Application Form

Organization Information

An informational webinar about this application is available to watch.

The rubric that will be used to score this proposal can be downloaded here.

If you would like to complete this application first in Microsoft Word, you may download a Word version here. Please pay attention to character limits.

Brief Project Descriptor

Please briefly describe this organization's request.

Organization Name*

Boley Centers, Inc.

Project Name*

Please choose a short name to identify this project within the grant portal:

Celia Hall residential treatment facility (RTF) renovations to greatly improve accessibility

EIN*

59-1290089

Incorporation Year*

What year did your organization incorporate? This will be the year listed on your determination letter from the Internal Revenue Service.

1971

Mission Statement*

Printed On: 2 November 2023

What is your organization's 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.

Unique Entity ID (SAM)

Please provide your organization's Unique Entity ID number. This is a specific number used by the federal government to identify your organization. This is different from a DUNS number, which the federal government no longer uses.

If you do not have a Unique Entity ID number, you can create an account on SAM.gov and apply for one here (it is free and may take 3-4 days for approval): https://sam.gov/content/home

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

Character Limit: 12 EPVBLR4HA7R4

Annual Operating Budget*

Please provide the amount of your annual operating budget (expenditures only) for your entire organization. \$19,800,000.00

Amount Requested*

The maximum grant amount is \$500,000. \$500,000.00

Does the total project cost exceed the amount your organization is requesting?*

Please note: Answering "Yes" will cause additional questions to load later in this application.

Examples

ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$150,000 for certain equipment, and will seek other funding and donations for the remaining \$20,000 of the playground. ABC Childcare would select "Yes" for this question.

Better Tomorrow, a mental health provider, is looking to expand their counseling center by two rooms to meet increased service demand arising from the pandemic. Better Tomorrow has secured \$25,000 in private contributions, and wants to request the remaining \$125,000 in this grant. Better Tomorrow would select "Yes" for this question.

DBE Food Pantry is seeking funding a new HVAC unit for their pantry, and is requesting \$40,000 from PCF to cover the entire cost. DBE Food Pantry would select "No" for this question.

Yes

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Rent vs. Own*

Does your organization rent or own the property for which you are proposing modifications?

0wn

Parent Non-Profit/Subsidiaries:*

If your organization has a parent non-profit that has multiple subsidiaries, will multiple subsidiaries be applying in this process?

Example

Better Tomorrow is the parent non-profit of three organizations. Two of those organizations want to apply in this process. Both would select "Yes" on this question.

No

Request Specifics

Pinellas County Priority Areas*

For Round 2 of this funding process, the ARPA Nonprofit Capital Project Fund is prioritizing organizations that offer programming, and whose capital purchase is related to, the following areas:

- Individuals with Disabilities
- Food Security
- Specialized Healthcare
 - o Mental Health
 - Dental Care
 - o Substance Use Disorders
- Housing

Not offering programming in these areas does not disqualify you from applying. However, this prioritization will result in 10 bonus points being awarded to eligible requests when scored.

Does your organization and its proposed capital purchase fit into one of these areas?

Yes

Programming Background*

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Please describe the programming your organization offers to the community and the length of time it has been doing so. What does your organization **do** and **how long** has it been doing it?

If you have indicated above that your programming and proposed purchase fit into the priority areas for this funding round, please be sure to describe the relevant programming.

This project is related to three of the Priority Areas: Individuals with disabilities, Specialized Healthcare (Mental Health), and Housing. Boley is a psycho-social rehabilitation agency with a focus on innovative housing solutions. Since 1970, Boley has been providing residential, psychiatric, psychosocial rehabilitation and employment services for residents of Pinellas County who have mental health and often co-occurring substance use disorders. Boley has over 50 facilities including group homes (residential treatment facilities-RTF), transitional housing, and permanent supportive housing. Two of Boley Centers' group homes are specialized forensic/jail diversion programs. Boley also provides assertive community treatment, case management, homeless housing and services, and employment services. Boley operates vocationally oriented programs for disabled adults, disadvantaged youth, and veterans. Except for our Employment Programs, 100% of the people we serve are disabled by severe and persistent mental illness, many of whom have experienced homelessness and co-occurring substance use disorders.

We are requesting funding to renovate 7 half bathrooms between bedrooms (tile, sinks, toilets, lighting) and create ADA accessibility in four full bathrooms due to the physical needs of the population served at our Celia Hall Group Home. The doors to the bedrooms need to be replaced to meet fire code and the old, worn flooring in the bedrooms replaced allowing us to keep the facility clean and hygienic. We also intend to move the kitchen from downstairs to the main living level for accessibility purposes.

Our mission is accomplished by providing community-based rehabilitation programs and services designed to assist people with mental illness to obtain the skills and supports necessary to create independent & productive lives in the community. Boley has a network of housing for over 1,000 people affected by disabilities. Boley is accredited by CARF.

Community Need*

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Please describe the community need that exists for your programming. If you are able to cite quantitative, local data, that will strengthen your proposal.

Boley operates six RTFs licensed by AHCA. These RTFs provide 101 beds to the community for high utilizers of our crisis systems. Two of these facilities are for chronically homeless individuals. The primary purpose of four of these RTFs is to provide a diversion for people with severe and persistent mental illness who currently need psychiatric transition from either a state hospital or diversion from a local crisis unit. The RTFs also provide a supervised setting where their treatment can continue until they are stable, and an alternative living environment has been secured. Celia Hall, the group home for which we are requesting funding, also serves individuals who have been deemed by the court as being not guilty by reason of insanity or incompetent to proceed. The residents receive treatment, supports, case management, and psycho-social rehabilitation services in a facility staffed 24/7. Boley operates the only RTF's for adults with mental illness in Pinellas County. Boley Centers receives over 30 referrals per month from forensic facilities and local psychiatric hospitals, including the crisis stabilization unit. In 22/23, 156 clients were served in 56 beds. Currently, there is an extensive waitlist to access the facility.

The Foundation for a Healthy St. Petersburg outlines the needs of access to affordable housing: In 2016, an estimated 940,000 residents lived in Pinellas County and approximately 130,727 lived in poverty (U.S. Census Bureau). Poverty has a disproportionate impact on persons of color in Pinellas County - nearly 31% of those living in poverty identify as African-American, 21% identify as bi- or multi-racial, and 27% identify as "other race (U.S. Census Bureau)." Pinellas County ranks 26th out of 67 counties in the state of Florida for overall health outcomes. Housing instability and homelessness have been linked to an increased risk of depression and mental illness for adults and children over their lifetimes.

Negative Economic Impact*

The following question is the keystone of a strong application in this process. If your organization cannot demonstrate a negative economic impact from the pandemic, your application will not qualify for committee review. If you are uncertain about what constitutes negative economic impact or how to demonstrate it, please contact PCF staff for technical assistance.

The more quantifiable your negative economic impact is, whether it be fiscal losses/pressures or increased service demand, the stronger your answer will be. Use numbers whenever possible. The more specific your evidence, the better.

Describe your organization's negative economic impact arising from the COVID-19 pandemic. Examples could include:

- A reduction in revenue from 2019 to 2020
- Inflationary pressures

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- Increases in demand for services that have not been compensated for through new revenue
- The use of reserves for unbudgeted expenses since the onset of the pandemic, and such use of reserves has prevented the purchase of capital assets
- A need for capital assets to offset community need for which your organization does not have the resources to purchase due to the negative economic harm from the pandemic
- A need for additional capital assets to adapt operations to accommodate health and safety guidelines by the CDC
- Growth in restricted pandemic-related revenue that does not permit capital asset acquisition

Boley's revenues dropped by \$335,354 from 2019 to 2020 and expenses increased from 2019 to 2020 by \$1,000,962. The revenue drop was primarily due to our inability to draw down all of our contracts due to the need to halt admissions in order to keep our current residents safe from outbreaks of COVID. Meanwhile our direct service staff needs remained high at our group living facilities requiring 24/7 staff and our maintenance staff needing to continue all emergency maintenance service needs. In order to keep staff, weekly salary bonuses were paid. Boley had to dip into our reserves to continue day to day functioning while delaying needed capital purchases such as roofs, needed to maintain our residential facilities. Additional impacts include:

- 1. Boley's bed utilization rates were reduced due to the need to social distance which reduced capacity and reduced our ability to draw down our contracts.
- 2. Reductions in capacity and services occurred due to lack of staffing. We experienced a high staff vacancy rate due to people taking less risky jobs and compounded by our inability to increase wages to a competitive level.
- 3. The Phase 1 renovations causing the closure of Celia Hall have reduced our DCF revenue by \$65,000 per month and about \$390,000 year to date.
- 4. We had increased vacancies in our permanent supported housing because shelters closed their doors or reduced capacity which in turn limited referrals to our units.
- 5. We experienced vacancies in our maintenance positions which greatly slowed our ability to get units "turned" (ready for new occupants)
- 6. We have continued to have recruitment issues due to low wages, employee fear, employee absences due to COVID and resulting quarantines
- 7. Extreme inflation has increased the cost of operations with no off-setting revenues
- 8. Post Covid we received funds to administer several COVID rental assistance programs. These funds did not pay for any administrative fees, and we had to hire temporary help to get the documentation completed in order to get the funds to the people in need of assistance.

Negative Economic Impact - Uploads

You have the option to upload supporting documentation regarding negative economic impact. However, please limit your upload to no more than five pages. Word, Excel, JPG and PDF files are accepted.

Pandemic Relief Funding*

Please describe all government pandemic relief funding your organization has received since the onset of the pandemic (March 2020). This includes but is not limited to the Pinellas CARES Nonprofit Partnership Fund, other ARPA funding, PPP (Paycheck Protection Program), and Community Block Development Grants specifically targeting COVID-19 relief.

Explain why or how this pandemic-relief funding has not alleviated the negative economic impact you have described above. Potential reasons include expiration dates on certain funding, inflationary pressures, restrictions prohibiting capital expenditures, or the funding simply not being enough to remedy the harm you've indicated above. The more concrete your numbers, the better.

If you have not received government relief funding for your organization since the onset of the pandemic, write "No pandemic relief funding received" below.

Boley received a Paycheck Protection Payment grant in 2020 and more recently ARPA funding through the City of St. Pete. to operate an Intensive Case Management program to serve our homeless population. The PPP grant was to ensure we kept staff on the payroll. Neither of these funding sources assisted with offsetting loss of funding experienced during the pandemic. We continue to feel the effects of the pandemic, especially due to the capital projects that were deferred due to the need to maintain operations and serve high utilizers of the system. We received Pinellas Cares funding through PCF that helped us pay bonuses to direct care staff and maintenance staff required to keep our facilities operational. This funding ended 12/31/2020

Many capital projects that were be deferred became costly emergencies, especially after experiencing two hurricanes last fall. One of our housing sites (20 units) experienced damage to the roof which resulted in water intrusion and mold. The residents were put up at local hotels while mold issues were treated, insulation replaced, and the roof replaced (delayed due to supply chain issues). Another 12-unit complex experienced water intrusion from ground water, causing the need to completely gut the units, replace subfloors and surface flooring, and replace all kitchen and bathroom appliances, counters, sinks, toilets, etc. The third project included our Celia Hall RTF (the project being requested in this application).

Celia Hall RTF is 58 years old. It had been having problems with the AC unit, duct work and the roof. Water intrusion had damaged roof trusses and our General Contractor, and our AC provider discovered that there was serious mold in the facility. We moved the residents (16) from the facility. Restoration would require 2 phases and we started phase 1 immediately which required a roof and duct work replacement, mold remediation, replacement of drywall, new insulation, etc. to restore the building to appropriate living conditions. The cost of this phase has exceeded \$750,000 which has been secured through some reserves & a partial loan. Phase 1 is nearing completion, and the residents will return by the end of October. We are seeking funding for phase 2 to rehab the bathrooms & showers, replace bedroom doors and floors, relocate the kitchen to the first floor to enhance accessibility. The population served in this facility has health & mobility needs and the facility does not have an elevator.

Proposal Description*

The American Rescue Plan Act requires a request that is reasonable and proportional to the level of negative economic impact your organization experienced. This means the request you describe below should not be greater than the economic harm your organization has suffered.

Please describe your project proposal and address the following:

- What project will be undertaken with these funds?
- What is the estimated lifespan of the project/property improvement?
- How does it address the negative economic harm you described in the previous question?

This request specifically is to implement phase 2 of Celia Hall RTF which will greatly enhance the facility's accessibility (this facility serves people with severe mental illness who have involvement with the legal system). We need to renovate four bathrooms (the only bath/showers available in the building) to make them accessible and to provide separate facilities for the men and women. Additionally, we need to make this facility as accessible as possible, given its age and condition by widening doors, providing roll in showers, ADA compliant toilets, sinks, mirrors, lighting, etc. This facility also has 1/2 baths between every bedroom for a total of seven half bathrooms. These shared bathrooms need to be refurbished with new toilets, sinks, lighting, fixtures and tile repair/replacement to match the improvements already invested in phase 1. The bedroom doors need to be replaced with fireproof doors to meet fire codes and the worn bedroom floors need to be replaced with vinyl flooring that is easily cleaned to keep the facility clean and hygienic.

The kitchen and dining area in this facility are located down a flight of stairs in the basement which often floods during heavy storms. The building was not designed with an elevator making it very challenging for many clients and some staff to go up and down to the kitchen & dining area. It is our intention to move the kitchen directly up to the main floor of this one-story facility. In addition to being inaccessible, the current kitchen is in poor condition, and we have two already renovated rooms on the first floor that will accommodate these changes.

The investment in phase 2 of this structure will complete all major restoration needed for this 58-year-old building and extend the life and functionality of this facility another 25-30 years. The improvements will allow us to continue to operate the only program of its type in Pinellas County that is currently funded through our Department of Children & Family/CFBHN contract. Since April of 2023, we have been unable to spend these contract dollars due not having another like facility zoned for residential treatment to place the individuals in while the renovations were being completed which has impacted our state revenue by \$65,000 per month and \$390,000 year to date.

Number Served*

How many people will directly benefit from this capital purchase annually?

42

Unduplicated vs. Duplicated*

Is the number indicated above duplicated or unduplicated? **Duplicated:** A client is counted each time they access services

Unduplicated: A client is counted once, regardless of the number of times they access services

Example: ABC Food Bank operates two mobile food pantries, one in Clearwater and one in St. Petersburg. Taylor, a Pinellas County resident, goes to both food pantries. If ABC Food Bank counts Taylor's visit TWICE, it is **duplicated**. If ABC Food Bank counts Taylor's visit ONCE, it is **unduplicated**.

Unduplicated

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Other (Explanation Required)*

If you selected "Other" in the previous question, please explain how your organization determined the number of clients that will benefit from the proposed capital project.

NA

Organizational Sustainability*

How does this project contribute to the long-term sustainability of your organization and the work it does? That is, what impact will this project have on your organization and/or its clients over the long-term?

Examples include increased service capacity, reduced cost of delivering services over time, higher-quality or more equitable service delivery, and increased lifespan/quality of property.

Quantifiable numbers will strengthen your answer.

This facility, which was built in 1965, is 58 years old. Due to its age, lack of adequate capital reserves, and the constant volume of individuals rotating through this program, it's decades of use have caught up with it. In April of 2023, we learned that there were significant mold problems above the ceiling of the facility due to unknown leaks in the roof and the original HVAC system. These leaks also caused significant damage to the interior walls & insulation. The extent of the problems required us to relocate the residents in the facility to other beds in our facilities. Celia Hall RTF sits on a piece of land that has a grandfathered zoning status for residential treatment which is extremely rare and impossible to obtain in today's landscape. Boley operates the only residential treatment beds for adults with serious mental illness in Pinellas County, making the need to save this facility vital as we would not be able to replace these residential beds. In addition to retaining, highly valuable and needed residential treatment beds for the community, this project will help to preserve \$780,000 of DCF contract funding in Pinellas County. These renovations will significantly expand the life of this program for decades and provide a much higher quality living environment to the highest utilizers of the system. By improving the accessibility of the facility, Boley will be able to expand the services this facility provides to those with mobility limitations. The improvements will also significantly decrease the operating cost of the facility because it will decrease emergency maintenance repairs and lower utility (water & electricity) costs each month due to higher efficiency and environmentally friendly fixtures.

Project Specifics

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Permits*

Please describe any permits necessary for the successful completion of this proposed project. Be sure to include any permits already obtained or in progress, and/or what the timeline is to acquire permits.

Phase 2 of this project will require city permits to complete the electrical and plumbing alterations along with some structural changes to create the needed accessibility spaces for the project. We expect the plans to be permitted within 6 weeks of submittal.

Plan Set*

Do you have a plan set for this project?

A plan set refers to the "batch" of plans, drawings, prints, files, etc., that you receive from an architect that explains what needs to be built, how, and where. **Not all qualifying projects in this process require a plan set.**

If you answer Yes, you should upload the Plan Set in the question below.

