
17. Clem water City Hall Annex, 10 S. Missouri Ave., Largo
18. Trinity Presbyterian Church, 2001 Rainbow Dr., Clearwater
19. Clearwater High School, 540 S Hercules Ave., Clearwater
20. Oak Grove Middle School, 1370 S. Belcher Rd., Clearwater
21. St. Paul United Methodist Church, 1199 Highland Ave., Largo
22 Largo High School, 410 N. Missouri Ave., Largo
23. Mildred Helms Elementary School, 561 S. Clearwater-Largo Rd., Largo
24. Largo Middle School, 115 8th Ave. S.E., Largo
25. Southwest Recreation Center, 2727 Vonn Rd., Largo
26. Pinellas Park High School, 6305 118th Ave. N., Pinellas Park
27. Pinellas Central Elementary School, 10501 58th St. N., Pinellas Park
28. Oakhurst Elementary School, 10535 137th St. N., Largo

HURRICANE WATER SUPPLY

Evacuation Shelter Site	Occupancy	Total Water Needed (3 gallon per day per person)	Potable Water Needed (I gallon per day per person)	Non-potable Capacity (bathtubs, water heaters)	Augmented Supply of water with bottled and collapsible containers
Havs	65	540	180	0	540
Safe Haven	72	648	216	165	432
Celia Hall	40	360	120	210	120
M&M	40	360	120	225	120

Safe Haven has 3 hot water heaters (capacity of 55 gallon each), no bathtubs

Celia Hall has 2 bathtubs (capacity 30 gallon) and 2 hot water heaters (capacity of75 gallon)

Markus Mittermayr has 5 bathtubs (capacity 30 gallon each) and 1 hot water heater (capacity 75 gallon)

BOLEY CENTERS, INC.

Bloodborne Pathogen Exposure Control Plan Biomedical Waste Plan 2020

BOLEY CENTERS INC.
BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

INDEX

- Bloodborne Pathogen Exposure Control Plan
- Classification of Employees at Risk for Exposure by Job Classification and Job Functions
- Standard Precautions
- Bloodborne Pathogen Exposure Control Plan Record Keeping of Employee Training
- Bloodborne Pathogen Exposure - Hepatitis B Immunization
- Parenteral/Mucous Me1nbrane/Cutaneous Exposure to Blood or OPIM
- Management of an Occupational Exposure to HBV,HCV, and HIV with Recom1nendations for Post Exposure Protocol Prophylaxis
- Sharps with Engineered Sharps Safety Protection Safety Needles, Use and Selection
- Sharps Containers, Use of
- Sharps Injury Log
- Biomedical Waste Plan
- OSHA 29 CFR Part 1910.1030 Federal register December 6, 1991/ Rules and Regulations

Boley Centers Inc	
TITLE: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN	Policy Date: September 1, 2010
	Last Revision Date: September 2013
	Last Review Date: September 2013
	January 2015
	September 2018
	September 2019

1.0 POLICY STATEMENT:

To provide a safe working environment for employees who are designated to be potentially at risk for exposure to bloodborne pathogens

1 1 Boley Centers Inc recognizes that certain principles should be followed when working with potential bloodborne pathogens and other potentially infective materials (OPIM)

1 1 1 Exposure to bloodborne pathogens will be minimal

1 1 2 Risk of exposure to bloodborne pathogens Is not to be underestimated

1 1 3 Boley Centers Inc will provide the necessary engineering and work practice controls to eliminate or minimize employee exposure to bloodborne pathogens

1 1 4 Employees who are exposed to bloodborne pathogens will receive appropriate post exposure management and counseling

1 1 5 Employees will receive the necessary new employee orientation and annual education in order to effectively carry out their work responsibilities in a safe manner

2.0 SCOPE:

Staff who have occupational exposure to bloodborne pathogens

3.0 PROCEDURE:

BLOODBORNE PATHOGEN EXPOSURE CONTROL -AUTHORITY AND RESPONSIBILITY

3 1 Governing Body and Adm1n1strat1on

3 1 1 Administration by the authority of the governing body and Executive committee through the Safety Committee and the COO vested with the authority and responsibility for the Bloodborne Pathogen Exposure Control Plan by

3 1. 1. a. The (Chief Operating Officer) COO Is the designated Exposure Control Officer

3 1 1 b. Provision of engineering and work controls

3 1 1 c. Provision of Hepatitis B Vaccine

3 1 1 d. Provision of the method for employees who are exposed to have appropriate medical care, follow up, and counseling

3 2 The Chief Operating Officer

3 2 l The COO will be responsible for the review and approval of the plan and for any rev1s1ons that are necessary during any calendar year The plan will be reviewed annually or as necessary

3 3 Chief Operating Officer/Exposure Control Officer

3 3 l The COO 1s designated by Adm1nistrat1on as the Exposure Control Officer and will be responsible for the following

3 3 l a. Responsible for the development and 1mplementat1on of the Exposure Control Plan

3 3 l b. Development of policies and or rev1s1ons related to the plan to include, standard precautions, medical waste, the Hepat1t1s B Vaccine, employee exposure, evaluation and follow up
Maintenance of employee medical records related to Hepat1t1s B Vaccine and exposures will be secured in the Human Resources Department

3 3 l c. Act as the facility l1a1son during OSHA inspections

3 3 l d. Act as a liaison to administration and department heads for exposure control program to include provision of current legal requirements

3 4 Human Resources

3 4 l The Director of Human Resources, in conJunct1on with the C O 0, will be responsible for maintaining and updating the lists of Job class1f1cat1ons and tasks or procedures in which bloodborne pathogens occurs Human Resources will maintain the conf1dent1al medical records of employees who have an exposure

3 4 2 Human Resources will maintain a record of incident reports on injuries (e g , needle sticks, bite wounds, skin broken) Human Resources will record designated exposure incidents on the designated OSHA log