Yes

Plan Set Upload

If you answered "Yes" above, please upload the Plan Set here. If you have trouble with file size limitations, please reach out to Rose Cervantes at rcervantes @pinellascf.org. If you have any narrative to accompany the plan set, you may write it below.

PDF files are permitted.

condensed celia hall specs and plans.pdf

Construction Schedule/Timeline*

Given a spending deadline of December 31, 2026, give a detailed and **realistic construction schedule**/timeline as to how this large capital project will be executed and completed. If there are phases to this project, indicate so in the narrative below. If you specified that permits were needed for this project above, ensure you include the acquisition time in the schedule.

Please include the following:

- 1. How the timeline/schedule was developed, and by whom.
- 2. Timeline of planning and execution. Please include start and end dates by month and year. For example, April 2023 June 2023.

Example:

Better Tomorrow is proposing the expansion of their counseling center. This requires a 2-month planning phase, one month to obtain all necessary permits, and four months to build. Better Tomorrow would list each phase, a brief description of what takes place in each phase, and an estimated start and completion date for each phase, and an explanation of how the schedule was developed.

How the Timeline/Schedule was developed and by whom: Zack Bandes, General Contractor and Jack Humburg, COO (and developer of over 500 units of affordable housing) completed the timeline based on experience with similar projects.

August 2023 - September 2023 Planning Phase.

September 2023- Design Drawings Completed.

November 2023 - Permit Drawings Completed and Submitted.

November 2023 – January 2024 Expected permit turnaround.

January 2024 - Materials procurement period.

February 2024 - Project Start.

May 2024 - Project Substantial Completion.

June 2024 - Project Final Completion

Team Leadership*

Please describe the following:

- 1. The team and leaders that will be overseeing this proposed project.
- 2. Their relationship to your organization
- 3. Their role in this project
- 4. Whether or not they have overseen similar projects

Kevin Marrone, CEO and Jack Humburg, COO are Boley's team leaders overseeing this project. They are working directly with Zack Bandes from Bandes Construction, a construction company that Boley Centers has a long working relationship with. Boley Centers has developed 81 affordable housing units with Bandes, along with smaller rehab projects such as floor replacement at Grove Park Apartments and some overall rehab at Celia Hall (replacing wall studs and insulation, etc.). Zack Bandes, Jack Humburg, Kevin Marrone and architect Wesley Osborne III worked together to develop the scope of this project and are overseeing the bidding process. Jack Humburg COO and architect Wesley Osborne will oversee the rehabilitation process and conduct onsite inspections before each draw.

Cost Difference

Estimated Total Project Cost*

Please specify the total cost of this capital project/purchase.

Example: ABC Childcare is seeking funding for a new playground. ABC Childcare is asking PCF to fund \$20,000 for certain equipment and will seek other funding and donations for the remaining \$150,000 of the playground, for a total project cost of \$170,000. ABC Childcare would put \$170,000 below.

\$607,673.00

Cost Difference*

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How does your organization plan to cover the cost of this project beyond the amount requested? Please also specify if your organization can carry out the potential ARPA-funded portion of this project without other funding being secured.

Boley Centers is requesting additional funding from the City of St. Petersburg. If this funding does not occur, Boley is prepared to cover the additional project costs. (\$107,673)

Geographic Impact and Priority Populations

The ARPA Nonprofit Capital Project Fund seeks to offset the negative economic impact Pinellas nonprofits faced due to the COVID-19 pandemic. Organizations who serve disproportionately impacted communities will be considered as serving a priority population. There are several ways to determine if your clients were disproportionately impacted.

Examples of disproportionately impacted communities include those who meet at least one of the following descriptions:

- Low- and moderate-income household and communities
- Households that qualify for federal assistance programs, such as SNAP and TANF
- Historically marginalized communities (BIPOC communities, persons with disabilities, LGTBQ+, religious minorities, and other communities that fit in the Equity definition provided on the ARPA website and application)
- Organization located or serve households within a Qualified Census Tract (QCTs)
 - o Defined by U.S. Department of Housing and Urban Development (HUD)
 - o To assess if your organization serves or is headquartered in a QCT, use this link. In the top right-hand corner, choose the state of Florida and Pinellas County. Then on the left-hand side of the screen, click the box next to "Color QCT Qualified Tracts." The QCT zones are denoted in purple. You can also map your address by adding it into the address box at the top to see if your location is inside the zones.

Benefits and Geography of Project*

Please describe how the communities/clients that will benefit from this capital purchase, and how they were disproportionately impacted by the pandemic according to the examples above.

While the actual facility is not in a QCT (The property is one block out of a QCT) 100% of the clients served have very low income (less than 35% AMI) all are qualified for federal assistance programs such as Medicaid, SSI and SNAP, 100% are historically marginalized by virtue of being disabled by severe and persistent mental illness. This facility is not the residents' permanent home and many previously lived in a QCT area.

Headquaters Location*

Please provide your organization's headquarters address as it appears on your Sunbiz account. To check your registration with Sunbiz, you may search their database.

445 31st Street N., St. Petersburg, FL 33713

Project Location*

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Please provide the address or intersection where the property being modified is.

815 7th Ave S., St. Petersburg, FL 33701

Community Connection

PCF understands the value of authentic and diverse representation in philanthropy and in Pinellas County. To this end, we ask demographic and representation questions to gauge the human impact your organization has on the communities you serve.

PCF has generalized the demographic data questions more than it has in other processes because of the public nature of this process. PCF understands that identity disclosure can be a sensitive matter and wants to respect your organization's board and staff. If your organization feels comfortable sharing more detailed demographic information, it may do so in the "Community Representation and Connection" section.

Community Representation and Connection*

Describe how your organization is representative of, or has authentic connections to, the community your proposal seeks to serve. You can list other community-based organizations that work on programming with you and/or list examples of your work within this community.

If your staff, board, executive leadership, or long-term volunteers have personal identities or experiences that allow for a meaningful connection with your clients, please feel free to describe this connection below. When possible, please use internal data or specific details to describe how your organization is representative and connected to the communities you serve.

Boley Centers provides services, housing and treatment to people affected by disabilities with low income. Pinellas County residents demographic break down is 82% White, 11% Black, 11% Hispanic, 4% Asian, 2% 2 or more races. Boley's staff are 46% Black, 46% White, 1% Asian, 1.6% 2 or more races. Boley's clients are 35% Black, 56% white, .7% Asian, 3.7% multiracial, 4% other. We do not collect data regarding LGBTQ+ or Neurodiversity. We provide housing throughout Pinellas County from North Clearwater to South St. Petersburg. We have been a social service agency in Pinellas County since 1970 and our staff have close formal and informal working relationships with our fellow social service agencies. We work together to coordinate services and to ensure the clients receive the services they need from the most appropriate service provider in the area. We have been members of the local homeless coalition since its inception in the 1980s, we work closely with the local mental health agencies Directions and Suncoast, we have close working relationships with Day Star, HEP, Evara (formerly Community Health Centers) St. Vincent de Paul, Salvation Army, local churches, local veteran organizations and organizations that provide services/supplies to children such as Baby Cycle and Santa's Angels. We manage 110 HOPWA vouchers and therefore work closely with Metro Wellness and Community Centers, EPIC, Catholic Charities and other agencies providing services to people with HIV/AIDS. Our outreach is focused based on the populations we serve, with our Youth Employment Programs reaching out to the local school systems, our group homes reaching out to local psychiatric hospitals and the jail, and out homeless outreach staff working with the HLA's Coordinated Entry and local shelters and the VA.

Our Board of Directors maintains representation of the people we serve at all times. Our Board maintains a formerly homeless individual, a family member of a person with mental illness, a Veteran, and individuals with personal experience with recovery. Boley Centers maintains 10 positions called Peer Assistants, all of whom are people who have mental illness. These positions assist with providing supports to the people we serve.

Board Membership*

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Do your board members consider themselves a member of one or more of the following populations?

• BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color

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- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC LGBTQ+

Executive Level Leadership Team*

Does your executive leadership team consider themselves a member of one or more of the following populations?

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disabled

BIPOC LGBTQ+

CEO/Executive Director*

Does your CEO/Executive Director consider themselves a member of one or more of the following populations?

- BIPOC defined as Black, Latino, and Indigenous and Native American persons, Asian Americans and Pacific Islanders and other persons of color
- LGBTQ+ (Lesbian, Gay, Bisexual, Transgender, Queer+)
- Neurodiverse/physically disable

None of the above

Financial Overview

BIDS MUST BE DATED JULY 5, 2023 OR LATER.

- The file attached below should contain current, verifiable bids, estimates, or price lists [from your potential vendor(s)]. <u>Please ensure there is a date noted on the bid or some annotation as to when when you obtained these estimates/bids.</u>
- If your project costs LESS than \$75,000, you must upload TWO verifiable bids or estimates for the proposed project.
- If your project is <u>EQUAL TO</u> or <u>MORE THAN</u> \$75,000, you must upload THREE verifiable bids or estimates for your proposed project.
- If you have already selected a contractor for this process and do not have multiple bids to upload, please ensure you answer the narrative questions below thoroughly.

Bid/Estimate #1*

PDF files are accepted.

2023-09-28 Celia Hall Phase II Proposal.pdf

Bid/Estimate #2

PDF files are accepted.

Bid/Estimate #3

PDF files are accepted.

Selected Contractor*

If you have not yet selected a contractor and have uploaded multiple bids above, please write N/A below or you will not be able to submit your application.

If your organization has already selected a contractor for this proposed capital project, please describe the process through which this contractor was chosen, and be sure to answer:

- 1. Was there a competitive bid process? That is, were multiple bids collected in order to evaluate multiple contractors? Describe this process (names of contractors, number of bids collected, prices, and why the contractor was chosen).
- 2. What personnel members at your organization selected the contractor?
- 3. Has a contract been executed with this contractor? If yes, upload the contract here. If no, please describe the status of contract.

If a contractor has already been selected AND a competitive bidding process was not used, the project will lose points.

We were only able to get one bid for this complicated renovation of our Celia Hall RTF. Phase 1 of the renovation was due to a catastrophic situation, requiring the immediate relocation of our clients to our other licensed facilities, redeployment of our staff and asking our long-term General Contractor (Bandes Construction, Inc.) to conduct and oversee the needed repairs/renovations required to get the facility back on-line and serving our clientele. Phase 1 was completed without drawings with subcontractors brought in as the needed repairs presented themselves.

When the ARPA grant presented itself as an opportunity to complete the needed Phase 2 renovation, we did not have the plans needed to properly bid out the project. Our long-term architect recently retired, and we have not retained a new one. Bandes called in a favor and was able to get an architect to complete the needed drawings and plans to get bids on the project, but we were unable to find three contactors who could get the bidding process completed in time to submit the grant. Bandes, familiar with the building and its needs, had their staff working non-stop to get a bid completed for us. Having worked with this contractor for several years we trust their work, loyalty, and their ability to get the job completed in a timely manner on budget.

Minority/Woman-Owned Business

Is your selected contractor, or the bid you are going to choose if funded, one of the following:

Small-business enterprise (SBE)

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Disadvantaged business enterprise (DBE)

Minority and/or woman-owned business (MWBE)

No

Related Parties*

Are any of the contractors/vendors that have provided bids/estimates a related party to your organization?

Examples of Related Parties

- A board member that owns the contracting company that provided a bid
- The relative of a director, officer, or executive team member owns a company that provided an estimate
- The CEO of the applying organization has a financial interest in the construction company providing a bid

If yes, identify the vendor and describe the relationship.

If no, write "No related parties below."

No related parties

Budget Detail*

Please upload a clear, easily readable budget that breaks out costs for this proposed project. Ensure that it is clear what portion would be paid for through this grant funding and what would be paid for from other sources. **Be sure** that the budget includes 10-20% for contingencies and any costs related to performance and payment bonds for construction projects.

If you are going to request the permitted indirect cost of up to 5%, please be sure this is represented in your budget.

An example budget is available here.

If you have additional notes to add to your budget summary, you may do so in the text box below.

PDF and Excel files are allowed.

Celia Hall Phase Two Budget Proposal.pdf

Other Funding Sources*

Please describe any other funding that your organization has applied for or obtained for this project. This includes but is not limited to Community Development Block Grants (CDBG), local government grants (including Tourist Development Council funding), foundation grants, and donors (you do not need to disclose donor identities, simply amount raised that is allocated to this project). This includes any matching grants or in-kind contributions you may have obtained.

If none, please explain why no additional funding sources have been pursued.

Please be sure all funding sources below are represented in the "Applicant Match" column in the Budget Summary you have uploaded above.

Boley has borrowed \$335,000 and accessed the remaining funds from replacement reserve for the first phase of this project that required immediate intervention (new roof, new AC, new ducts, mold remediation, replacement of needed studs and new insulation). We have no alternative funding sources for this final stage of needed renovation. Phase 1 interventions were not expected and therefore we did not request CDBG funding from the City of St. Petersburg for this project.

If funded by the Foundation, Boley will cover the additional costs of the project over the \$500,000 of ARPA funding.

Changes in Operating Costs*

Please answer this question based on the descriptions below:

- If this project increases ongoing operational costs (programmatic, operating maintenance or other costs), how will you compensate for the difference?
- If this project decreases ongoing operating costs, how will it do so?
- If this project does not affect operating costs, please note so below.

This is a currently operating facility. We expect to see a decrease in some operational costs of the facility with these improvements. Due to the improvements in plumbing & lighting fixtures, we expect lower utility costs each month. The improvements will also significantly reduce our maintenance repairs and emergency maintenance costs.

Fund Management Capacity*

Printed On: 2 November 2023

Please describe your organization's capacity to manage these potential ARPA funds in terms of fiscal management and financial infrastructure.

This includes, but is not limited to, the use of accounting software that can track a general ledger and multiple accounts and the ability to work on a reimbursement-basis.

The inability to handle a reimbursement-based grant does not disqualify your organization from applying.

Boley uses an electronic health record to keep track of patient and billing records. This system includes billing reports and produces HIPAA compliant standard transactions for billing purposes. The accounting department manages the financials via Microsoft Dynamics. Financials are prepared in accordance with accounting principles generally accepted in the USA; including 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. Boley undergoes a Single Audit each year by their external CPA firm. Financial policies and procedures are in place designed to influence and determine all major decisions and actions within the boundaries set by them.

Boley Centers maintains a \$2 million line of credit with Centennial Bank, our primary bank used for our operations.

Corrective and Investigative Action/Grant Recall*

In the past three (3) years, has your organization had any of the following occur:

1. Been under legal investigation by a local, state, or federal institution?

- 2. Been placed on a corrective action plan by a funder?
- 3. Had grant funding recalled by a funder?

If yes, please describe the investigation, corrective action plan and/or grant recall, and the current status of such incidents. If no, write "N/A"

NA

Organization Documentation

Please reach out to PCF staff if you have trouble uploading the files below. We are able to assist with file conversion and file compression.

Organization Budget*

Please upload your most recent, board-approved organizational budget for this fiscal year. PDF and Excel documents are accepted.

2023-24 agency budget.pdf

Board of Directors List*

Please upload a current list of members of your organization's Board of Directors. Excel, Word, and PDF formats are acceptable.

Board List 23-24.docx

IRS Form 990*

Printed On: 2 November 2023

Please upload a PDF copy of your most recently submitted IRS Form 990.

If Form 990 from your most recent fiscal year is delayed or you have received an extension, please explain in the text space below. You may also explain if you don't have a Form 990 due to organization type. You should still upload the most recent publicly available 990.

If you file a Form 990-EZ and do not have anything to attach, please note so below.

Boley Centers Inc YE 06.30.22 990 Tax Return.pdf

Most Recent Financial Statements

Upload a PDF version of your most recent financial statements. If you have audited financial statements, please upload the most recently conducted audit. If you do not have a recent audit, please explain why.

Boley 2022 Financial Statements FINAL.pdf

Insurance

Evidence of Insurance Coverage*

Grantees of the ARPA Nonprofit Capital Project Fund will be required to maintain appropriate insurance related to your operations and this project. PCF will determine whether this coverage is appropriate.

Please upload evidence of insurance.

If your organization does not have evidence of insurance coverage, please provide an explanation as to why.

Information-Only_Boley-Centers,-23-24-COI-Maste_6-1-2023_1834034978_1.pdf

Insurance Requirement*

If you are awarded a contract from the ARPA Nonprofit Capital Project Fund, you will be required to list Pinellas Community Foundation as an additional insured through your general liability insurance or other appropriate coverages for the duration of the contract. If you would like to check with your insurance carrier on how to do this, here is the information about PCF you will need:

Pinellas Community Foundation 17755 US Highway 19 N Suite 150 Clearwater, FL 33764 727-531-0058

Please check the box below to indicate that you understand and will be able to comply with this requirement if you are awarded a contract.

PCF will not ask for a certificate naming us as additional insured until the contracting stage.

Yes, I understand and will comply with this requirement if awarded a contract.

Post-Grant Requirements

Reporting Requirements Acknowledgment*

Grantees will be required to submit a pre-award agreement within two weeks of receiving an award notice. In addition, grantees will be required to submit monthly expenditure reports until their project is completed and

their contract is closed out.

Financial information justifying all expenditures will also need to be provided. This includes but is not limited to:

- Invoices
- Canceled checks
- Credit card statements, along with a record of paying the credit card.

If you have any questions, please contact Rose Cervantes, ARPA Program Officer at rcervantes@pinellascf.org. Yes, I agree to submit this grant agreement and impact report within the specified timeframes.

Additional Information

Additional Upload

If you have something to share, you can upload it here in PDF format.

Anything else to share?

Printed On: 2 November 2023

Is there anything else that you would like Pinellas Community Foundation to know or other information your organization would like to share that isn't addressed elsewhere in this application?

File Attachment Summary

Applicant File Uploads

- condensed celia hall specs and plans.pdf
- 2023-09-28 Celia Hall Phase II Proposal.pdf
- Celia Hall Phase Two Budget Proposal.pdf
- 2023-24 agency budget.pdf
- Board List 23-24.docx

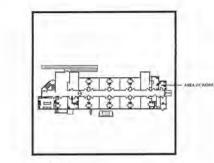
Printed On: 2 November 2023

- Boley Centers Inc YE 06.30.22 990 Tax Return.pdf
- Boley 2022 Financial Statements FINAL.pdf
- Information-Only_Boley-Centers,-_23-24-COI-Maste_6-1-2023_1834034978_1.pdf

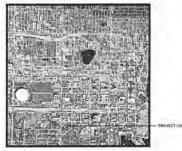
BOLEY CENTERS

815 7TH AVENUE SOUTH ST. PETERSBURG, FL 33701

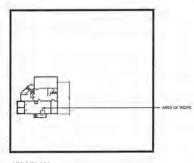




KEY PLAN



JICINITY MAP



KEY PLAN

PROJECT TEAM:



SCHY CHITTAL, INC. SANCA I WAS BELLING HIS TELEMENT IN IL PRINTING D. 10713

7727)471-481E est 5726 Smitht Texas Marrine, MRS MRA ANCHEET & WITERION DE BIGHER

MEST ARCHITECTURE
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(5) Mallo despuis

P 4126611145

HEP ENGINEER

EXECUTIVE ENGINEER

Tamba AL 20026

Command Report Mannage, PE, MSA, LEED Ernel (MCADES) AND ADDRESS A NOT FOR CONSTRUCTION

DRAWING NO.

A0.00

BOLEY CENTERS
ars TH AVENUE S
ST. PETERSBURG. FL 29701

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100	BREAK ROOM	ETR	RB-1	ETH	PT-1	ETH	P1-1	ETH	PT-1, PT-4	ETR	Pf-t	ETH	
002	OPEN MICA	ETR	RB-1	ETA	PT-1, PT-4	ETR	PT-1	Etn.	PEN, PT4	ETR	PT-1, PT-4	ETH	
DDA	MATOR	ETW.	RS-1	ETR	Pfat	ETR	FT-1, FT-4	EYR	PT-1	ETR	PT-1	ETR	
(054)	TODET	TLF-1	71.8-1	ETR	PT-2	ETR	PT-2.1LW-1	ETR	PT-2.11W-1	ETR	PT-2, PT-4	ETR	
tos	BOILER ROOM	ETR	RB-1	ETR	PT-1, PT-4	ETR	PT-t	ETR	PT-1	ETR	PT-1	ETR	
006	KYTCHENISTORAGE	ETR	RB-1	ETR	PE-1, PE-4	ETR	Pf-i	ETR	PE-1, PE-4	ETR	PT-1	ETR	
007	STORAGE	E2M	RS-1	ETR	PT-1	ETR	PT-1, PT-4	ETR	P7-1	ETR	FT-1	ETR	
003.	STAIR	STR-ILVT-1	R6-1	STR	PET PEL	ETR	Pf-1	Effi	PEI, PEA	ETR	FT-1	ETA	
190	DIRRIDOR	LVT-1	RS-1	EIM	954,954	Elst	PT-I	ETR	WC-LPt-4	ETR	P1-1	ETR	
(2)	4 CB B Y	LYT-1	185-1	ETR	PI-1, PI-4	639	#f-1	ETR	WC-1, PF-4	ETR	PT-1	ETR	
(0)	STORAGE	ETR.	R5-1	EIR	644	ETW	9T-1	ETH	PLY	ETR	ET-1	ETH	
103	COMP NOOM	197-1	RS-1	EIR	Pfst	ETR	PT-1	ETH	PTJ,PTA	ETR	P7-1	ETR	
104	ROOMEY	LVT+1	(RE-1	EIB	1619	ETR	PT-1, PT-4	ETR	PT-LPT-4	ETRI	PT-1	ETR	
100	STORAGE	ETH	HS-1	STR	PT-I	ETH	PT-1	ETR	PT-t, PT-4	ETR	PT-1	ETR	
106	TOLET	TLF-1	TLB-1	- 235	PT-Z.TLW-1	ETR	PT-2.TLW-1.	ETR	PT-2,TLW-1	ETR	PTIZTEWA	EIR	
107	ROOM#	LVT-T	MD-1	£18	PET	ETR	PTG	ETR	PT-1, PT-4	ETR	E1-7 G14	E18	
109:	ROOM RE	LVT-1	RB-1	E7R	PT-1	BTR	PF1, PF4	ETR.	PT-1:PT-4	ETR	P54	ETR	
129	STORAGE	879	FI6-1	ETR	PT-1	ETR	(PT+1)	ETR	PT-1, PT-4	ETH	PT-1	ETR	_
110	TOILET	ETR	186-1	638	PT-ETLW-1	RTD	PT-2,1UV-1.	irn-	PT-2.TLVA1,	216	PF-2,TUW-1	918	
211	ROOM BB	LVT-1	KS-1	ETR	91-1	ETR	91-3	ETR	PT-1, PT-4	ETR	PT-1, PT-4	BTR	
112	CORRIDOR	TUST	11.60	ETR	WC-1, PT-4	ETR	PT-1, PT-1	ETR	WC-1, FT-4	ETRI	684	ETR	
113	HOOM HIT	LVT-1	RB-1	ETR	PT-f	ETR	ET-I, ET-I	ETR	PT-1, PT-4	ETR	P1-2	ETW	
154	STORAGE	01/1	10-1	ETR	PT-1	ETR	PT-1	ETR	PT-1, PT-4	ETRI	6141	ETR	
tit	TOLET	TIAL	TLB-1	BTR.	PT-2.TLW-1	ETR	PT-2,TLW-1	ETR	PERTIN	Etil	PT-3,TLW-1,	ETR	
116	ROOM FEE	LVT-E	RB-1	ETR	PTri	ETR	PTO	ETR	PT-L PT-4	ETR	PEI, PE4	ETR	
117	REC ROBM	CVI-1	RE-1	878	Pf-t	ETR, GMB	PTAL	E19	PT-LPT-4	ETR	Pfut	ETR	
118	STORADE	ETH	/IB-1	279	F5-1	FTR	PT-1	ETR	P51,P14	E2H	PEN	ETR	
110	RESTROOM	TIAT .	Tille-1	ETR. SWS	PT-2.TLW-1	ETR. OWE	PT-2,TUW-1	ETH. OWB	FT-2; TLW-1,	ETR. CIWIS	PT-2,TLW-1, PT-4	ETR	
120	WEETHDOM	115-1	11.5-1	ETIR DAM	P1-2.TIW-1	ETR. DWB	FT-2,TLW-1	ETR	PT-4 PT-2 PT-4	E7H	PT-2.TUV-1	ETR	_
121	MATOR	ETR	HB-1	279	PT-1, PT-4	E111	WE-1	E7W -	PLI	ETH	PLI	ETR	_
122	GENERATOR	ETR	70-1	êta	RE-Y	ète	PE-I	218	PT-1	ETR	Pf-1	676	
123	LAUNDRY	ETR	RB-1	E7R	PT-L PT-4	gra.	95-1	ETH	PT-1	ETW	954	678	
126	STORAGE	ETR	105-1	ETR	PT-LPT-4	ete	Pf-1	278	97-1	ETH	#T-1	ETH	
129	TOLET	115-1	Tigs-1	ETR	PT-Z TUW-1	E7R	PT-2.TUW1	ETR	PT-2TLW-1	ETH	PT-2,TLW-1, PT-4	618	
126	STORAGE	ETR	RB-1	ETR	PT-1	610	Plat	tire.	PE	FTH	PT-1 PT-4	FIR	_
127	HOOM#13	LVT-1	76-1	ETR	#3-1-F3-4	BTR:	PT-1, PT-4	ETR	Phi	ETR	PT-3	818	
179	ROOM #11	LVT-1	HS-1	ETR	P3-1-P1-4	ETR	PT-G	EIR	PT-1	ETH	PT-L PT-4	ETR	
129	STORAGE	ETR	96-1	ern ern	P1-1, P1-4	ETR	PT-1	ETR .	Phi	ETR	PI-CPI-A	618	
130	TOLET	TUS1	TLB-1	ETR	PT-211/9-1	ETR	PT-4	htre	PT-2.TLW-1	879	PT-2.TLW-1.	618	
131	FIDOM PTD	LVT-1	66-1	ETR	P1-1.P1-4	ETR	PT-4 PT-1, PT-4	BTR .	PT-1	ETR	P1-4 P1-3	ETR	
150	ROOM #7	LVT-1	95-1	ETR	P3-1, P3-4	ETR	PT-Z	ETR:	PT-1	ETR	PT-1.PT-4	ETR.	
122	STORAGE	ETR	25-1	ETR	P1-1, P1-4	ETR	PT-3	ETR	PT-1	ETR	bi-f-bi-f	619	
124	TOLET	TURT	TLB-1	ETR	PT-2 TLW-1	ETH	PT-2 TLW-1.	EIN	PT-ZTLW-1	ETR	FT-2:TLW-1.	ETR	
134			_	_							Pt-4		
136	MOON NZ	LIVE A	46-1	ÉTR	#14,#14 PEA,PEA	ETR	pro.pre	R16	PT-T	#1R	Pf-3	618	
117	STOWAGE	LVT-1	8961	ETR	PT-1, PT-4	ETR -	PT-1	ETR	PT-1	ETR	PT-1, PT-4	RTS.	
138			Harry	4.0	2000			ETR	127	ETR	PT-2 TLW-1	ETR	
	TOLET	TUST	TEBA	ETR	PT-2.TLW-1	ETR	PT-3_TLVA1	ETR	PT-Z-TLW-1	EIR	PF-3,TLW-1, PF-4	Etn	
335	ROOM NZ	LVT-1	R9-1	ETR	PT-1, PT-4	ETR	PTH, PEH	ETR	PT-1	ETR	P7-3	ETR	
1425	RESTROOM	fus-1	TLB-1	ETH, CVAN	PT-2 PT-4	ETR	PT-2,TLW-1	ETIR, GWI.	PTICTLW-1	ETH, GWB	PT-2	ETRI	
141	RESTROOM	TUFFE	TLB-1	ETR, GWS	PT-2,TLW£1, PT-4	ETR, DAR	PT-2.TLW/	ETM	PT-2TLW-1	共計級	PT-2TLW1	EIN	
142	OFFICE	CPT-1	R9-1	ETR	PE1, PT-4	ETR	PT-1	ETR	Pf-1	ETR	FT-1, FT-4	ETR	
MJ	STORAGE	21%:	AS-1	618	934	ETR	PT-1 PT-2,TUN-1,	ETR	PT-1	ETR	PT-1	ETRI	
144	TOLET	TUE	71.8-1	ETH	PT-2TLW-1	ETW.		678	PE-3,TLW-1	Atn	PT-2TEW-1		

			FINISH SPE	CIFICA	HONS OF	ION		
PRODUCT	CODE	MANUFACTURER	ityle	No.	COLOR	HEZE	MISTALLATION	REMARY
RUBBER BASE	#6-1	JOHNSTONITE TANKETT	TRADITIONAL C'UNITL		710		1-2	
ILE-WALL	TEWAT	MDSA	CLASSIC TIDE	1/20	790	t.xs.	STACKED BOND	
TLE-FLOOR	0.54	CROSSVILLE	PORTUGAL		TBD	24,X34,	STACKED	
TERASE	TLB-1	CROSSVALE	PORTUGAL COVE BASE		THO			
HEET WHAT	24-1	ALTRO	ALTRO WALKWAY 20		780			HEAT WELDING COORDINATING HOD
ANT	PTH	SHERWIN VILLENAS			THO .	2		
AMT	PTG	SHERWIN WILLIAMS			TRO			
ANT	PT-2	SIERWWW.LIANS			CRE			
TOOR PAINT	PT-4	SHERWIN WILLIAMS			TBD	-		
VALLCOVERING	WGI	FAIRION ARCHITECTURAL DESIGNS	YOSHI		190			
BERGLASS REINFORCED LASTIC PANEL	FRP-1	MAHUTE			190			
CHART VIEW, TILE	LVT-1	SHAWCONTRACT	RESIDE 20 WIL		TRO	E747	ASHLAR	
ARFET	CPT-1	SHAWCONTRACT	CORRESPOND YILE	-	180	24,834	ASHLAR	
HAM HAM	CHR-1	PRODUCTS	2500 CHAIR RAIL		780			
TAIR TREAD	STRA	JOHNSONITE	ANCILE FIT RUBBER STAIR TREAD WITH INTEGRATED RISER		180			
EALED CONCHETE	CONST	160						
TANKESS STEEL PAGES	35-1	TRD		1				

			FINISH SPE	CIFICA	TIONS OPT	10N 2		
PRODUCT	COUE	MANUFACTURER	STRE	NO.	COLOR	ngs	INSTALLATION	REMARK
WORNER DASE	R0-1	ZONNSONITE TARKETT	THADITICHIAL 4" VIWE WALL SASE		TEO .			
TILE-WALL	TUNET	DALTILE	CLASSIC		TBD	3788	STACKED BOND	
TILEFLOOR	1051	CROSSVILLIE	PORTUGAL		TBD	34724	STACKED	
TILE-BASE	fl.B-1	CHOSSYLLE	PORTUGAL COVE BASE		160			
SHEET VOINS.	374-1	ALTRO	COMMERCIAL KITCHENS CLASSIC 26	-	TBD			HEAT WELDING COORDINATING ROO
PAINT	951	SHERWIN WILLIAMS	1		TED			
RAINT	962	SHERWIN VIOLIAMS			TEO.			
PAINT	Pto	SHERWIN WELLIAMS			TBC			
DICIDR PAINT	P1-4	SHERWIN WILLIAMS			TRO			
WALLCOVERING	WC-1	KNOLL TEXTILES	HANANI		TBO			
PREFICIASS REPORCED	FRIS-1	MARLITE			THIS			
LUXURY VINYL TILE	LVT-1	SHAWCONTRACT	ABIDE		TRD	7 845	ASHLAR	
CARRET	CPT-1	SHAWCONTRACT	COMPANION TILE		780	24.834	ASHLAN	
CHAIR RAIL	CH9-1	PRODUCTS	2500 CHAIR RAS	-	THO			
STAIR TREAD	ather	SOMEONITE	ANGLE FIT REGILER STAIR TREAD WITH INTEGRATED MISER		TED			
STAINLESS STEEL PANEL	35-1	780						

GENERAL FINISH SPECIFICATION NOTES:

- 1: REFER TO INTERIOR FIRESH DRAWINGS AS IS FOR MORE INFORMATION
- WHERE RUBBERAMWIL WALL GASE IS SPECIFIED, PROMOE STRANGHT BARE AT CAMPET, AND COMED BASED AT RESILENT PLOCINGIO.
 PATCH ANY PUSSTRIG OWN.
 ALL DOORS TO BE SANGED, REPUISHED AND PAINTED, SEE FINISH SPECIFICATIONS FOR PAINT SYEE.