3 4 3 Human Resources will ma1nta1n a Sharps injury Log

3 5 Respons1b1l1t1es

3 5 l Director of Training

3 5 l a The Director of Training will be responsible for the

- Development of the staff education program for Bloodborne pathogens
- Education of employees 1dent1f1ed to be at risk by Job class1f1cat1on

- Maintaining training data base for new and annual employee education
- Provide additional education as needed

3 5 2 Support Services Department

3 5 2 a Responsible for obtaining and providing to work areas the necessary supplies related to engineering and work practice controls which include sharp containers, red bags, biomedical waste containers, EPA registered cleaning products (highly antimicrobial disinfectants), which are specific to HBV, HIV and Tuberculocidal Personal protective equipment such as gloves available in Small - Medium - Large, regular as well as powder less and hypo-allergenic, liquid impervious gowns, masks and head wear Safety needles will be available

3 5 3 Nursing or other designated staff

3 5 3.a Will be responsible for removing biomedical waste to a secured area from the work areas after rt has been properly prepared and labeled.

3 5 3 b.Will be responsible for the disposal of contaminated personal protective equipment after it is properly red bagged and labeled by designated staff as well as conducting the necessary decontamination and cleaning of equipment or other such as furniture, floors, etc.

354 COO

3 5 4 a The COO will delegate responsibility to the Department Managers for the following

- Work practice controls
- Engineering controls in designated areas
- Immediate notification of Human Resources of employee exposure through occurrence reports and personal contact
- Availability at all of appropriate personal protective equipment in the work areas
- Identification of contaminated equipment or area labeled with biohazard label and notification of Support Services

3 5 5 Risk Management

3 5 5 a The COO will have thorough knowledge of the Exposure Control Program and the standards The COO will identify any occurrence/1nc1dent report that indicates an exposure or risk to an employee Any substantive issues will be presented to the Risk Management Committee

3 5 5 b The at-risk employees are responsible for the following

- Knowledge of the Exposure Control Program and the Standard

- Participation In the mandatory training program at the time of orientation and annually
- Knowledge of where the written Exposure Control Plan Is kept In that work area so that It may be referred to as necessary
- Selection of appropriate personal protective equipment Work practice and engineering controls
- Procedure for decontamination of a surface or item
- Knowledge of the Hepatitis B Vaccination Program
- Immediate reporting of an exposure incident to the COO and the Director of Human resources
- Knowledge of what tasks they perform that have occupational exposure
- Knowledge of post exposure protocol

3 5 6 Administration

3 5 6 a. Provision of Hepatitis B Vaccine to employees at risk for exposure

3 5 6 b. Educational materials related to the vaccine

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

Effective Dates:

Bloodborne Pathogens Standard OSHA-29 CFR Part 1910 1030
December 6, 1991 (Including Universal Precautions)

Exposure Control Plan
Original September, 1999

Information and Training
Original September, 1999

Record Keeping
Original September, 1999

Hepatitis B Vaccination and post exposure evaluation and follow-up Original
September, 1999

Labels and Signs
Ong1nal September, 1999

LABELS AND SIGNS

- Labels must have b1ohazardous symbol and lettering
- Labels must be fluorescent orange or orange-red with letters and symbols 1n contrasting color
- Red bags and/or sharps containers may be used 1n lieu of labels
- Labels will be used to indicate contaminated equipment prior to decontam1nat1on Red bags will be used for medical waste Needle boxes will be red (containers) or 1f not red, will have the appropriate labels

Boley Centers Inc.

Addendum to Classification of employees at risk for exposure by job classification and job function
Bloodborne Pathogen Exposure Determination
This 11st of Jobs 1s based on risks incurred without use of personal protective equipment Unless spec1f1ed otherwise, all employees are included m the Plan except Agency Adm1rnstrat1ve Staff and Retail staff

In the following Job class1f1cat1ons, all employees may have contact with blood or other potentially infectious materials due to Job functions performed by employees 1n this pos1t1on

*All Res1dent1al staff (Management & non-management
*Janitors
All Sup Hsg staff (Management & non-management)
*Medical Office Coordinator
*Medical Assistant
*All Day Treatment staff (Management & non-management)
*Support Service Technicians
*Support Services Specialists
*Transportation Spec1al1st
*All Vocational Staff (Management & non-management)
*All FACT staff (Management & non-management)
*Adm1ss1ons Staff (Management & Non-Management
*Nurses

For each Job classif1cat1on, 11st the specific Job functions that do or may expose the employee to occupational exposure

JOB CLASSIFICATION SPECIFIC JOB FUNCTION(S)

*All Res1dent1al Staff (Management & non-management)	As applicable-Handling unne specimens, conducting saliva alcohol screens, emergency first aid & CPR, cleaning areas contaminated with bodily fluids, ass1st1ng clients with personal hygiene
* Janitors	-Cleaning of properties that may contain bodily fluid contaminants
*All Supported Housing Staff Management Staff (Management & non-management)	-Emergency aid
*Medical Office Coordinator	-Handling of urine specimens and emergency aid
*Medical Assistant	-Handling of urine specimens and emergency aid
	-Cleaning of properties that may contain bodily fluids contaminants
*Support Services Specialist	-Maintenance/repairs of properties that may contain bodily fluids contaminants
*Support Services Technicians	-Emergency aid
All Day Treatment staff (Management & non-management)	-Emergency aid
*Transportation Specialists	-Emergency aid, handling urine specimens
*All Vocational staff (Management & non-management)	-Emergency aid
All FACTstaff	
Adm1ss1ons Coordinator	-Emergency aid
RN	-Emergency aid, giving injections, handling of sharps

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BOLEY CENTERS, INC.	
TITLE: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN , Classification of employees at risk for exposure by job classifications and job functions	Policy Date: September 1, 2010
	Last Revision Date: September 2010
	Last Review Date: September 2013 January, 2015 September 2018 September 2019