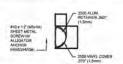
PAINT FINISH SPECIFICATIONS

WALLS SHALL BE COOSESS FINGS EXCEPT AT TOLET ROOMS, KITCHENS, AND JUNITORIS CLOSETS WHERE SAT FRIGHT SHALL BE USED

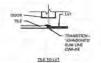
DOGS FRAMES SHALL BE SEMI-GLOSS FRASH

CERLINGS SHALL BE FLAT FINISH EXCEPT AT TOLET ROOMS AND JANGTOR CLOSETS WHERE SATIN

WHERE POWDER COAT FINE RECOMMENDED PAINT SYST	SH IS SPECID, THIS IS TO BE SI TEM	HOP AFFILED, FABRICATORAM	MAJFACTURER
SUBSTRATE	MANUFACTURER OR EQUAL	FRIVER	FAINT SYSTEM
GYPSUM BOARD	IIHERWOI WILLIAMS	PRIGNARI 200 ZERO VOC LATEX PRIMER	PROMAR 200 ZERO VO
WDOD	SHERWIN WILLIAMS	PREPRITE PROBLICK LATEX PRIMERISEALER	PRID INDUSTRIAL ACRYL
WOOD-STAINED	SHERWIN WILLIAMS	MINAVAX 235 INTERIOR SATIN	POLYUNETHANE (SATIN GLOSS)
PERROUS METAL (DOORS. PRAMES, AND MISC METALS)	SHERWIN WILLIAMS	PRO INDUSTRIAL PRO-GRYL LIMATERSAL PRIMER	PRO BIDUSTRIAL ACRYL SEMI-GLOSS
PERROLIS METALS - HIGH PERFORMANCE HANDRALS)	SHERWINNILLANS	PRO ADUSTRIAL PRO-CRYL. UNIVERSAL PRIMER	PACI INDUSTRIAL WATER BASED CATALYZED EPOX ESPONEL OR GLOSS
NON-FERROUS METAL - GALVANIZEDIALLIMINUM SLIRFACES	SHERADI WELIAMS	PRO INDUSTRIAL PRO-CRYL UNIVERSAL PRIMER	PRO INDUSTRIAL ACRYL
PERROUS AND NON-PERROUS DECKING - INCLUDING BAR JOISTE	SHERWIN WALLAND	PRO INDUSTRIAL PRO-CRYL UNIVERSAL PRIMER	PRO INDUSTRIAL WATER
CMU-CONCRETE MASONIVI	SHERWIN WILLIAMS	FILLER: LOXON BLOCK: SURFACER	PRO INCUSTRIAL WATER BASED CATALYZED EPOL
Commence observations (Vol. In.)		MEYER TO SPECIFIED	PRID INDUSTRIAL .











SECTION DETAILS - CHAIR RAIL

SECTION DETAILS - FLOOR TRANSITIONS

SECTION DETAILS - FLOOR TRANSITIONS

SECTION DETAILS - FLOOR TRANSITIONS



924 HALE AVENUE BROOKSVILLE, FL 34601

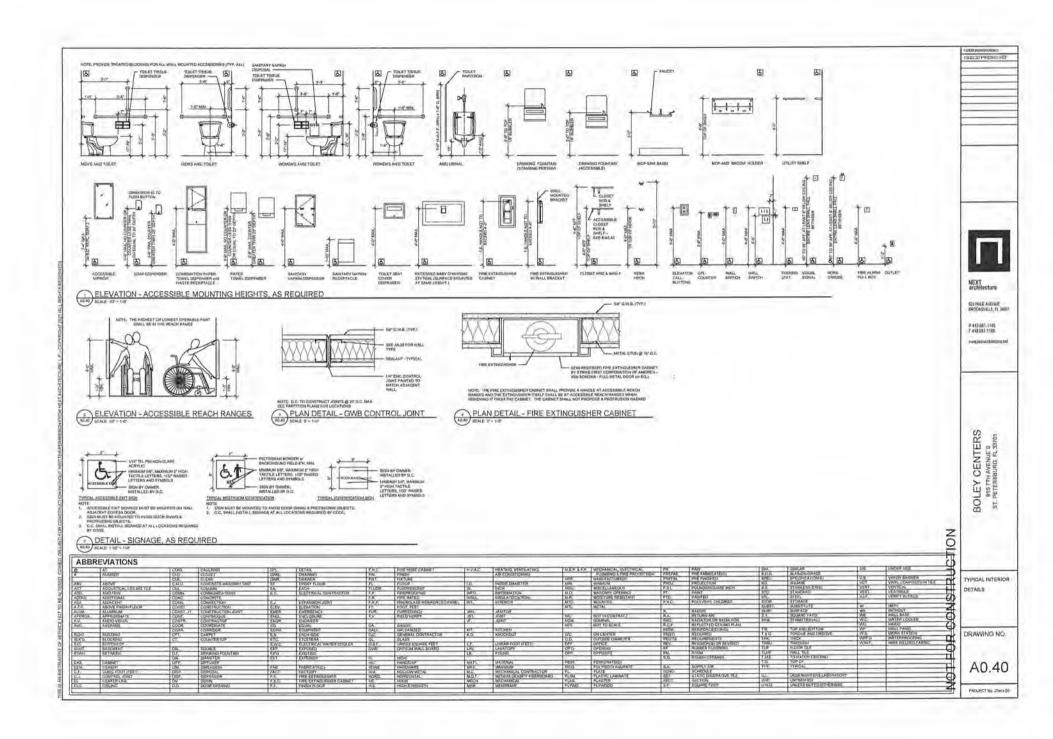
BOLEY CENTERS
815 TH AVENUES
ST. PETERSBURG, PL33701

FINISH SCHEDULE AND DETAILS

DRAWING NO.

A0.20

FWOJECT No. 27/01/02



PROJECT CONSTRUCTION NOTES:

- CONTRACTORS SHALL THOROUGHLY FAMILIARIZE THEMSELVES WITH THE CONTRACT DOCUMENTS SO THEY CLEARLY UNDERSTAND THEM RESPONSIBILITY OF WORK TO BE PERFORMED UNDER THE CONTRACT.
- Q.C. IS RESPONDED FOR MEASUREMENTS, HELD CONSTRUCTION, INSTALLATION CRITERIA, CEDEROMATION OF ALL TRADES AND SULDING MANAGEMENT/SIGNAT SUPPLIED FEMS, AND THE MANAGEMENT/SIGNAT SUPPLIED FOR CONSTRUCTION. FOR AREA MEMORY FOR HOLSTRIC FACILITIES, PAREMING, ETC. FOR THE MANAGEMENT OF SATEMATION OF THE MEMORY OF THE MANAGEMENT OF THE MA
- 2. D.C. EMILL VEWEY ALL EXISTING DISIBISIONS AND JOB CONDITIONS AND SHALL REPORT TO SUICIDING OWNER AND ARCHITECT ANY DISCREPANCIES OF DISIBISION WHICH VALUE DISTRIBUTE WE SHATISFACTION OF WORK. CONTRACTOR IS RESPONSIBLE FOR VEHIFICATION OF ALL FIELD MEASUREMENTS, DIMENSIONING INVESTO. PRIVINED DISTRIBUTES.
- C.C. DALL PROTECT AL MALES PLODRE, DODRE, PRAMER, BURNACES, PRODUCTION OF THE PROTECTION OF THE PROPERTY OF
- 5 G.C. SHALL THE WANTEVEN PROCEDITIONS RECESSARY TO YRDISECT CONTINUE OTHER DUCKFORDER, FOR URBER, ETC. WHICH ROMAN AS PART OF FERMA SYSTEMS. CONFIRCTION SHALL CLEAN REPORT RETURNING STOCKS.

 THE WANTEVEN SYSTEMS.
- THE TO OVERREE CLEANING AND ENGINE THAT THE PREMISES ARE MAINTAINED PRES OF TRAIN CURING CONSTRUCTION. THAN CLEANUP IS THE REPONSION TO THE CONTRACTOR. REPAR, PATCH CONCINUES ARE SEPLACE MARKED SUPPOCES AND MAINTAIN CLEANING MILL OCCUPIED.
- BLOVE OF THE WORK OF THE CONTRACT SHALL SE ALL WORK NOTED ON THE DRAWWING. IF WORK WIST OF COMPLETED DUTSING OF THE LIMITS SHARM AN THIRD DOCUMENT TO COMPLETE THE FILL SCORE OF WORK IS THE RESPONSIBILITY OF THE G.C. TECHNIFY AND SHIND TO THE ATTENDOR ANOTHER AND SHIND TO THE ATTENDOR ANOTHER AND SHIND TO THE
- GC. SHALL PROVIDE PRODUCT DATACUT SHEETS, SHOP DAWNHOUS SAMPLES WITH AN UPCATED SUBMITTAL LOC AND TRACKING FOR APPLICATION OF DATABLES AND TRACKING FOR APPLICATION OF DATABLES AND TRACKING FOR APPLICATION.
- PRIOR TO CONTINUES OF PRINCETAGE. PERFORMENCE FOR ALL SAMETY CONVENTION AND EXCUSED AND THE PRINCETAGE OF A CONTINUES AND TO CONTINUES AND THE PRINCETAGE. THE PRINCE AND ORDER OF A CONTINUE OF A CON
- TO ALL MEANS OF ECHESIS TO REMAIN DENTPHASE AND DESIN DURING
- 11 THE ARCHITECT SHALL BE HELD HARMLESS BY THE DIVARER AND THE CONTRACTOR FOR ANY THRIST PARTY LITICATION RELATED TO THE WORK OF THE CONTRACTOR OF HIS SUB-CONTRACTORS.
- 12. CL. SMALL BRAINT TO COMPIER AND INTERFECT WEEKIN, 202 IS NOT BE THE RESTORTED. CHAMCES, AND ANY OTHER CONCINCION MAINST THE RECORD FOR THE DISTRIBUTION OF THE PRODUCTION OF MODIFIED CA. SMALL ASSO PROVIDE WORKS WEEKING MONTES THE RESTORTED FOR CAST MAIN ASSO PROVIDE WORKS WEEKING MONTES THE RESTORTED FOR CAST THE MEDICAL AFTER 1 THE CONSTRUCTION METITES STREAMED FOR CAST THE MEDICAL WITES 1 THE CONSTRUCTION METITES STREAMED FOR CAST THE PARKS INCOME.
- O. CONSTRUCTION SITE SHALL COMPLY WITH MEYAW AND KOM
- 14. N.L. MECHANICAL MORY BHALL BEIN COMPLIANCE WA ARHAE, SAMOUA AND OTHER COMMENT SHURDING CODES HANNICA JAMINICATION AND SHILL BE NOTALLED BLACOPPINATE WITH LINE SIZED STANDARDS AND DISCOTTO BY BEAUTIEST BLACOPPINATE WITH LINE SIZED STANDARDS AND DISCOTTO BY BEAUTIEST BLACOPPINATE WITH STANDARD STANDARDS AND AND BEAUTIEST BLACOPPINATE STANDARDS AND STANDARDS AND STANDARDS.
- II. ALL PLUMBAG WORK WALL SE IN CONFLINCE WICHMENT LOCAL CO. ALL PLANSING WORK SHALL SEE IN COMPLIANCE WE CHRISH'S LOCAL COOR REQUIREMENT SAND AS DIRECTED BY THE APRICICATION OF COUNTY, THE CONTRACTORS SHALL ADVISE THE ARCHITECT OF ENGINEER WIVETING OF NOT CROSS PART OF ANTITY MET YOUTH COOR SPECIAL IT.
- ALL ELECTRICAL WORK SHALL BE IN COMPLANCE IN THE CURRENT ED; OF THE MATIONAL ELECTRICAL COOR, THE CONTRACTORS SHALL ADVISI ARCHITECT OF BROWNER REVIEWING DR ANY ITEMS THAT OD REST MEET WITH COOR SHEROUALS.
- COMINA WALL CURRENT REQUIREMENTS OF THE AGA ACCESSIBILITY QUARTERS A PORTAL WORN DISCONSIDERABLE AN AVAILABLE PREPORTED AN HOTE OF MOST, THE CONTRACTORS BALL ARBITS THE ARRESTED OR EXCHAER IN WRITING OF ANY ITEMS THAT OR HOT MIST WITH CODE AMERICALS.
- NI, ALL PRINIO AND DUCTIVIORY SHALL RE LOCATED AND COORDINATED WITH ARRIVETICTURAL PLANE, ALL PRINCS AND ENCITYORN SHALL SE CONCEALED IN FINISH AREAS UNLESS DIRECTED OTHERWISE BY THE CRAWNISE ANSOIN THE ENGINEER.
- THE SIGNATURE OF THE STREET AND STREET AS A STREET AS

- 22. WHERE PRODUCTS ARE SPECIFIED BY BRAND HAVE, CATALOG JAMORES OR BY MAILES OF MANUFACTURERS, THE REFERENCE IS IN THANSO TO THE DESCRIPTION AND HOW RESTORED AND BE SOLLY FOR HE PARTIES OF SELECTION OF THE PARTIES OF THE SELECTION OF THE PARTIES OF THE DEALMAN, CONTRACTOR OR SHIP DEALMAND SHAWN TITLES THE DEALMAN, CONTRACTOR OR SHIP DEALMAND, AND SHIP OF THE PARTIES OF THE PARTI
- 22. THE WORK COVINED BY AND INCLUDED IN THESE DRAWINGS AND SPEED FOR THE SECOND OF THE FURNISHING OF ALL MATERIALS, ALL EQUINNESS, LAUGH, FOLIA, and COMERCE EXECUTION OF THE WORK FOR THE SPEED FOR THE SECOND OF THE SECOND OF THE SECOND OF THE SECOND OF THE CONTROL OF THE C
- NLE CORE DINLE, CUTTING OBJOILTICH ANDON EQUIPMENT AFFECTING EXISTING CONSISTIONS AND PATCHING OF EXISTING ANDON HIS WIT CONSTRUCTION OF EXISTING PANLL OF COSTOCIAN TO WITH THE CONSTRUCTION OF EXISTING PANLL OF COSTOCIAN TO WITH THE TRACES, ALL PATCHING SHALL MATCH AND OF FURSH WITH THE ADARCHIT MATERIAL AND PRIMENS, UNLESS WATER STATE STATEMENT.
- 25. ALL MATERIALS AND EQUIPMENT PROMOBERS THE COMPACTOR BHALL BE BROWN APPLOT PREPRIETORS AS LEARNESS AND SHALL BE TOPED AS THE MANUFACTURED'S RECOMMENDATION AND SHALL BE STORED AS THE MANUFACTURED'S RECOMMENDATION AND SHALL BE RESTORED OF ROW MATERIALS AND LESS AS A STATE OF A COMPANY OF THE ASSOCIATION OF THE ANTI-MOST VILL. BE STEED, LISTED AND LANGUAGE OF AN APPROXIME ANTI-MOST VILL. BOX. ETL. AND SHALL BE INSTALLED WITHOUT STATE OF THE LISTED AS A STATE OF THE ASSOCIATION OF THE ASSOCIATION OF THE LISTED AS A STATE OF THE ASSOCIATION OF THE ASSOCIATION OF THE LISTED AS A STATE OF THE ASSOCIATION OF ASSOCIATION OF THE ASSOCIATION OF ASSO
- 26. P. RAMES I ROATING IS SPECIFIED. ALL CHAPE & GALADIO CAN THE BROBEST GARRIES BY CONTRIBUTION OF THE CONSIDERS FOR SPECIAL TAPPS COMMISSION STANGARD FOR ARCHITECTURA. CHARGE MATTERIALS AND THE FLAT CASH WHITE TIME ASSOCIATION. SPECIFIED CASHING MATTERIALS AND THE CONFORMANCE WITH ANALY CREEK, FLATA, OR COVERING COSTIS STRULLES CONFORMANCE WITH ANALY CREEK CONTRIBUTION OF THE PROPERTY OF THE WINDOWN WITH A MACHITECTURA WINDOWN CONTRIBUTION OF THE PROPERTY OF THE WINDOWN WITH A MACHITECTURA OF THE PROPERTY OF THE WINDOWN WITH A MACHITECTURA OF THE PROPERTY OF THE WINDOWN WITH A MACHITECTURA OF THE PROPERTY OF THE WINDOWN WITH A MACHITECTURA OF THE WINDOWN WITH WINDOWN WITH A MACHITECTURA OF THE WINDOWN WITH A MACHITECTURA OF WINDOWN WITH A MACHITECTURA OF THE WINDOWN WITH A MACHITECTURA OF WINDOWN WITH A MACHITECTURA OF THE WIND
- 27. YE DOLID WOOD BLOCKING SHALL BE PROVIDED IN ALL AREAS WHERE SOLID AMONORADE IS REQUIRED, PROVIDE ROUND HOME PARTY AND MISCELLA MADED BLOCKING AND BOOKING OF COMMENTAL MODIFICATIONS OF MISCELLA MADED BLOCKING AND ROUND COMMENTAL BLOCK HOME OF MISCELLA MADED BLOCK HOME OF MADE AND MADED BLOCK HOME STORE AND MADED BLOCK HOME STORE AND MADED BLOCK HOME STORE HE ACCORDINATE AND AND MADED BLOCK HOME STORE HE ACCORDINATE. HISTALLED AND
- 26. AT THE TOWNSHIP THE YEARS, O.C., DIMALL BURNET CREATIFIES A MAD TO THE WORLD REPEATED FALL TO THE ANALYST TO THE CONDUCT REPEATED FALL TO THE ANALYST TO THE CONDUCT REPEATED FALL TO THE ANALYST TO THE CONDUCT REPEATED FALL TO THE WAS AND FORCE AND PROBLEMENT, AND DESTRUCTIONS FOR THE ALLATION, STANKING OFFICER AND PROBLEMENT, AND DESTRUCTIONS FOR THE ALLATION, STANKING OFFICER AND PROBLEMENT AND THE ANALYST AND THE ANALYST
- 25. CLE. SHALL REPARLY RESPONSES, EYON CONSTRUCTION PROCRESS, AND WHERE DELAYS HAVE GOOD, RED DUE TO CONTRACTOR'S FAILT, MAKE UP THE LOST THE AT HIS DWAR EXPENSE AS NECESSAY! TO MARTAIN THE CHARMS SHEEPING SHEEPING. COORDINATE WE WANTER A RECESSAY!
- GENERAL CONTINGTOR HALL BE RESPONSILE FOR BUPPORTING ALL SALEDNO ELEMENTS FLURING CONSTRUCTION. CONSTRUCTION LOADS MAY NOT EXCEED DESIGN LOADS.
- ST. ALL CODE INGHADE REDURE HEIGHTS & COORDINATION INVALL MEBY O.C. & CONNERS, INCLUDING ANY POWER REQUIREMENTS.
- SA. WHERE SPECIAL REPECTION ARE REQUIRED. THIS SHALL BE THE BESTONESHILLTY OF THE OWNER ON G.C.
- II BAWKERLYAMERLYAMONTHLY SITE YISTES SHALL BE BY THE DAMER.
 AND YELL AND THE CONTRACTOR TO REVIEW OVERALL PRODUCES OF THE