1 0 POLICY STATEMENT:

Occupational exposure to bloodborne pathogens 1s defined as reasonable ant1c1pated skin, eye, mucous membrane or parenteral contact with blood or other potentially infectious materials (OPIM) that may result from the performance of an employee's duties Exposure determination 1s done without regard to the use of personal protective equipment

2.0 SCOPE:

Employees determined to be at risk for a BBPE by Job Class1f1cat1on and Job Functions

3.0 PROCEDURE

3 1 Human Resources and the COO will assess employees Job Classifications and Functions and the risk of an exposure without the use of Personal Protective Equipment (PPE).This will occur annually and at the time a new job classification is added,

3 2 PPE includes gloves, masks, goggles, or face shields, fluid 1mperv1ous gowns, and CPR pocket masks

3 3 The Exposure Determination fist of employees Job class1f1cat1ons and functions are attached as an addendum to this Policy and Procedure

BOLEY CENTERS INC.	Policy Date: September 1, 2010
TITLE: STANDARD PRECAUTIONS (Previously Universal Precautions)	Last Revision Date: September 2010 Last Review Date: September 2013 January 2015 September 2019

1.0 POLICY STATEMENT:

To provide guidelines for the reduction of the risk of transmission of pathogens from body fluids, 1 e moist body substances

1 1 It Is the policy of Boley Centers to provide a safe working environment for employees and a safe healthcare setting for consumers by following the pol1c1es and procedures outlined by the Centers of Disease Control and the OSHA Standard 29 CFR part 1910 1030

1 2 Standard precautions will be used by the employees, contract persons and physicians for all consumers of the Agency

1 3 Standard precautions reduce exposure to human blood and blood components or OPIM

1 3 1 Other potentially infectious materials are semen, vaginal secretions, cerebral spinal, synovia, pleural, pericardial, peritoneal and amniotic fluids Saliva in dental procedures or in bite wounds that penetrate (break the skin) Any other body fluid that Is v1s1bly contaminated with blood such as urine, feces, sputum, and vomit

Exposure Incident:

A spec1f1c eye, mouth, other mucous membrane, non-intact skin or parenteral (needle stick) with blood or OPIM that results from the performance of any employee's duties

1 4 All employees, contract personnel and physicians should use appropriate barrier precautions to reduce the risk of exposure when contact with blood or OPIM Is reasonably ant1c1pated

2.0 SCOPE OF POLICY:

Employees, contract employees and phys1c1ans

3.0 PROCEDURE:

3 1 Gloves should be worn when touching blood, non-intact skin of patients, for handling items or surfaces soiled with blood and OPIM

3 2 Gloves are to be changed after contact with each person Hands will be washed before and after each glove use

3 3 Masks and protective eye wear (available at each facility as well as the medical office) for use

during incidents likely to generate splashed or droplets of blood to prevent exposure of mucous membrane of mouth, nose, and eyes

3 4 Gowns, impervious to body fluids should be worn during 1nc1dents likely to generate splashes of blood and OPIM

3 5 Hands and other skin surfaces should be washed with soap and water 1rnmed1ately and thoroughly 1f contaminated with blood or body fluids

3 6 All employees should take precautions to prevent injuries caused by needles, and other sharp instruments or devices when cleaning or during disposal To prevent needle stick injury, needles are not to be recapped, purposely bent, or broken by hand, removed from disposable syringes or otherwise manipulated After use, all disposable syringes and needles, and other sharps are to be placed in puncture-resistant containers for disposal (See Biomedical Waste Disposal Policy and Sharp containers, Use of)

3 7 To min1m1ze the need for emergency mouth-to-mouth resusc1tat1on, mouth pieces and resusc1tat1on bags are strategically located in each fac1l1ty

3 8 Employees who have open lesions or weeping dermalit1s, should refrain from direct consumer care until the cond1t1on resolves

3 9 Pregnant employees are not known to be at greater risk of contracting HIV/HBV Infection than employees who are not pregnant, however, the infant 1s at risk of 1nfect1on resulting from perinatal transm1ss1on Because of this risk, pregnant employees should be especially fam1l1ar with and strictly adhere to precautions to m1n1m1ze the risk of HIV transm1ss1on

3 10 All blood spills, or the contam1nat1ons of any piece of equipment or surface must be cleaned promptly

3101 Spill kits are available 1n all of the fac11it1es

3 11 All needle stick incidents, mucosa splashed or contam1nat1on of open wounds with blood or OPIM should be reported to the employee's Supervisor and to Human Resources 1mmed1ately and a Worker's Compensation injury Report generated concurrent with the verbal report m order for Employee Health protocol to be followed for Post Exposure Protocol

BOLEY CENTERS INC	
	Policy Date: September, 2010
TITLE: BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN RECORD KEEPING OF EMPLOYEE TRAINING	Last Revision Date: Last Review Date: September 2013 January 2014 September 2019

1.0 POLICY STATEMENT:

To provide guidelines for recording of employee training for occupational exposure to bloodborne pathogens

2.0 SCOPE:

2 1 Each designated employee will have records kept of training to include date, content, and name of qualified trainer.

3.0 PROCEDURE:

3 1 New and annual employees will sign the attendance roster when they attend the session

3 2 The attendance roster will be kept 3 years from the date of training

3 3 The attendance record will be input into the employee's record of trainings

BOLEY CENTERS INC.

Policy Date: September, 2010

TITLE: BLOODBORNE PATHOGEN EXPOSURE: HEPATITIS B IMMUNIZATION

Last Revision Date:
Last Review Date: September 2013
January 2015
September 2019

1.0 POLICY STATEMENT:

To provide guidelines for providing Hepatitis B Vaccine to all designated employees at risk for exposure

1 1 Employees at risk for exposure to Bloodborne Pathogens will be offered Hepat1tfs B Vaccine at the time of employment and any time they request the vaccine

2.0 SCOPE OF POLICY:

Designated employees

3.0 PROCEDURE:

3 1 Employees at risk for exposure to Bloodborne Pathogens will be offered Hepatitis B Vaccine at the time of employment and any time they request the vaccine

3 2 New employees will be given the 1nformat1on about Hepat1t1s B Vaccine and the Consent or Refusal Form at the time of orientation

3 3 All designated employees must sign the Consent or Refusal Form, which will be kept In the employee's file when completed

3 4 The vaccine will be administered in three (3) doses. The first dose at the elected time, The second dose 30 days later, and the third dose six (6) months after the first dose

3 4 1 Administer 10 ml Hepatitis B Vaccine IM (22-25 G , 1-1 2 inch needle) In the deltoid muscle

3 4 2 If the vaccination series Is interrupted after the first dose, the second dose should be administered as soon as possible

3 4 3 The second and third doses should be separated by an interval of at least two months

3 4 4 If only the third dose Is delayed, it should be administered when convenient

3 4 5 The vaccine will be given at no cost to the employee.

3 4 6 If an employee terminates employment prior to completing the three (3) series of the vaccine, it will be the employee's responsibility to complete the series on his/her own

3 4 8 New employees in the process of receiving their Hepatitis B Vaccine at their previous place of employment may have their series completed at Boley Centers

3 4 9 Pregnant or nursing employees will not be given the Hepatitis B Vaccine

3 4 10 Employees who are revaccinated should be retested at the completion of the second vaccine series (There 1s a 30-50% chance of responding to a second 3 dose series)

3 4 11 Non-responders who are Hbs-AG negative should be considered susceptible to HBV infection and should be counseled by the Occupational Health Clinic regarding precautions to prevent HBV infection and the need to obtain HBIG prophylaxis for any known or probable parenteral exposure to HbsAG-pos1t1ve blood

3 4 12 Booster doses of Hepatitis B Vaccine are not necessary and periodic serological testing to monitor antibody concentration after completion of the vaccination series 1s not recommended

3 4 13 Documentation of immunization for Hepat1t1s B and the consent form will be kept in the employee's record

3 4 14 Refusal for immunizat1on will also be kept in the employee's record

BOLEY CENTERS INC.	**Policy Date: September, 2010**

TITLE: PARENTERAL/MUCOUS MEMBRANE/CUTANEOUS EXPOSURE TO BLOOD OR OPIM

Last Revision Date:

Last Review Date: September 2013
January 2015
Seotember 2019

1.0 STATEMENT OF POLICY:

To provide guidelines for appropriate aftercare for employees who have an exposure to blood or other potentially infected materials

1 1 The type of exposure will be Ident1fled -- Def1nit1ons are as follows

1 1 1 Parenteral exposure Defined as needle stick, cut or other with contaminated needle or other sharp, including bite wound with skin broken

1 1 2 Cutaneous exposure of non-intact skin (chapped, abraded or afflicted with dermat1t1s) involving large amounts of blood or prolonged contact

1 1 3 Mucous membrane exposure Defined as splash to eyes, nose or mouth of blood or OPIM

1 2 Boley centers Inc will adhere toOSHA Standard 29C FR 1910 130 which relates to occupational exposure

1 3 The employee who sustains an exposure will Immed1ately be referred to the appropriate Worker's Compensation Healthcare provider/ or Emergency Department for care All after care will be provided through the Workmen's Compensation Healthcare Provider

2.0 SCOPE OF POLICY:

Employees

3.0 PROCEDURE:

3 1 Immediately notify the Supervisor, COO and Director of HR

3 2 Cleaning of exposed area to be done Immedlately

3 2 1 Skin -- Wash 1mmedlately with antlseptlc soap and water for five minutes Encourage bleeding

3 2 2 Eyes -- Irrigate affected eye(s) with 500-1000 cc water or normal saline for 10 minutes

3 2 3 Mouth -- Rinse thoroughly with running water

3 3 Prepare a written summary of the incident- Provide copy to COO and Director of HR

3 4 C O O to review consumer's record for results of HIV, HB and HC testing

3 5 The source patient 1s to be not1f1ed by his/her phys1c1an of the incident The protocol for patient consent for HIV testing 1s to be followed If the patient refuses to consent for HIV testing (FLA Chapter 381 004) and blood 1s available from previously ordered tests, this blood may be tested without consent The Occupational Health Clinic will advise the patient and the Agency on this protocol The source patient 1s not to be charged for HIV, HB or HC tests

3 6 The employee will, 1f negative, be re-tested for HB, HC and HIV at 3 months and 6 months following the exposure, or according to the H C P recommendations and as defined by the Organization's Workers Compensation Company (Occupational Health)

BOLEY CENTERS INC.	Policy **Date: September, 2010**
TITLE: MANAGEMENT OF OCCUPATIONAL EXPOSURES TO HBV, HCV AND HIV AND RECOMMENDATIONS FOR POST-EXPOSURE PROPHYLAXIS'	**Last Revision Date:** **Last Review Date: September 2013** **January 2015** **September 2019**

1.0 STATEMENT OF POLICY:

To provide Boley Centers Inc with current U S Public Health Service recommendations for the management of health-care personnel (HCP) who have occupational exposure to blood and other body fluids that might contain hepat1tIs B virus (HBV), hepatItIs C virus (HCV), or human immunodef1c1ency virus (HIV)

- 1 1 An exposure that might place HCP at risk for HBV, HCV, or HIV InfectIon Is defined as
  - a percutaneous injury (e g needle stick or cut with a sharp object),
  - or contact of mucous membrane
  - or contact of non-intact skin (e g , exposed skin that Is chapped or abraded, or afflicted with dermatItIs)
  - A human bite which causes the skin to break Is considered contact of non-intact skin with blood, tissue or other body fluids that are potentially InfectIous and that result from the performance of the employee's duties
- 1 2 The following fluids are considered potentially infectious cerebrospmal fluid, synovIal fluid, pleural fluid, and peritoneal fluid, pericardIal and amnIotIc fluid