DEMOLITION PLAN GENERAL NOTES:

- 1. FIELD VEHIFY ALL EXHITING CONDITIONS NOTIFY ANOHITECT OF ANY
- 2 COORDINATE ALL DENCH (TICK) WITH ENDINGERING DRAWWING
- VEHEY ALL ENETING STRUCTURALADAD BEARING CONDITIONS PRICE TO MAY DEMOLITICAL WORK OR AIM CONSTRUCTION, CONTACT ARCHITECT IF ANY
- PROTECTION TO BE PROVIDED FOR ALL BASE BUYONG CONSTRUCTION AND ALL EXISTING BLEMBHTS TO REMAIN, INCLUDING BUY NOT LIMITED TO, FLOORING PARTITIONS, BUNDED DOORS, FRANCE, PRISONS.
- 6. ALL VIALLE, CARRIVORE, ADDISSORRE, APPLIANCE, PRITURES, EXECUTIVOS, ETC, 3HOME DASHED ARE EXISTING TO BE REMOVED, O.C. TO FIELD YEARY ALL EXISTING CONCINCIONS. PATCH AND PREPARE ALL DAMAGES SURFACES: SCHEDULED TO RECEIVE HEW CONSTRUCTION ARRIVED WEW MARKETS.
- REMOVE ALL EXISTING FLOORING BASE WALL COVERNINGS AND ALL ADVISIVES. IN THEM ENTIRETY AND PREPARE HEAVY EXPOSED SUMMITTATES TO RECEIVE MEMPHRIPES, PATCH AND LEVEL ALL DIAMAGED FLOOR AREAS.
- ALL EXISTING COCINS, FRAMES, HARDWARE, AND SISTEMSHIP SHOWS CASHED
 AND TO BE CAREFULLY REMOVED AND TURNED OVER TO THE SULCING.
 MANAGEMENT FOR FOSSING EREUSE.
- A. ALL EXISTING MATERIALS SCHEDULED TO BE REMOVED SHALL BE DESPOSED OF WARLENGTONISM TRALLY APPROPRIATE FASHOOL, COOMBINATE WITH BUILDING MANAGEMENT AND MAINTENANCE. SEC. BHALL CAP ALL UTRATIES, AT CASEWORK OR OTHER DEMOLESHED ANIMAS BELOWFICOR, RECHI THE CITCHIO, OR HISIDE OF A PARTITION AS ASSOCIATION.
- 63 S.C. SHALL CLOSE HATH MATERIALS TO MATCH ADJACENT SURFACE/ALL OUT-CHILLE, FIRMO AND CONDUIT OFENINGS THAT ARE SCIEDULED TO BE REMOVED DR A TEMPO.
- IT GC. TO TURN OVER AIR LAUGED BUILDING STANDARD CONSTRUCTION MATERIALS TO CAMPARENT DISC MANAGEMENT.
- 12. ARMOVE ALL MIDDELLARGOUS WALL MISSIMED HEMS SICH AS SIGNADE, TACH BOARDS, ETC, AND RETURN TO SULDING AMMISCHEIM. COORDINATE W CANNER TEMS BEING HEMOVES WHICH ARE TO BE SALVAGED FOR BUILDING \$1000.
- IC. O.C. SHALL PROVIDE ALL HEN DIFFERINGS REQUIRED IN NEW AND EXISTING PARTITIONS, MASORITY WALLS, PLOORS AND DESPREYED HEW AND EXISTING RECEIVED AND ADDRESSED REPORTED AND ADDRESSED WITHOUT AND EXISTING VICTOR AND ADDRESSED ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED AND ADDRESSED ADDRESSED AND ADDRESSED ADDRESSED
- 14. O.C. SHALL PRUSE AHOOR RELOCATE EXG POWER RECEPTACLES. VOICEDATA MODES, WARDNESS THERMOSTATS. PULL STATICHES, HORN STROSES, AND ALL OTHER RELATED ITEME & ACCESSORISE. QLC. TO PATCH ALL WIRC, OUTLET, SWATCH, ETC. LOCATIONS HOP SEAN RELIGIEST.
- 15. O.C. TO RELOCATE EMBTING PINE EXTINGUISHERS OR PROVIDE NEW EXTINOULINERS TO ACTO HOT TO EXCED CODE REQUIRED DISTANCES. F.V. LOCATION BY WITH OWNER & ARCHITECT. G.C. SHALL RECHARGE ALL DISTANG F.E. TO REMAIN.
- M. G.C., TO MAINTAIN A CLEAN WORK EMIRONMENT DURING DEMOLITICH, G.C. FO TAKE APPROPRIATE MANAGERS SO THAT CONSTRUCTION DEBRES AND DUST IS NOT DEPREMENTED THROUGHOUT THE BULLDING, INCLUDING THE MAKE SYSTEM.
- G.C. SHALL SELECTIVELY DEMO, PORTIONS OF EXISTING RESINFORCED. CONCRETE SIAN TO FACILITATE INSTALLATION OF NEW M.E.P. SYSTEMS, HIPLUIN ACCINITION IS AND ACCION TO MATCH & ALIGN WATH EXISTING AFTER WALP, SYSTEMS ARE OF EACH.

PARTITION PLAN GENERAL NOTES:

- I DOUGH ODDING FOR DOING HALL HE IF THOM PERPENDICULAR WALL-LING
- DIMENSIONING NOTED TO PINISHED SURFACES U.N.O.
- CONTRACTOR IS RESPONSIBLE FOR VERIFICATION OF ALL FIELD MEASUREMENTE
 FRED COURT RICITION, AND INSTALLATION OF REPAIR CORRESPONDED OF ALL
 TRACES AND OWNERSTEINS VERY SUPPLIED TEXT, AND THE MEASURE AND METHODS OF
 CONSTRUCTION, OL. IS RESPONSIBLE FOR ASSAURING FOR HOSSITING FACILITIES,
 FRANCIAL FOR FOR THE HOLDING OF MATERIAL

 FRANCIAL FOR FOR THE HOLDING OF PARTERIAL
- O.C. TO OVERSEE CLEANING AND ENGLIRE THAT THE PREMISES ARE MAINTA FREE OF TRADE (CLIMIC EDISTRICTED). INVAL CLEARLY IS THE RESPONSE OF THE CONTRACTOR, REPAIR, PAIGN TOUGHER, OF REPLACE MARKED SUPPLIES MICHAGINES (ECHAGIC MITT TURNICKE).
- E. G.C. IS REPROVEDED. FOR VEHICHING LEVEL OF FLOOR FOR DOORS AND GROW PRAMES. TOPS OF COOR FRAMES SHALL MEANINLEVEL AT CONTROLLED.
- WHEN VAPPROVED EQUALS". TIGUM TO ON CHALIFYING TERMS ARE USED IT BRACE.
 HE HADED LIFEM THE BUNDA AND APPROVAL BY THE DAMER AND ARCHITECT.
- HINN HARDWARE FOR ALL DIDRES TIMOUGHOUT BODIE OF WORK SHALL MEET CHRISTITADA REQUIREMENTS.
- 8. AU, FEING AND DUCTHORN SHALL BE LOCATED AND COOHDHATED WITH ARCHITECTURAL PLANS.
- ALL MATERIALS AND EDUPMENT INSTALLED SHALL BE PRIMEY SUPPORTED AND SECURED TO THE BUILDING STRUCTURE. BY THE RESPECTIVE CONTRACTOR.
- 10. EACH CONTRACTOR SHALL THURSOLULLY PARILLARDE HARREST-WITH THE ENTRETY OF THE CONTRACT COCUMENTS SO THAT HURSE CLEARLY LACERITATION HISHER RESPONMENTY TO THE WORK TO BE PERFORMED LACER THIS CONTRACT.

REFLECTED CEILING PLAN GENERAL NOTES:

- I HEFER TO ENGINEERING DISAMINGS FOR ALL LIGHTING SPECIFICATIONS
- 2. ANY MATERIAL INSTALLED ABOVE CERLING DURING CONSTRUCTION SHALL BE NOW, COMMUNITALL WIACCORDANCE WITH MERA TO
- 2 ALL DAMANDON LAST TO CENTERUNE OF FIXTURE
- A REAL TO DIRECT AS 20 FOR EINCH SPECIFICATIONS.
- a.c. to contribute out of the present of the property of the prop
- ILO, TO PREDI GIDONDINATE MECHANICAL WORK, INCLUDING RELOCATING EXISTING ERLING DIFFERENT, TO MEET LOCAL CIDOSE AND DRIDMANCES TO MEET LOCAL DODGS AND ORDINANCES.
- 7. M.C. TO COORDINATE LOCATIONS OF WALL-HOUNTED THERMOSTATS TO MEET LOCAL CODES AND ORGANIZES.
- E.E. TO CODROWNTI, EMBISSION LIGHTING, PULL STATIONS, AND ADA HOMHITTROSS LOCATIONS TO HIST LOCAL CODES AND ORDINANCIS.
- I. E.C. TO COORDINATE LOCATIONS OF L.E.G. EXIT SIGNS TO MEET LOCAL COORS AND
- IR. S.C. TO COORDINATE THE LOCATIONS OF AULLIGHT SWITCHES TO HEET LOCAL COORDINATE ON DUBLISHED IN
- 11. P.C. TO COORDINATE ALL SPRIMLER HEAD LOCATIONS AS REQUIRED TO MEET

GENERAL FINISH NOTES:

- 1. ALL PROBRES SHALL BE INSTALLED IN OFFICE ACCORDANCE WITH THE IMMUNICATIONERS OF SCIENCIA AND INSTITUCTIONS AND INSTITUCTIONS AND INSTITUCTIONS AND INSTITUCTIONS AND INSTITUCTION AND INSTITUCTION AND INSTITUCTION IS THE EXCLUSIVE RESPONSIBILITY OF THE COMMISSION AND IN EMPERICATION BETWEEN RESPONSIBILITY OF THE
- CONTRACTOR TO BUBBIT FULL BANKLE OF 12' X 12' SAMPLE OF ALL CONTRACTOR TO IDURATE TALL BANNEL OR 12° Y 17 SAMPLE OF ALL BANNEL OF MACOFFERDING PRODUCT ON DEPARTMENT OF THE ALL BANNEL OF MACOFFERDING PROCESSION WITH PROCUMENTING. THE RESPECTIVE PROTECTION WITH PROCUMENTING. THE RESPECTIVE PROTECTION WITH PROCUMENTING. THE RESPECTIVE PROTECTION WITH ALL BANNEL PROMITTING OF THE BANNEL OF THE ALL BANNEL PROMITTING OF THE BANNEL OF THE BANN
- THE MEDICAL PLOCATION TO THE THE WORK OF T
- EHOLD THE GCANSTALLER REQUIRE ANY CLARIFICATIONS, THEY SHOULD BRING THE STEMS TO THE ATTENTION OF THE ARCHITECTICESCONE FOR ORRECTION, BEFORE PROCEEDING WITH ANY WORK IN QUESTION.
- FFECHED FRANCES SHALL EXTEND OVER, UNDER ANDOR BERND ANY HEAR OR SIZE THE MILLWORK, ECUPWENT, MIRRORS, ETC., AS REDUCATED ON
- EXISTING MATERIALS ON STEMS SCHEDULED TO REMAIN, WHICH ARE DAMAGED BY CONSTRUCTION, SHALL BE REFUNED, PATCHES OR REPRICING TO THE MEANIST INTERSECTION, THIS WILL RESTORE THE FRISH TO THE ORIGINAL CONDITION WITH NO COST MOVE THE CONTRACT TO THE OWNER.
- 2. DEFER TO FINITH SCHILDLE FOR CEDING FLOORING AND WALL ENGINEER
- ALL TRIBER MATERIAL TO 86 ORDERED UPON RECEIPT OF PROJECT TO AVOID LEAD TIME DELAYS.
- G.C. TO LEVEL, REPAIR, AND PATCH PLOOR SUBSTRIATE AS REQUIRED FOR EACH FADOR FINISH PRIOR TO PLOORING MATERIAL HISTALIATION.
- INTERSECTION OF TWO DIFFERENT (COLOR OF MATERIAL) FLOOR MATERIAL SHALL OCCUP AT CORRESOR SIDE OF THRESHOLD AT FRAMELESS GYSHAMS AND COLORES DUSGER THOOGS SOOF DOOR AT OFFINES, WITH DOORS
- ALL DIYANEL WALLS ALLEPCOPED BINKS BE ALEVEL 4 PINSM AND BE PAINTED WITH DESIGNATED PAINT, ONE COAT PRIMER, USES, SHEETRICK PRIMER AND STRICK COATS, WEER WRITERADE WALLCOVERING IS SHEETRICK PRODUCE SETS & PRIMER WRITERADE WALLCOVERING IS SHEETRICK, PRODUCE SETS & PRIMER PAINT AND A PROPERTY OF THE PAINT AND A PROPERTY OF THE PAINT AND A PAINT
- ALLOWALL FLOORING WATERWALE TO ACCUMATE FOR THREE DIDAYS FINDS
- ALL UNDIED AND BALVAGEABLE MATERIALS SHALL IN RETURNING TO THE CHARGE AND STORED AT THEIR DISCRETION. CONTRACTOR TO SUBMIT TO CHARGE SPERIOR SPERIOR OF EACH FAMILY UTILIZED AS ATTIC STOCK AT THE CF SUBSTANTIAL COMPLETION.

FURNITURE PLAN GENERAL NOTES:

- 1. ALL PURNATURE MICHINE FOR REPERENCE DIAY.
- REFER TO ENCINEERING DRAWINGS FOR FURNITURE FORENCATA

CASEWORK AND APPLIANCE NOTES:

- 1. B.I., TO COORDINATE FINAL CASEWORK OPENING SIZES WITERAPT OR OWNER APPROVED APPLIANCED.
- 2. O.C. TO COOKDINATE POWER & UTILITY REQUIREMENTS WETERANT OF DWGEN-APPROVED IN OWING PICTURES AND APPLIANCES.
- 1. G.C. TO COOKDMATE CHOWNET AND FLUMBING REQUIREMENTS. OF ALL APPLIANCES WARM ASSURANCE.
- 4. Q.C. TO COORDINATE I'M BLOCKING W/ TENMIT OR CAMERIPROVING
- 5. ALL WORK MATERIALS, EYE SHALL COMPORAL TO WILL STANDANDS FOR
- MILLYCONER SHALL DETERMINE THE MARLARATE OF ALL FRIBRIES AND MATERIALS. TRACES HAD THEM SHOWN IN THESE COCCURRENT, MAY BELLY THAT MAY CAUSE POTENTIAL PRODUCTION OF BETTING ADDRESS WITH CONSTRUCTION SCHEDULG SHALL BE BECAUGHT TO THE ATTENTION OF THE ARCHITECT.
- MILL WIDNER TO COORGINATE FARRICATION OF CABRIETIN WITH FIE CONDITIONS AND FIELD LOCATIONS OF POMERTICA FAIR RECEPTACES. PLANSING LIVES AND FIELDS AS SHOWN ON DIFFAVAIOR.
- E. REFER TO INTERIOR ELEVATIONS, DETAILS, SECTIONS FOR CARRIET CONSTRUCTION.
- ALL EPOSED SURFACES, PICLUSINO ALL DOOM ESISES, ETC. SHALL SE PRISHED TO MATCH THE GOST THE LEVANT ADJACENT INSTERNAL HILLMONISMY TO COMMANT ADMINISTED AND SURFACE MATERIAL IS IN CRESTON. INTERIOR ELIVEACES SHALL SE MELANINE UNIO, REVER TO MILLMONIS CHECKLISE FOR ALL (MINE) ARESTORNOSIS.
- W. ALL LINES OF BUILDING STANDARD PROPERTY OF PRINCIPAL
- ALL CHANGE STREET SHALL BE "ACSTREET," BLOW", OR EQUAL AND MOST WE PATED YOR 73 LBS, LOAD AND 78 EXTENSION, EASY-CLOSE WAS:
- IZ. ALL INTERIOR ENGLYE'S CLIPS, SLUN OF TOUR, \$34004-5MINELEAR.
- 12. CASHIETS AND COUNTER TOPS SHALL BE ANCHORED A SECURED AND NUMBER OF ADMISSION SUPPLIES.
- 15. GL. RESPONDRUE FOR PROPER FITTINGS COONGRATION OF WORK CONSTRUCTION TECHNIQUES, MATCHINES, AND WORK REIZUMED BY CONSTRUCT DOCUMENTS.