  1 3 Feces, nasal secretions, saliva, sputum, sweat, tears, urine and vomItus are not considered potentially infectious unless they contain v1s1ble blood
- 1 4 The provIsIon of HepatItIs B immunization Is an integral component of the pre and or post exposure management

2.0 SCOPE:

Those employees on the Exposure Determination List

3.0 PROCEDURE:

3 1 Protocol for the treatment of an employee exposure requires that certain antiviral med1cat1ons be administered within certain time frames In order to ensure that protocol Is met within a timely manner, any employee who receives an exposure, such as a needle stick, Is to be 1mmedIately referred to the nearest emergency room or designated Worker's Compensation Clime for evaluation and treatment Follow-up will be provided by the Worker's Compensation Clime, referred to as the Medical Care Provider

3 2 Initial treatment of an exposure site requires that the wounds be washed with soap and water, mucous membranes should be flushed with water

3 3 The Workers Compensation Report Is to be completed by HR with the assistance of the Supervisor and employee

3 3 1 The Agency's contracted Medical Clinic Is to be contacted 1mmed1ately to assess the exposure and direct the process for medical evaluation and treatment In con1unctIon with Human Resources

3 4 The exposure will be evaluated for the potential to transmit HBV, HCV and HIV based on the type of body substance involved and the route and seventy of the exposure

3 4.1 Exposures to blood and other potentially Infect1ous fluids through percutaneous inJury (1 e , needle stick or penetrating sharp related event), or through contact with mucous membrane are sItuatIons requiring further evaluation

3 4 2 For HCV, HBV and HIV, exposure to a blood- filled hollow needle or vIsIbly bloody device suggests a higher nsk than a needle that was used for giving an In1ectIon For skin exposure, follow-up Is IndIcated only 1f It involves exposure to a body fluid previously listed and there Is evidence of compromised skin integrity If a bite results In blood exposure (skin broke), post exposure follow-up should be provided

3 5 The exposure source person should be evaluated for HBV, HCV, and HIV mfecIIon

3 5 1 Information available from the medical record at the time of exposure (e g , laboratory test results, admitting d1agnos1s, or medical history) or from the source person may confirm or exclude blood borne virus infection

3 5 2 If the HBV, HGV, and HIV status of the source person Is unknown, the source person should be informed of the incident and tested for serological evidence of bloodborne virus infection, following procedure for informed consent and in accordance with applicable state law

3 5 3 If the source patient refuses HIV testing (Fla Chapter 381 004), and blood Is available from previously ordered tests the blood may be used

3 6 If the exposure source Is unknown or cannot be tested, an ep1dem1olog1cal assessment of the likelihood of transmIssIon of blood borne viruses should be done

3 7 If the source person Is known to have HIV 1nfect1on, available 1nformat1on about the person's stage of infection (1 e asymptomatic, or AIDS), CD4 T cell count or liver enzymes, as well as viral load, current and previous antIretrov1ral therapy and the results of any genotypIc or phenotyp1c viral resistance should be obtained, 1f possible, for cons1deratIon In the choice of appropriate PEP regime

3 8 The management of an exposure to HBV, percutaneous or mucosa! exposures need to be evaluated for the HbsAG status of the source patient, the HepatItIs B ImmunizatIon and the vaccine-response status of the exposed person Table 1

3 8 1The unvaccInated person should have the hepat1t1s B vaccine series inItIated by employee Health If HBIG Is indicated this may be given simultaneously with the vaccine

3 8 2 Ind1cat1ons for Hepatitis B Immune Globulm are to be determmed by the provider of medical care, utIII2Ing appropriate information provided by Boley Centers, Inc HBIG should be administered as soon as possible after the exposure (preferably within 24 hours, efficacy up to 7 days Is unknown

3 9 The management of an exposure to HGV via percutaneous or mucosa! exposures to blood Is to evaluate the ant1-HCV status of the source If the source Is posItIve the provider of medical care will follow U S Public Health Service GuIdeIInes In exposure management as there are no recommendations for antiviral, or IG agents at this time

3 10 Recommendations for Post Exposure Protocol (PEP) when a person has been exposed to a source person with HIV 1nfect1on or when information suggests HIV the IlkeIlhood that the source person Is infected

3 10 1 The recommendations are based on the risk for HIV 1nfect1on after different types of exposure and on limited data regarding efficacy and toxIclty of PEP PEP should be Init1ated as soon as possible The interval for optimal efficacy is not known The optimal duration of PEP Is also not known, however studies IndIcate 4 weeks Is acceptable, 1f tolerated

3 10 2 If the source person's HIV status Is unknown at the time of exposure, use of PEP needs to be decided on a case-by-case basis If there Is a poss1b11ity of HIV transm1ss1on, inItIatIon of a two drug PEP may be considered, later modifying the treatment when source person's status Is known If the source person is HIV negative, PEP can be discontinued

3 10 3 If the exposed person Is pregnant the decIsIon for the use of antiretroviral therapy should be between the woman and her health -care provIder(s) Certain drugs should be avoided In pregnant women

3 11 The recommendations for the selection of drugs for PEP, due to the potential toxIclty, must be based on the risk(s) of HIV transmIssIon from the exposure There are two regimes for PEP, a "basic" two- drug regime and an "expanded" three-drug regime The dec1s1on for drug selection should be based on the type of the exposure and InformatIon known from the source person Most exposures will warrant a two- drug regime Changes in the regime can be made when there Is more information on the source person Table 2 and Table 3

3 11.1 The medical care provider will monitor the exposed person for PEP toxIclty according to established standards

3 12 The exposed person will receive counseling and education from the medical care provider The Employee Assistant Counseling Program may also assist the employee

3 12 1 The guidelines for counseling and education are as follows
Exposed person should be advised to use precautions to prevent secondary transmIssIon during the follow-up period Information should be given to the person on possible drug toxIcItIes and drug interactions with PEP

3 12 2 Human Resources will file reports in the employee's health record file They include employee's name, social security number, and HepatItIs B vaccination status including dates 1f vaccinated All information provided to the Health Care Professional evaluating the employee with an exposure incident and a copy of the Health Care Professionals written opinion

3 13 The records will be kept conf1dent1al and cannot be disclosed without the employees written consent , except as may be required by law The records may be available to OSHA

3 14 The confIdent1al Employee Medical Record shall be kept for thirty (30) years after the employee terminates employment

3 15 If the Boley Centers Inc should close, the Organization will notify OSHA at least three months prior to disposing Employee Health records

*MMWR Recommendations and reports June 29, 2001/50 (RRII), 1-42 updated US Public Health Service GuIdel1nes for the Management of Occupational Exposures to HBV, HCV, and HIV Recommendations for Post Exposure Prophylaxis

BOLEY CENTERS INC.	Policy Date: September, 2010

TITLE: SHARPS WITH ENGINEERED SHARPS SAFETY PROTECTION:
SAFETY NEEDLES, USE AND SELECTION

Last Revision Dale:

Last Review Dale: September 2013
January 2015
Seolember 2019

1.0 POLICY STATEMENT

To assure safety for nurses by providing appropriate engineering controls, reflecting current technology To meet the OSHA Bloodborne Pathogen Standards 2001

1 1 It Is the policy of Boley Centers to provide a safe environment for employees

1 2 Nurses will ut1I1ze safe work practices and engineering controls to decrease the chance of injury from sharps tnjury (needle stick)

1 3 The Organization will continue to adhere to OSHA standard 29C FR 1910 130 tncludmg the 2001 standard

1 4 Staff nurses will partIclpate In the selection of the safety needles

1 5 Staff nurses are be given education on the use of the safety needle pnor to use and demonstrate competency In use at the time of orientation

2.0 SCOPE OF POLICY:

Nurses

3.0 PROCEDURE:

3 1 Staff education will be provided to all new nurses by an existing designated Agency nurse in that Program on the use of the product(s) and demonstrated competency in the use of the safety needle

3 2 Nurses will provide feedback to the C O O regarding problems with the safety needles provided

3 3 Human Resources will review all reports of needlest1cks, analyzing 1nformatIon regarding the event, and prevention strategies Re-education will be provided as needed

3 4 A Sharps Injury Log will be maintained by Human Resources

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

BOLEY CENTERS INC.	Policy Date: September, 2010
TITLE: SHARPS CONTAINERS, USE OF	Last Revision Date: Last Review Date: September 2013 January 2015 September 2019

1.0 POLICY STATEMENT:

To provide guidelines for the prevention of unnecessary exposure to bloodborne pathogens through proper use and disposal of sharps

2.0 SCOPE OF POLICY:

Nurses, Physician and others with access to sharps box

3.0 PROCEDURE:

3 1 All sharps will be placed m the sharps box at the point of ongm Sharp boxes are taken to the site where the sharps will be ut1llzed

3 2 All sharps (defined m the B1omed1cal Waste Plan) will be discarded m the Sharps container Immedlately after use

3 3 The box will be closed off when the box Is 3/4 full, dated with the date closed, name of the Orgarnzatlon and address written on the box

3 4 The box will not be manipulated, shaken, or otherwise tampered with

3 5 Only sharps will be placed in the container, If cotton, band aids or other Is placed m the box, the box Is to be dated and closed off m 30 days regardless that 11 Is not full

3 6 A replacement box will be available at all times

3 7 The container (provided by the disposal vendor Advanced Medical Disposal) for b1omed1cal waste Is to be kept m a secured area pnor to pick up

BLOODBORNE PATHOGEN EXPOSURE CONTROL PLAN

BOLEY CENTERS INC.	
TITLE: BIOMEDICAL WASTE PLAN	Policv Date: Seotember, 2010
	Last Revision Date:
	Last Review Date: Seotember 2013
	January 2015
	September 2018
	September 2019

1.0 POLICY STATEMENT:

This facility will handle and store b1omed1cal or infectious waste in compliance with all Federal laws, State laws, and Chapter 64E-16, Florida AdmInistrat1ve Code

2.0 SCOPE:

Employees designated In the Bloodborne Pathogen Exposure Control Plan

3.0 PROCEDURE:

3 1 DEFINITIONS:

3 1 1 **Biomedical Waste** Any solid, liquid waste which may present a threat to humans The term includes, but Is not limited to, non-llqu1d human tissue and body parts, discarded sharps, human blood, human blood products, laboratory waste which contain human disease causing agents, and body fluids The following are included

3 1 1 a Used, absorbent materials saturated with blood, body fluids, or excretions or secretions contaminated with blood and absorbent materials saturated with blood or blood products that have dried Absorbent material includes such items as bandages, gauze and sponges

3 1 1 b Non-absorbent disposal devices that have been contaminated with blood, body fluids or blood contaminated secretions or excretions and have not been sterilized or disinfected by an approved method

3 1 1 c Other contaminated solid waste materials which represent a s1gnlflcant risk of infection because they are generated in medical faclllt1es which care for persons suffering from disease requiring Isolat1on criteria and listed by the US Department of Health and Human Services, Centers for Disease Control, "CDC Guldellne for Isolation Precaution in Hospitals," July/August 1983

3 1 2 **Body Fluids** Those fluids which have potential to harbor pathogens such as human Immunodeflc1ency virus and hepatlt1s B virus to include lymph, semen, vaginal secretions, cerebrospinal, synovlal, pleural, pericardlal and amniotic fluids, Body excretions such as nasal discharge, saliva, sweat, tears, urine, and

vomit shall not be treated as BMW unless vIs1bly contaminated with blood

3 1 3 **Sharps** Devices with physical characteristics capable of puncturing, lacerating, or otherwise penetrating the skin and are contaminated or not are considered bIomedIcal waste

3 1 4 **Items Considered Biomedical Waste,** based on the above defInitIons, are

3 1 4 a All sharps, contaminated or not

3 1 4 b Bandages, gauze, any contaminated dressing from wounds whether or not saturated with blood or dried blood

3 1 4 c All disposable materials used to clean blood spills or contaminated furniture such as wheelchairs, table tops, etc.