NEXT architecture

WHENENE MOVING REPORTS

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CENTERS BIS 7TH AVENUE PETERSBURG, FL.

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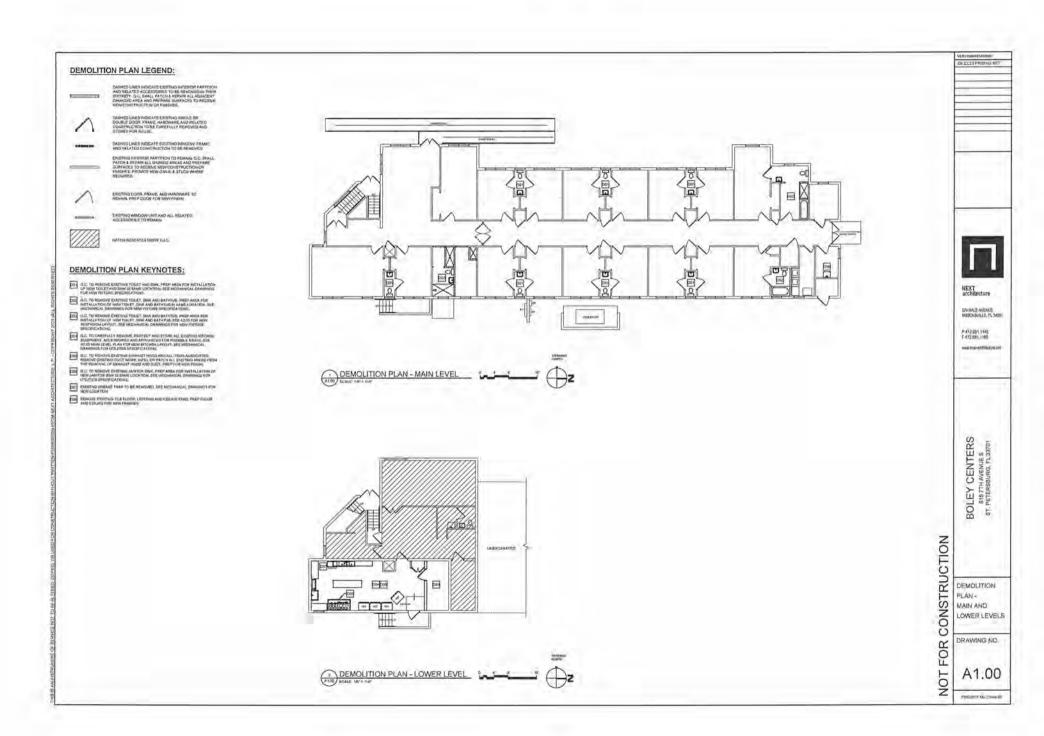
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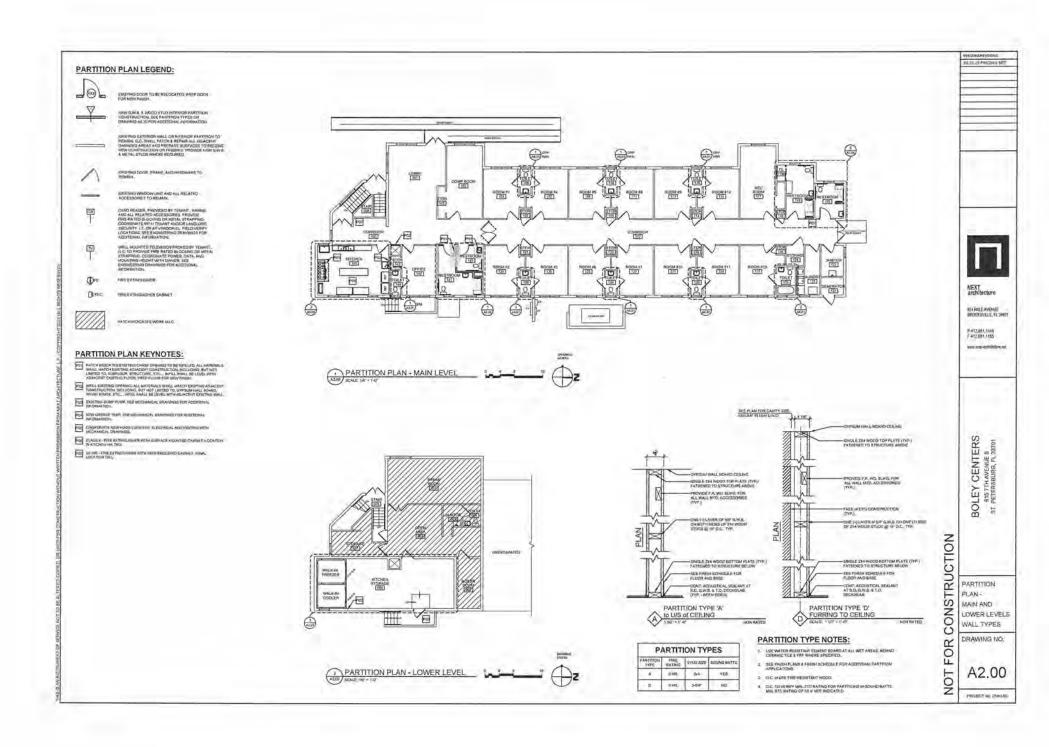
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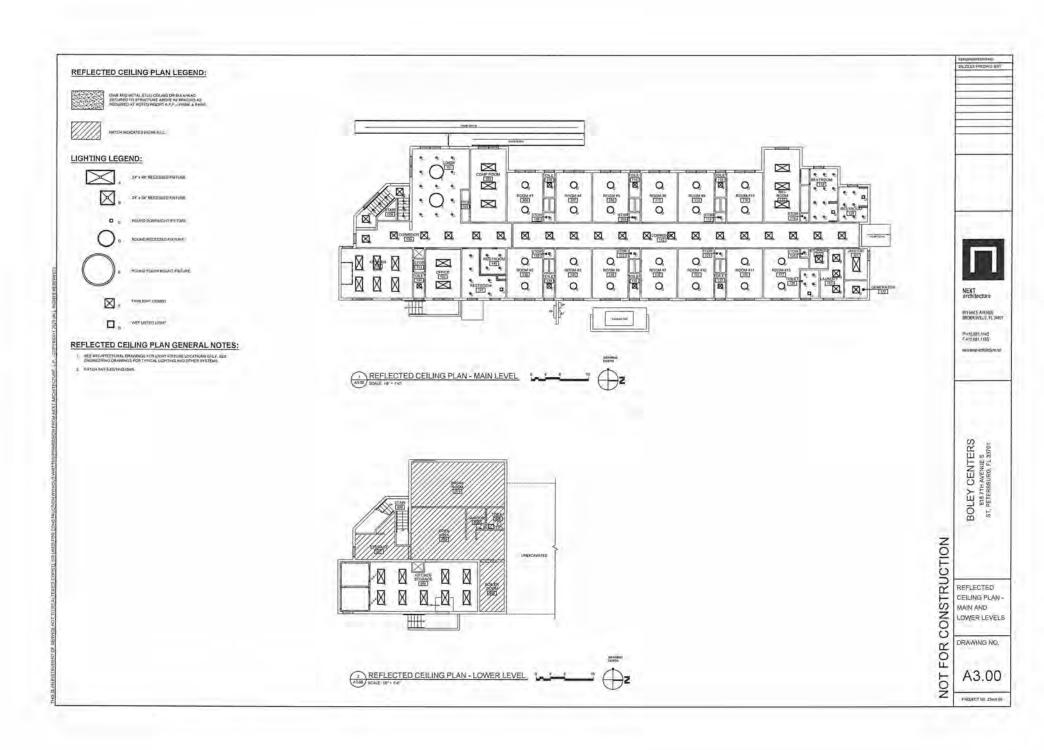
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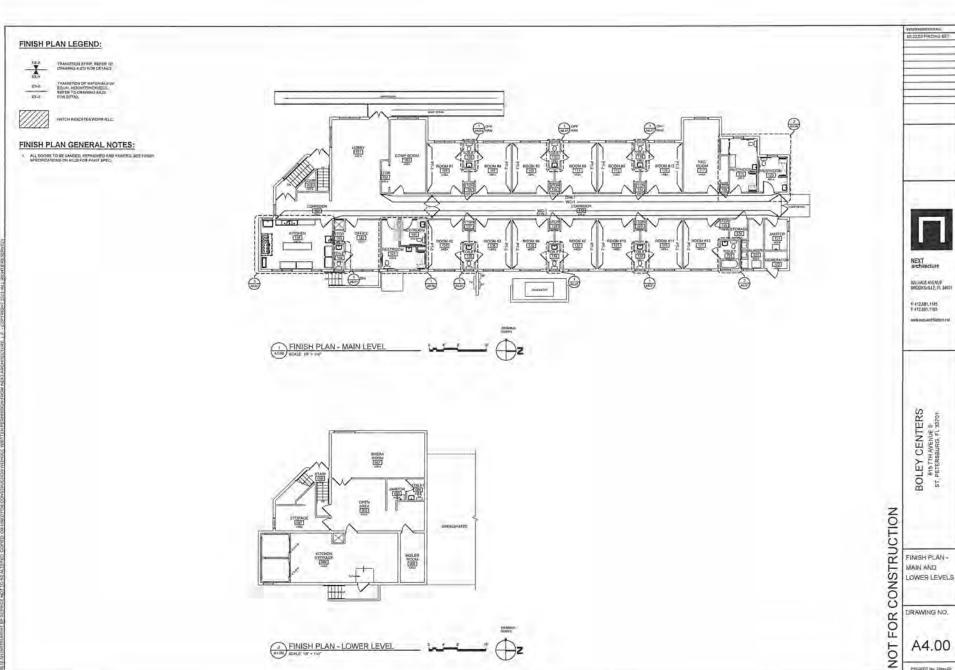
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ALL WORKS SHALL, SE IN ACCORDANCE WITH THE APPLICABLE MANUFACTURES SPECIFICATIONS.









PROJECT No. 150xx.00



TOILET ACCESSORIES NOTES:

- ON SEAL CONTRACTOR SHALL PROVIDE FIRE RATED BLOCKING OR HETAL STRAPPING AT ALL WALL WORKTED TEMS.
- , PLUMBIAGI CONTRACTOR SHALL PROVIDE TRAP WRAP BY GROCAR PROTARTS INC. (OR EQ.) TO WEST AGA REQUIREMENTS AT ALL SINCE
- 1 CENERAL CONTRACTOR SHALL HOURT ALL ITEMS TO HEET ADA RECLEVEMENTS
- 4 G.C. TO COORDINATE WALL DEPTH TO ALLOW FOR RECESSED ACCESSORY INSTALLATION AS REQU
- 5. REFER TO MEP DRAWINGS FOR PLUMBING POYTURE SPECIFICATIONS.

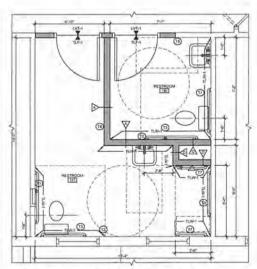
	APPLIANC	E SCHEDULE	
TAGE	MANUFACTURER	PRODUCT #	REMARKS
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APPLIANCE EQUIPMENT NOTES:

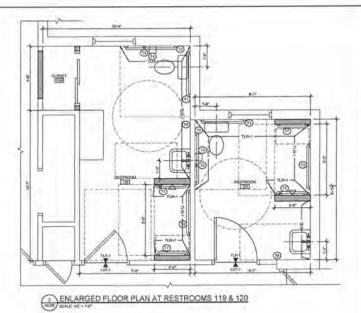
LUNCESS NOTED OTHERWISE, ALL APPLIANCES TO BE FURNISHED AND INSTALLED BY

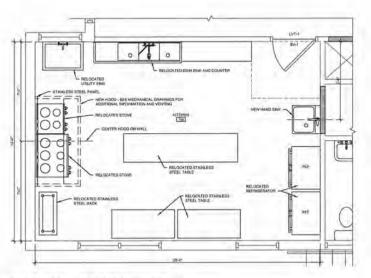
- 1 G.C. OR G.C. IS SUBCOMPRACTOR SHALL PROVIDE UTILITY ROUGH-HI AS BRUCATED ON HEP

	CASEWORK FINISH	SPECIFICAT	TONS
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X-XX	0003		



ENLARGED FLOOR PLAN AT RESTROOMS 140 & 141





ENLARGED FLOOR PLAN AT KITCHEN

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BOLEY CENTERS
B15 TH AVENUE S
ST. PETERSBURG, FL35701

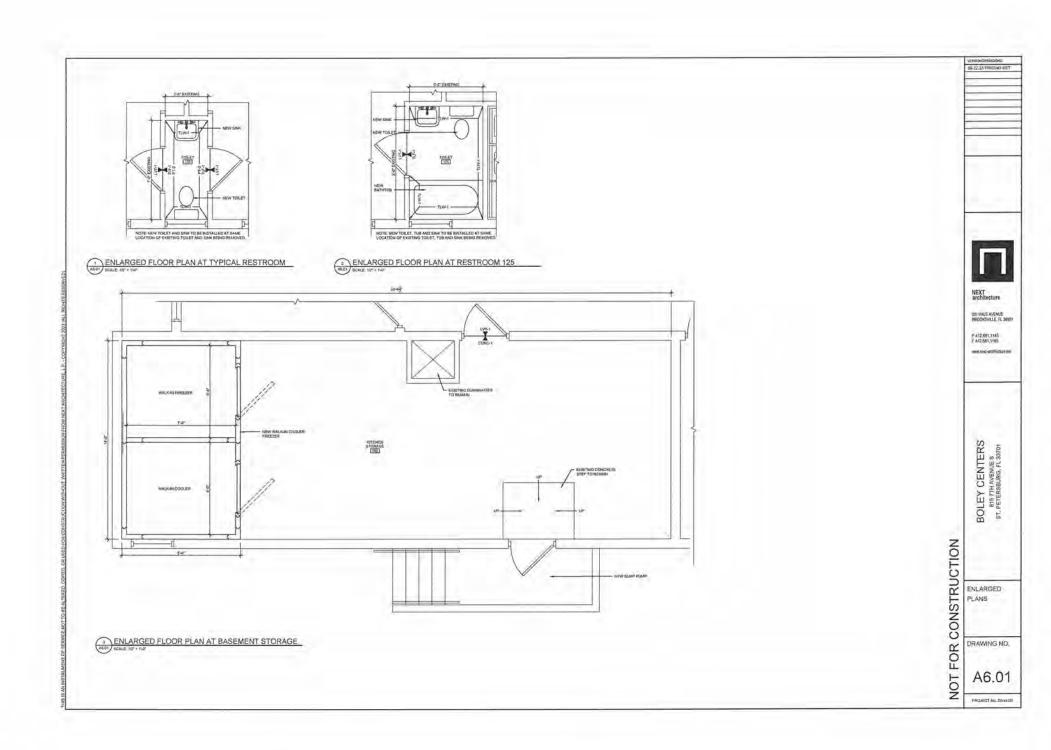
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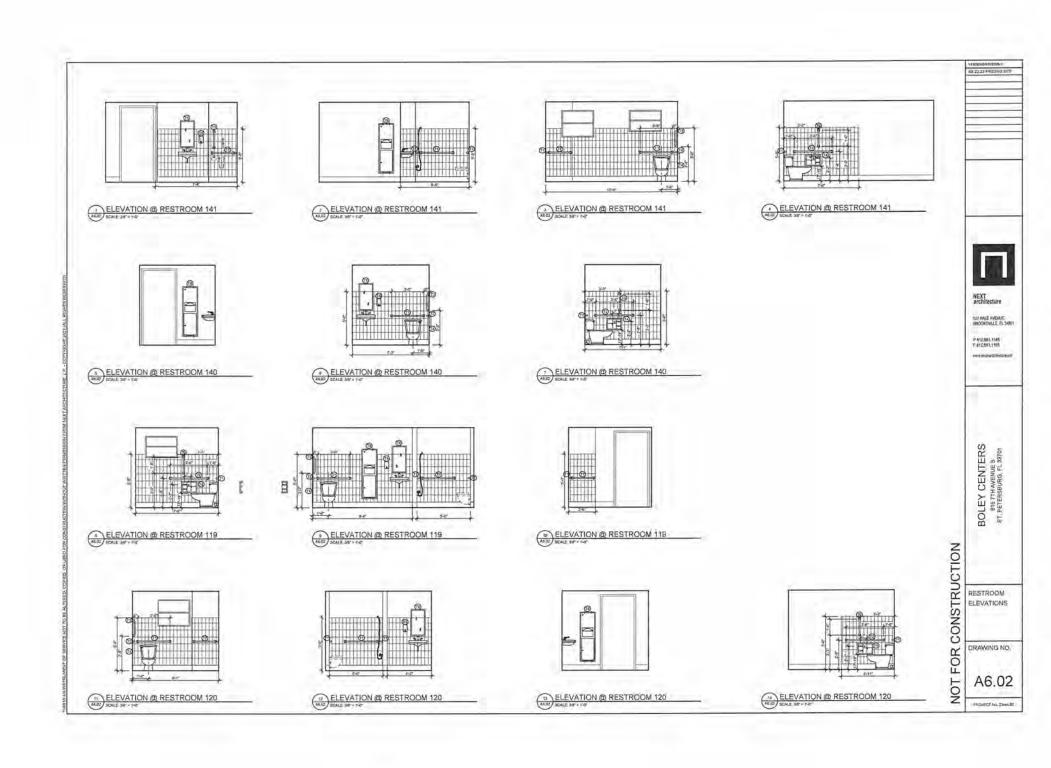
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PROJECT No 23WE DO





ERS Report from 07/01/2021 to 09/29/2023

Note: This report includes transferred services that may appear as duplicates. Please keep this in mind when using this report for any type of totals.