3 2 **SEGREGATION AND HANDLING**

3 2 1 All bIomedIcal waste at Boley Centers must be IdentIfIed and segregated from other waste at its prnnt of origin into its proper container "Point of origin" Is defined as the room or area at which b1omed1cal waste is generated

3 2 2 All sharps shall be discarded In leak proof, puncture resistant containers located in the following areas

3 2 2a Nurse stations, Medical Office, other designated sites

3 2 3 All non sharp bIomedIcal waste shall be disposed of directly into red impermeable bags that meet the specIfIcatIons in Chapter 64E-16 of the FAC Red bags are located in the following areas

3 2 3a Nurse stations, Medical Office, other designated sites

Filled red bags shall be sealed properly, dated and Boley Centers name and address Is to be written on the bag with a magic marker The Staff will then remove the bags from the area and transport the bags to the Doctor's Office or FACT where the bags will be placed in the designated secured area in the ridged type container provided

3 2 4 Any employee handling bIomedIcal waste incident will wear minimum protective clothing including a minimum of gloves and gown, protective eye wear and mask as necessary

3 3 **CO-MIXING**

3 3 1 All waste mixed with hazardous and non-hazardous waste shall be managed as bIomedIcal waste

3 4 **LABELING**

3 4 1 BIomedIcal waste bags and sharps containers shall be labeled as required by Chapter 64E-16, Florida AdmInIstratIve Code

3 4 2 BIomedIcal waste shall be labeled prior to transport off-site at the generating facility The label shall be securely attached or permanently printed on each bag and sharps container and be clearly legible and easily readable The following InformatIon shall be included 1n the labeling

3 4 2a Fac1l1ty name and address

3 4 2b The 1nternat1onal b1olog1cal hazard symbol

3 4 2c The phrase "BIomedIcal Waste" or "Infectious Waste"

3 4 2d This facility *chooses* to date their packages of bIomedIcal waste

3 4 3 If a bag or sharps container Is placed into a larger bag prior to transport, the label for the exterior bag shall comply with Section 3 4 2 The inner bags and inner sharps containers are exempt from Section 3 4 2a

3 4 4 The outer containers shall be labeled with the transporter's name, address, regIstratIon number, and 24 hour phone number prior to transport The transporter may provide labels for bags or sharps containers that are generator- specIfIc, such as bar codes or spec1f1c container numbers

3 5 TRAINING

3 5 1 The Designated Positions (1dent1f1ed In the Bloodborne Pathogen Exposure Control Plan) will have bIomedIcal waste training during new employee orientation and then annually thereafter

3 5 2 Employee training shall detail compliance with the facility's operating plan and chapter 64E-16, Florida AdmInistratIve Code and shall include

3 5 2a Ident1f1cat1on

3 5 2b Transport

3 5 2c Segregation of waste

3 5 2d Handling of bIomedIcal waste (on site)

3 5 2e Treatment of b1omed1cal waste

3 5 21 Labeling of bIomedIcal waste

3 5 2g Use of protective clothing

3 5 2h Storage of b1omed1cal waste

3 5 21 Procedures for decontaminating b1omed1cal waste spills

3 5 2J Exposure Incident Reporting

3 5 3 The facIlIty must provide documentation that employees have been properly trained Documentation of employee training Is located In the staff education office

3 6 PROCEDURES FOR DECONTAMINATING BIOMEDICAL WASTE SPILLS

3 6 1 Surfaces contaminated with spilled or leaked bIomedIcal waste shall be decontaminated as part of the cleaning process A chemical dIsInfectant or a chlorine bleach solution of 1 1O may be made up to use on the area to disinfect

3 6 2 Liquid waste created by these chemical d1smfect1on operations shall be disposed of into a sewage system

3 6 3 Personal protective equipment 1s located 1n each facility

3 7 STORAGE AND TREATMENT OF BIOMEDICAL WASTE

3 7 1 All ons1te storage b1omed1cal waste shall be in a designated area away from general traffic flow patterns and be accessible only to authorized personnel

3 7 2 Storage of b1omed1cal waste shall not be for a period greater than 30 days The 30 day lime period shall commence when the first non sharps item of b1omed1cal waste 1s placed into a red bag or sharps container, or when a sharps container containing only sharps 1s sealed

3 7 3 All areas primarily used for the storage of b1omed1cal waste, other than point of origin shall be constructed of smooth, easily cleanable materials that are 1mperv1ous to liquids, vermin and insect free, and maintained 1n a sanitary condition

3 7 4 Outdoor storage areas and containers shall be secured from vandalism and shall be conspicuously marked with a minimum of six inch 1n diameter international b1olog1cal hazard symbol

3 7 5 Koenig Center and Res1dent1al fac1l1t1es waste will be stored in the Doctor's Office All other b1omed1cal waste will be transported to FACT The b1omed1cal waste storage 1n these locations will be 1n a secured room until the container 1s full and then removed by Advanced Medical Disposal

3 8 TREATMENT OF BIOMEDICAL WASTE:

3 8 1 This facility contracts with an off-site transportation company, which 1s registered with the Department of Health

3 8 2 Name of transporter 1s Advanced Medical Disposal, method of treatment 1s Incineration