The number in () next to the Standard Fee column indicates which guarantor number the service was transferred to. The TRA indicates the service with the "new" guarantor.

Staff ID	EP	Date of Serv	Serv	Prog	Start Time	Dur	Units	Guar ID	Client ID	Name	DJJ ID	Standard Fee	Original Liab	Net Liab	Claim Number	Billing Date	Adj	Trans	Pay
000011	3	02/15/2022	3067	5600	05:15 PM	15	1	120	3062	BOYER, JAMES		150.00	150.00	0.00	41072	02/26/2022	53.00	0,00	97.00
002929	1	05/25/2022	3067	5600	03:07 PM	15	1	132	3160	FRAZIER, DEBORAH		150.00	150.00	53.00	43340	06/13/2022	0.00	0.00	97.00
002929	1	12/29/2022	3067	5600	01:58 PM	15	1	132	3160	FRAZIER, DEBORAH		150.00	150.00	53.00		01/19/2023	0.00	0.00	97.00
002929	1	05/18/2022	3067	5600	06:34 PM	15	1	132	4351	HENDERSON, TANYA		150.00	150.00	150.00	43040	05/26/2022	0.00	0.00	0.00
002929	1	11/17/2022	3067	5600	04:54 PM	15	1	132	4351	HENDERSON, TANYA		150.00	150.00	150.00	46385	11/25/2022	0.00	0.00	0.00
002929	1	06/20/2023	3067	5600	06:59 PM	15	1	132	4351	HENDERSON, TANYA		150.00	150.00	150.00	49760	07/06/2023	0.00	0.00	0.00
000067	5	01/15/2022	3067	5600	03:54 PM	15	1	132	4357	SEAMANDS, KELLY		150.00	150.00	53.00	40285	01/22/2022	0.00	0.00	97.00
000067	5	07/18/2022	3067	5600	01;51 PM	15	1	132	4357	SEAMANDS, KELLY		150.00	150.00	150.00	44643	08/19/2022	0.00	0.00	0.00
000067	5	02/20/2023	3067	5600	03:44 PM	15	1	132	4357	SEAMANDS, KELLY		150.00	150.00	150.00	48102	03/18/2023	0.00	0.00	0.00
002929	1	05/18/2023	3067	5600	01:40 PM	15	1	132	4731	SEAQUIST, SUSAN		150.00	150.00	53.00	49185	06/10/2023	0.00	0.00	97.00
000011	1	07/30/2021	3067	5600	04:00 PM	15	1	132	5202	ADELAJA, NICOLE		150.00	150.00	0.00	36742	08/06/2021	53.00	0.00	97.00
000011	1	01/28/2022	3067	5600	04:00 PM	15	1	132	5202	ADELAJA, NICOLE		150.00	150.00	0.00	40710	02/08/2022	150,00	0.00	0.00
000067	1	08/04/2022	3067	5600	03:24 PM	15	1	132	5202	ADELAJA, NICOLE		150.00	150.00	0.00	44644	08/19/2022	150.00	0.00	0.00
000067	1	02/20/2023	3067	5600	12:24 PM	15	1	132	5202	ADELAJA, NICOLE		150.00	150.00	0.00	48104	03/18/2023	150.00	0.00	0.00
000067	1	09/08/2023	3067	5600	10:05 AM	15	1	132	5202	ADELAJA, NICOLE		150.00	150.00	150.00	50746	09/15/2023	0.00	0.00	0.00
000067	5	03/14/2023	3067	5600	11:05 AM	15	1	132	6282	ADAMS, PATRICIA		150.00	150.00	150.00	48105	03/18/2023	0.00	0.00	0.00
000067	6	07/14/2021	3067	5600	02:30 PM	15	1	132	7248	HOHM, JARRED		150.00	150.00	0.00	36460	07/21/2021	150,00	0.00	0.00
000067	6	01/14/2022	3067	5600	12:13 PM	15	1	132	7248	HOHM, JARRED		150.00	150.00	0.00	40287	01/22/2022	53.00	0.00	97.00
000067	6	08/01/2022	3067	5600	02:15 PM	15	1	132	7248	HOHM, JARRED		150.00	150.00	0.00	44645	08/19/2022	53.00	0.00	97.00
000067	6	02/07/2023	3067	5600	05:08 PM	15	1	132	7248	HOHM, JARRED		150.00	150.00	0.00	48106	03/18/2023	53,00	0.00	97.00
000067	6	09/08/2023	3067	5600	09:45 AM	15	1	132	7248	HOHM, JARRED		150.00	150.00	0.00	50747	09/15/2023	52.14	0.00	97.86
000071	7	04/25/2022	3067	5600	02:42 PM	15	1	120	8111	MILLAN, JANETTE		150.00	150.00	0.00	42405	05/03/2022	53.00	0.00	97.00
003065	7	11/04/2022	3067	5600	04:47 PM	15	1	120	8111	MILLAN, JANETTE		150.00	150.00	97.00	46348	11/25/2022	53.00	0.00	0.00
002967	7	05/12/2023	3067	5600	08:53 AM	15	1	120	8111	MILLAN, JANETTE		150.00	150.00	0.00	49014	05/18/2023	53.00	0.00	97.00
002992	3	01/12/2022	3067	5413	11:00 AM	120	1	120	9279	WALKER, JOSEPH		150.00	150.00	0.00	40465	01/30/2022	53.00	0.00	97.00
000308	3	08/17/2022	3067	5413	02:20 PM	15	1	120	9279	WALKER, JOSEPH		150.00	150.00	97.00	44904	09/05/2022	53.00	0.00	0.00
002883	8	08/04/2022	3067	5660	12:00 PM	120	1	120	11399	BROOKS, TONY		150.00	150.00	0.00	44609	08/15/2022	53.00	0.00	97.00
002883	8	02/03/2023	3067	5660	12:00 PM	120	1	120	11399	BROOKS, TONY		150.00	150.00	0.00		03/07/2023	53.00	0.00	97.00
002909	3	04/25/2022	3067	5471	03:47 PM	15	1	132	11819	MCCOY, KEVIN		150.00	150.00	53.00	42565	05/06/2022	0.00	0.00	97.00
000067	11	08/12/2021	3067	5600	04:34 PM	15	1	120	12147	KITCHEN, JOVANN		150.00	150.00	97.00		08/19/2021	53.00	0.00	0.00
002950	1	10/21/2021	3067	5410	07:30 AM	120	1	120	13870	HEWSTON, MIMA		150.00	150.00	97.00	38529	10/31/2021	53.00	0.00	0.00
000038	1	05/16/2022	3067	5410	03:06 PM	60	1	120	13870	HEWSTON, MIMA		150.00	150.00	0.00	43022	05/26/2022	53.00	0.00	97.00
002883	1	04/12/2023	3067	5660	11:30 AM	120	1	120	13894	RANDOLPH, KAMALA		150.00	150.00	0,00	48789	05/14/2023	53.00	0.00	97.00
000308	3	04/01/2022	3067	5412	04:27 PM	60	1	120	20359	CREEKMORE, ROBERT		150.00	150.00	0.00	42205	04/23/2022	53.00	0.00	97.00
000308	3	10/14/2022	3067	5412	02:36 PM	15	1	120	20359	CREEKMORE, ROBERT		150.00	150.00	97.00	45945	11/03/2022	53.00	0.00	0.00
002992	1	11/16/2021	3067	5472	09:00 AM	23	1	126	20472	JACKSON, THOMAS		150.00	150.00	53.00	39221	11/27/2021	0.00	0.00	97.00
002909	1	04/21/2022	3067	5472	10:00 AM	60	1	126	20472	JACKSON, THOMAS		150.00	150.00	150.00	42543	05/06/2022	0.00	0.00	0.00
002967	2	02/09/2023	3067	5600	02:28 PM	15	1	132	20497	KILLHAM, TERESA		150.00	150.00	150.00	48107	03/18/2023	0.00	0.00	0.00
002967	2	08/10/2023	3067	5600	11:23 AM	15	1	132	20497	KILLHAM, TERESA		150.00	150.00	150.00		09/02/2023	0.00	0.00	0.00
000011	7	10/11/2021	3067	5600	11:15 AM	15	1	132	20777	SIRGANY, JOHN		150.00		150.00		10/23/2021	0.00	0.00	0.00
000011	7	10/11/2021	3067	5600	11:15 AM	15	1	132	20777	SIRGANY, JOHN		150.00	150.00	150.00	38199	10/23/2021	0.00	0.00	0.00

Staff ID	EP	Date of Serv	Serv	Prog	Start Time	Dur	Units	Guar ID	Client ID	Name	DJJ ID	Standard Fee	Original Liab	Net Liab	Claim Number	Billing Date	Adj	Trans	Pay	
002967	7	10/12/2022	3067	5600	09:01 AM	15	1	132	20777	SIRGANY, JOHN		150.00	150.00	150.00	45769	10/24/2022	0.00	0.00	0.00	
002967	7	05/04/2023	3067	5600	10:44 AM	15	1	132	20777	SIRGANY, JOHN		150.00	150.00	53.00	48973	05/18/2023	0.00	0.00	97.00	
000007	8	10/18/2021	3067	3100	12:15 PM	76	1	120	20852	HUGHES,KRISS		150.00	150.00	0.00		10/31/2021	53.00	0.00	97.00	
000067	5	12/30/2021	3067	5600	05:07 PM	15	1	132	21059	MAHONEY, CHRISTINA		150.00	150.00	53.00		01/08/2022	0.00	0.00	97.00	
000224	8	04/29/2022	3067	3100	01:30 PM	60	1	132	21059	MAHONEY, CHRISTINA		150.00	150.00			05/06/2022	0.00	0.00	0.00	
000067	5	11/02/2022	3067	5600	03:19 PM	15	1	132	21059	MAHONEY, CHRISTINA		150.00	150.00	53.00		11/25/2022	0.00	0.00	97.00	
000067	7	02/14/2022	3067	5600	03:27 PM	15	1	132	21116	TURNER, PAULA		150.00	150.00	53.00		02/26/2022	0.00	0.00	97.00	
002883	1	10/20/2022	3067	5660	12:00 PM		1	120	21188	MARKLIN,KEITH		150.00	150.00	0.00		11/03/2022	53.00	0.00	97.00	
002883	1	03/22/2023	3067	5660	11:00 AM		1	120	21188	MARKLIN,KEITH		150.00	150.00	0.00		04/04/2023	53.00	0.00	97.00	
000296	2	11/22/2021	3067	5660	07:20 AM		1	120	21230	DEMBISHACK,KATRINA		150.00	150.00	0.00		12/13/2021	53.00	0.00	97.00	
000296	2	03/16/2022	3067	5660	01:30 PM		1	120	21230	DEMBISHACK,KATRINA		150.00	150.00	0.00		03/26/2022	53.00	0.00	97.00	
000296	2	08/10/2023	3067	5660	01:05 PM		1	120	21230	DEMBISHACK,KATRINA		150.00	150.00	-0.86		09/02/2023	53.00	0.00	97.86	
002883	9	09/19/2022	3067	5660	12:00 PM		1	132	21465	BILGER, JEFFERY		150.00	150.00	0.00		10/05/2022	150.00	0.00	0.00	
002883	9	03/17/2023	3067	5660	12:00 PM		1	132	21465	BILGER, JEFFERY		150.00	150.00	0.00		03/18/2023	150.00	0.00	0.00	
002929	1	08/26/2022	3067	5600	05:08 PM	15	1	120	21736	BALAN, JOHN		150.00	150.00	97.00		09/05/2022	53.00	0.00	0.00	
002929	1	07/14/2023	3067	5600	06:46 PM	15	1	120	21736	BALAN, JOHN		150.00	150.00	0.00		07/19/2023	52.14	0.00	97.86	
002967 002883	2	03/15/2022 11/03/2022	3067	5600	03:01 PM	15	1	132	22150	SIMS, REBECCA		150.00	150.00	53.00		03/27/2022	0.00	0.00	97.00	
	6		3067	5660	12:30 PM		1	132	22180	REYNOLDS, ROBERT		150.00		150.00		11/25/2022	0.00	0.00	0.00	
002992	2	10/07/2021	3067	5413	02:00 PM		1	132	22488	BELTRAN, LUIS		150.00	150.00	53.00		10/23/2021	0.00	0.00	97.00	
000308 002967	2	06/05/2023 10/19/2021	3067 3067	5413 5600	05:04 PM 12:37 PM	15	1	132	22488	BELTRAN, LUIS		150.00	150.00	52.14		07/19/2023	0.00	0.00	97.86	
000080	9	11/08/2021		3100	Table The State	15	1	132	22585	LEGGETT, JOHNNY		150.00		150.00	2 417,50		0.00	0.00	97.00	
080000	9	05/04/2022	3067 3067	3100	03:45 PM 07:45 AM		1	120	22900	ALLENDE, MARY		150.00	150.00	0.00		11/20/2021	53.00	0.00	97.00	
000080	9	10/17/2022	3067	3100	07:45 AM 01:18 PM	15	1	120 120	22900	ALLENDE, MARY		150.00	150.00	0.00		05/16/2022	53,00 53.00	0.00	97.00	
000080	9	03/27/2023	3067	3100	03:06 PM	15	1	120	22900	ALLENDE, MARY		150.00	150.00	0.00		11/03/2022	53.00	0.00	97.00	
000071	2	03/27/2023	3067	5600		15	1	132	22900 23213	ALLENDE,MARY COSTA,TYLER		150.00	150.00 150.00			04/04/2023 04/08/2022	0.00	0.00	0.00	
000308	2	07/21/2023	3067	5412	01:00 PM		4	120	23546	HARDIN, ALPHONSO		150.00 150.00	150.00	97.00		08/06/2023	53.00	0.00	0.00	
002883	1	05/12/2022	3067	5660	07:00 AM		1	120	23926	PELT, DESMOND		150.00	150.00	97.00	A CONTRACTOR	05/26/2022	53.00	0.00	0.00	
002883	1	11/10/2022	3067	5660	12:00 PM		1	126	23926	PELT, DESMOND		150.00	150.00			11/25/2022	0.00	0.00	0.00	
002883	1	12/13/2022	3067	5660	12:00 PM		1	120	23935	NASH,SUSAN		150.00	150.00	0.00		12/24/2022	53.00	0.00	97.00	
002883	1	10/13/2022	3067	5660	12:00 PM		7	120	24034	FERRERAS, RAFAEL		150.00	150.00	0.00		11/03/2022	53.00	0.00	97.00	
002883	1	03/16/2023	3067	5660	12:00 PM		1	120	24034	FERRERAS, RAFAEL		150.00	150.00	0.00		04/04/2023	53.00	0.00	97.00	
000268	4	09/01/2021	3067	3100	12:45 PM		1	132	24045	ROBERSON,LISA		150.00	150.00	53.00		09/18/2021	0.00	0.00	97.00	
000268	4	02/10/2022	3067	3100	12:45 PM		1	132	24045	ROBERSON, LISA		150.00	150.00			02/19/2022	0.00	0.00	0.00	
000007	8	01/03/2022	3067	3100	12:15 PM	65	1	132	24245	WILLIAMS, COUNTLANAND		150.00	150.00	53.00		01/16/2022	0.00	0.00	97.00	
000007	3	09/21/2021	3067	3100		127	1	126	24421	SWAIN,BARBARA		150.00	150.00	53,00		10/03/2021	0.00	0.00	97.00	
000007	3	03/18/2022	3067	3100	12:15 PM		1	126	24421	SWAIN, BARBARA		150.00		150.00		03/27/2022	0.00	0.00	0.00	
002950	3	11/08/2021	3067	5410		120	1	132	24632	FIDALEO, MICHAEL		150.00	150.00	53.00		11/20/2021	0.00	0.00	97.00	
000038	4	06/02/2022	3067	5410	01:07 PM	60	1	132		FIDALEO, MICHAEL		150.00				06/13/2022	0.00	0.00	0.00	
000038	3	01/12/2023	3067	5415	01:00 PM		1	132	24822	DOYLE, CLAUDE		150.00	150,00			06/10/2023	53.00	0.00	97.00	
000007	4	12/09/2021	3067	3100	12:15 PM		1	132		MOAT, MARVAKAYE		150.00	150.00			12/18/2021	0.00	0.00	97.00	
000007		06/08/2022	3067	3100	01:52 PM		1	126		MOAT, MARVAKAYE		150.00				06/29/2022	0.00	0.00	0.00	
000268	4	06/07/2023	3067	3100	12:45 PM		1	126		MOAT, MARVAKAYE		150.00	150.00			06/17/2023	52.14	0.00	97.86	
	4	07/15/2021	3067	3100	12:45 PM		1	132		JOHNSON, TIMOTHY		150.00	150.00			08/06/2021	0.00	0.00	0.00	
000224	3	08/17/2021	3067	3100	12:45 PM		1	120	- N. M. M	BRYANT, ARME		150.00	150.00			09/06/2021	53.00	0.00	97.00	
000268	2	08/20/2021		3100	12:45 PM		1	120		SMITH, JEFFREY		150.00	150.00			09/06/2021	53,00	0.00	97.00	
			160 Y							ALC: TO ALC: THE PARTY OF THE P										