3 9 CONTINGENCY PLAN FOR EMERGENCIES

3 9 1 If DOH licensed b1omed1cal waste transporter stated 1n Section 3 8 1s unable to transport his facility's b1omed1cal waste then another DOH licensed b1omed1cal waste transporter will be contacted

3 9 2 In the event of a natural disaster (1 e, hurricane) all b1omed1cal waste will be secured and stored in a secured area

310 RECORDS

3 10 1 All b1omed1cal waste manifests are kept for 3 years and shall be available for review by the Department of Health Manifests can be viewed on the web at Advanced Medical Disposal

3 10 2 B1omed1cal waste manifests are to be kept at the sites where collection occurs (1 e manifests, invoice, and cert1f1cate of disposal)

**This b1omed1cal waste plan either meets or exceeds the reqwrements of Chapter 64-16, Flonda Administrative Code*

Pinellas Community Foundation

Pinellas CARES Nonprofit Partnership Fund Grant Application

Organization Name: Boley Centers, Inc

Project Name: Covid-19 Hazard Pay

FROM (date): 3/2020 TO (date): 12/31/2020

Budget Category/Line Item	Organizational Budget - Total	Pinellas CARES Grant
Personnel *(salaries, wages, benefits, payroll taxes, time allocation on the project for all personnel involved in program)*	$6,723,781	$292,056
Equipment *(computers, furniture, etc., less than $3,000 per item)*		
Supplies *(office materials, program related purchases, program necessities to deliver services, etc.)*	$197,794	$26,974
Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)		
Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)		
Training *(staff development, conferences, long distance travel)*		
Design, Printing, Marketing & Postage (for direct program related services only)		
Capital *(Buildings, vehicles, equipment $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)*	$306,898	$24,219
Purchased Services *(consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)*		
De Minimis Cost (Administration Fee, Indirect Cost, etc.)	$72,284	$34,325
TOTAL	$ 7,300,757	$ 377,574

Pinellas Community Foundation
PCF CARES Application
BUDGET NARRATIVE FORM

If you are applying under multiple funding areas, please indicate which funding area (food, behavioral health, and/or eviction mitigation through legal aid) each cost belongs to.

Organization Name: Boley Centers, Inc.
Project Name: COVID response to ensure the health and safety of front line staff serving people with mental illness
FROM *(month/year):* 03/2020 TO *(month/year):* 12/2020

Personnel *(salaries, wages, benefits, payroll taxes, time allocation, and a brief description of the responsibilities on the project for all personnel involved in program)* **This request provides $50 per day of hazard pay for the 60 direct service staff providing 24 hour care and supervision to the residents of our Residential Treatment Facilities including the maintenance staff who ensure the facility is in good repair and sanitized properly. Due to the close contact between staff and residents (many of whom are entering from shelters and the streets) it has become difficult to maintain our current staff because of the health fears surrounding the pandemic.**

60 staff X $50 per day X 86 days = 245,100
Benefits X 19.157% = $47,256
Total = $292,056

Equipment (computers, phone, furniture, etc., less than $3,000 per item)

Supplies (office materials, program related purchases, program necessities to deliver services, etc.)
We are requesting $26,974 for the Personal Protective Equipment (PPE) we need for the on-going battle of keeping our Residential Treatment Facilities operational. The PPE includes masks for both staff and clients, the sanitization solution for our Clorox 360 Electrostatic sanitization machines, hand sanitizer.
$16,901 for KN95 masks
$ 1,248 for hand sanitizer
$ 6,581 for Clorox disinfection solution for sanitizing machines
$ 1,094 for cloth masks
$ 1,150 for Disinfecting wipes
Total $26,974

Occupancy (property rent, mortgage, utilities, telephone, internet, etc. assigned as program expenses)

Local Travel (mileage, tolls, parking for regular local travel, rental/leasing cost of transportation)

Design, Printing, Marketing & Postage (for direct program related services only)

Capital (buildings, vehicles, equipment $3,000 or more per item. The purchase of capital must represent the lower cost option for the period during which the purchased asset would be used for COVID-response activities)
$24, 219 needed to replace remaining carpet in Morningside Safe Haven. The carpet is worn and we are unable to keep it as clean as is necessary to keep the facility as sanitized and clean as possible to prevent outbreaks.

Purchased Services (consultants, legal, accounting services, logistical partner costs, technology enhancements, computer software licensing/agreements)

De Minimis Cost (Administrative Fee, Indirect Cost, etc.). This costs usually refers to administration, personnel not directly related to the project (i.e. small percentage of Director of Finance time allocation cost), or overhead expenses. If your organization has a pre-established percentage rate from a Federal/State/Local grant you may use this rate. However, you must verify the rate via documentation from the funding source. If you do not have an established percentage rate for De Minimis Cost, please use 10% as the established percentage rate.

We are requesting a 10% administrative fee of $34,325

Total Request is $377,574

184723

W.R. Mickey
8600 14th Way N.
St. Petersburg, FL 33702
727-455-9797

NAME	SHIP TO
BOLEY CENTERS	MORNINGSIDE
ADDRESS	ADDRESS SAFE HAVEN
CITY, STATE, ZIP	CITY, STATE, ZIP

ORDER NUMBER	DEPARTMENT	SALESPERSON	WHEN SHIP	TERMS	HOW SHIP	DATE
MIKE		Mickey				8/17/20

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	COMM. AREAS OF CONSUMERS ROOMS —		12,212.20
	GAME ROOM AND HALLWAY —		8,349.60
	OFFICES #3 FRONT AREA —		3,657.48
		T.E	
	Wanlyed		24,219.28
	COLOR: PRIME PLANK #723 VINTAGE OAK		
	REMOVE OLD CARPET		
	SKIMCOAT FLOORS		
	SCRIBE TRANSITIONS		
	(AND MEDIER WHERE NEEDED)		

BUYER:

adams 8100

KEEP THIS SLIP FOR REFERENCE

01-11