Sta		EP	Date of Serv	Serv	Prog	Start Time	Dur	Units	Guar	Client ID	Name	DJJ ID	Standard Fee	Original Liab		Claim Number	Billing Date	Adj	Trans	Pay
0002	268	2	10/21/2021	3067	3100	12:45 PM	150	1	132	25053	WISE,APRIL		150.00	150.00	53.00	38606	11/04/2021	0.00	0.00	97.00
0002	268	2	04/19/2022	3067	3100	12:45 PM	150	1	132	25053	WISE, APRIL		150.00	150.00	150.00	42546	05/06/2022	0.00	0.00	0.00
0000	080	2	10/11/2022	3067	3100	03:42 PM	15	1	132	25053	WISE, APRIL		150.00	150.00	0.00	45753	10/24/2022	53.00	0.00	97.00
0000	080	2	03/31/2023	3067	3100	03:20 PM	15	1	132	25053	WISE, APRIL		150.00	150.00	150.00	48957	05/18/2023	0.00	0.00	0.00
0002	268	4	05/19/2023	3067	3100	12:45 PM	150	1	132	25070	ARBELO, FRANCISCO		150.00	150.00	0.00	49178	06/10/2023	53.00	0.00	97.00
0000	007	4	01/04/2022	3067	3100	12:15 PM	71	1	132	25176	WILKINS, TIFFANY		150.00	150.00	53.00	40207	01/16/2022	0.00	0.00	97.00
0000	007	4	06/29/2022	3067	3100	12:15 PM	122	1	132	25176	WILKINS, TIFFANY		150.00	150.00	150.00	43915	07/11/2022	0.00	0.00	0.00
0000	080	4	08/19/2022	3067	3100	02:29 PM	15	1	132	25208	BUSH, DANNY		150.00	150.00	53.00	44931	09/08/2022	0.00	0.00	97.00
0000	080	4	02/08/2023	3067	3100	03:26 PM	15	1	132	25208	BUSH, DANNY		150.00	150.00	150.00	48087	03/18/2023	0.00	0.00	0.00
0002	268	3	05/13/2022	3067	3100	12:45 PM	150	1	120	25289	CHARTRAND, ROBERT		150.00	150.00	0.00	43006	05/26/2022	53.00	0.00	97.00
0002	268	3	05/26/2022	3067	3100	12:45 PM	150	1	120	25300	KUMM, DAVID		150.00	150.00	0.00	43314	06/11/2022	53.00	0.00	97.00
0002	268	4	05/20/2022	3067	3100	12:45 PM	150	1	126	25304	ENGRAM, RICHARD		150.00	150.00	0.00	43026	05/26/2022	53.00	0.00	97.00
0002	268	4	06/23/2022	3067	3100	12:45 PM	150	1	132	25341	BERDY, KYLE		150.00	150.00	0.00	43917	07/11/2022	53.00	0.00	97.00
0002	268	3	10/10/2022	3067	3100	12:45 PM	150	1	120	25492	YOUNGBLOOD, MARIA		150.00	150.00	0.00	45922	11/03/2022	53.00	0.00	97.00
0002	268	3	04/07/2023	3067	3100	12:45 PM	150	1	120	25492	YOUNGBLOOD, MARIA		150.00	150.00	0.00	48780	05/14/2023	53.00	0.00	97.00
0000	080	4	11/16/2022	3067	3100	08:20 AM	15	1	120	25544	FAVERO, DANA		150.00	150.00	0.00	46336	11/25/2022	53.00	0.00	97.00
0000	080	3	01/19/2023	3067	3100	02:00 PM	15	1	132	25649	DANINGER, JEFFERY 'JD'		150.00	150.00	150.00	47432	02/02/2023	0.00	0.00	0.00
0002	268	3	03/02/2023	3067	3100	12:45 PM	150	1	126	25679	GOODEN, LEWIS		150.00	150.00	0.00	48215	04/04/2023	53,00	0.00	97.00
0002	268	2	03/28/2023	3067	3100	12:45 PM	150	1	120	25740	BUSCARINI, JAMES		150.00	150.00	0.00	48172	04/04/2023	53.00	0.00	97.00
0002	268	4	07/11/2023	3067	3100	12:45 PM	150	1	132	25924	KUHNS, SHELLY		150.00	150.00	0.00	50117	07/19/2023	52.14	0.00	97.86

	Total Unique Clients	Total Guarantor Liability	Total Guarantor Net Liab	Total Adjustments	Total Transfers	Total Payments
Grand Totals:	59 clients	16,050.00	6,087.28	3,652.56	0.00	6,310.16

Fin Class: 11

Staff:

Billed

Program: 3100, 5410, 5412, 5413, 5414, 5415, 5417, 5437, 5438, 5439, 5441, 5442, 5443, 5444, 5446, 5447, 5471, 5472, 5473, 5474, 5475, 5476, 5600, 5650, 5660

Guar: 110, 120, 124, 126, 132

AVELEANDLES COM	CHANGE R	EPORT FORM	OFF	ICE USE ONLY – D	ATE STAMP
Name:		Case	No:		
Address:		Phor	ne numbers where y	ou can be reache	ed
City/State/Zip:		Home	e:	Other:	
Is this a new address? New rent / mortgage process Do you pay separated please tell us about the need to. You can mail office at	Yes No Da payment: \$ y for utilities? Yes change(s) by filling in this form to us or br and some	per Month V No Do you have a n the spaces below. Con ing it to the office. If you eone will help you. You	Veek Other:_a heating or cooling ntinue your reply ou do not understace can also report characters.	expense? Yes	es No is form if you
	ved InMoved O	THE REPORT OF THE GOOD AC	ut:	SOCIAL SECURITY	DISABLED
NAME	TO YOU	INCOME / ACCES	BIRTH / DEATH	NUMBER	Yes No
	te & amount of first/la	rce Rate of pay/nun	First/	last day of work:	
WHOSE INCOME	WHAT INC	OME SOURCE CHANGED	PAID/RECEIVED (weekly, every 2 wks, biwkly, monthly, other		GROSS INCOME AMOUNT
3. ASSET CHANGES: \$2,000 or if you buy/sell	a vehicle, house, prope her:	noney you have in cash, certy, etc.; New E	checking, savings, s Bought Sold	tocks, bonds, etc	Transferred

information. Checking YES, NO, or leaving this question blank will not affect your receipt of benefits. ____Yes ____No

IF YOUR BENEFITS CHANGE, we will send you a notice. If you do not agree with the change in benefits, you may ask for a Fair Hearing. A Hearings Officer will decide if the decision we made was right or wrong.

PLEASE READ AND SIGN: I understand and agree to the following: DCF, Public Assistance Fraud (PAF), and authorized Federal Agencies may verify the information I give on this form and at my interview. Information may be obtained from my

5. You can apply to register to vote here: If you are not registered to vote where you live now, would you like to register to vote here today? Check YES if you would like to apply to register to vote or update your voter registration information. If you check the NO box or do not check a box, you will be considered to have decided not to apply to register to vote or update your voter registration

Federal Agencies may verify the information I give on this form and at my interview. Information may be obtained from my past or present employers. I will report any change in my situation according to program requirements. If any information is incorrect, benefits may be reduced or denied and I may be subject to criminal prosecution or disqualified from the program for knowingly providing incorrect information. I can be prosecuted if I provide false information or hide information. I understand that: I may be entitled to more food assistance if I report that my household's income has decreased or stopped; if I do not report that my household's income has decreased or stopped, then I will not get an increase in my food assistance benefit amount; and if I do not report increases in income or that income has started, then there may be penalties.

Your Signature

CALLCAIT	SYMBICL	LAMP	DESCRIPTION	BALLAST	MOUNTING	MODEL	WATES	VOLTE	GUMATTY
۸.	0	(I) ISWLED	Antiene: 3 Direct well Inland	ELECTRONC	RECESSED	Serno Lighting ARSD-FL-AKO-BID	19	125V 1P 2W	62
ÁZ	0	(1) 20W (JED	Februs Aurylic (LED Physis Mours)	ELECTRONIC	RECESSED	W00496385	20,	120V 1P ZW	28
9		(1) 40W LED	Food Processing Troffers Euri Lighting 2 x 4 Panel/Troffer	ELECTRONIC	KECESSED	#ETF2A-SOV/HUSSW-2	40	120V IP 2W	w
Bt	N	(1) SIN LED	White LED Famil Light - 2:4	ELECTRONIC.	SURFACE	LPD-TWR24-72-SMN	65	120V 18:20V	9
	0	/1/ 11.64WLED	EUTÉ SURFACE LEDICOORIDOR LIGHT	ELECTRONIC	RECESSED	LIGHT MILTHO-1000L-	11,6438	120V 16 3V	2
6	n	(1) TODWIED	Broat-NuTone Ventilation Fleri and Light Combo	ELECTRONIC	CBUNG	BONZALITEO	100	125V 1P.2W	7
IM ·	D.	cry Lines:	LED based emergency light	ELECTRONIC	WALL	CLZ Senes White Firest, Deal-Head LED Emergency Light, NiCos Billson, 3 VDC, 1 Wast, CSC 120 Compilins		120/19/20	9
12	D	(1) 28.2WLED	2v2, Circlet Status Traffini 37e3 Luntine, 3500k	ELECTRONIC	RECESSED	23022-32-UHV-U835	24.2	1207 19 26	71.
	п	(1) 19WLED	5" Lithourse Lighting Mapor Tight LED, 6(1) Lithourse 4000%	ELECTRICIAC	CELUNG	40000 OUT LEDS OLVTOM	15	120V 1P 2W	2
XC	100	(1) 2W	Quantum (EI) Evi-tant Combó	ELECTRONIC	CELING	EHOM LED G	3	VLETPLE	2

SWITC	CHSCH	EDULE	
CALLOUT	SYMBOL	овъеметон	CLIANTITY
General States	\$		ii ii
08	\$ 00	OCUPANCY SENSOR SWITCH	39

JUNC	TION B	OX SCHEDULE	
CALLDUT	SYMBOL	DESCRIPTION	DIAMITTY
D9	0	DCCUPANCY SENSOR	

CALLDUT	SYMBOL	VOLTS	FEATURES	NOTE 1
afci	•	120V 1P 2W	KIND	CUPLEX RECEPTACLE 120V. 20A WITH GROUND FAULT INTERRUPTING DEVICE
QFQL/VP	a	120V 1POW.	WF, GND	DUPLEX RECEPTACLE 130V, 30A WITH GROUND FAULT INTERRUPTING DEVICE, WEATHERPROD

CALIDUT	SYMBOL	Voets	AWRS	HVA	CROSS
DOOLER DONDENSER	00	3404.35.3M	12.5	3	047
EF-1	0	120V 1P 2W	2.17	0.02	G04
EF-2	6	120V 1F 2W	0.17	0.02	C-14
EF-0.	0	120V 1P 2W	0,17	0.02	C-8
EF-4	0	120V 1P 2W	0.17	0.03	C-0
FIRE SUPPRESION SYSTEM		120V 1P 2W	5.30	'	cas
FREZZER CONDENSER	00	340v 3P 3W	12.5	3	Cett
накар		120V IP 2W	8.33	1.	C-17
KEF-1	870	120V 10 DW	12.8	1,68	C-11
MAU-1	970	240V. SE SW		1.00	C-19,21
WALK W COOLER EVAP	900	(30) th 5M	4.17	0.5	G-1
WALKIN PREEZER EVAP	00	120V IF 2W	4.17	0.5	64

KEY POWER NOTES:

- ALL EXISTING CHOUTS AND FIXTURES ARE TO REMAN.
- VERIFY WITH HOOD MARLE ACTURER BEFORE RUSHING CINCUITS, ALL YOU CIRCUIT DADER HOOD MUST BE CONTROLLED TO BHUT DEF IN CASE OF FIRE.
- WHEN PIRE SUPPRESSION SYSTEM IS ACTIVATED THE HOLD CISHTROLS NUSS SHAT COMMISSIPALY FAN AND EXHAUST FAN HUST CONTINUE TO NUMBER SUBMITTAL HOLD PLANS FOR CETAE.

PROJECT NOTES:

- THE SCORE OF THIS PROJECT IS PROVIDE POWER TO A RENOVATION OF AN EXISTING UNIT, ALL EXISTING SERVICES ARE TO REMAIN.
- NAL BATERIALS AND RETALLATION. AS A BERBUIN, ARE TO COSPICION WITH THE NATIONAL RECEINE GROUP (RIC 2003), BALDONG COPE (ale 2011) AND THE LIETE EDITIONS OF THE UNIFIEL PROPAGE. WILL BE ESTED WITH THE UNDERSTRESS ENGADORISE. INC. CHAIRTY AND VARICULARISH SET STEED WITH THE UNDERSTRESS ENGADORISE. INC. CHAIRTY AND VARICULARISH SET STEED WITH THE UNDERSTRESS ENGADORISE. THE TO BE RESUCCED WITH BE ADON SHIPTIONS COOKED.
- 1. ALL GROUNDING AND BONDING MUST BE IN COMPLIANCE WITH NEC ARTICLE 255 AND AND
- 4. COAD DATA IS MASED ON INFORMATION CIVEN TO THE ENGINEER AT THE TIME OF DESIGN.
- 5. AM, ELECTRICAL WORK FOR KARRICATED EQUIPMENT SHALL BE COMPLETELY WARED BY THE TOURWEST MANUFACTURER TO A JUNCTION BOX OF PILL BOX, FIND MY ELECTRICAL WORK FROM MANEL BOARDS, TO 46 BY THE ELECTRICAL CONTRACTOR.
- TYPEWRITTEH CIRCUIT HIDEX SHALL BE APPIXED WIDDLE SUITFACE OF PANEL BOARD CIDOR, CLEARCY HIDICATING AREA AND LOAD BERYED BY EACH BRANCH OROUT.
- 7. ELECTRICAL CONTRACTOR SHALL PURNERS ALL ELECTRICAL MATERIALS TO COMPLETE THE PROJECT.
- ELECTRICAL CONTRACTOR MINEL VENEY ALL IMAG EQUIPMENT REPOWE REMINIST CIRCUITS CONSULT NECHANICAL PLANS OR EQUIPMENT TAGS.
- N. CONTRACTOR SHALL VERIFY HOOD SPECIFICATION WITH HOCO MANUFACTURES. BEFORE RUNNING MAY DISCUST.
- 10 ALL CONDUCTORS SHALL HE YHHIRTHAM TYPE LINLESS OTHERWISE CONDUCTOR SIZE WOTED ON THE PLANS SHALL HE SYD THAN COPPER AND HIS COPPER ORGANIZED HE LET'S FOR TOX CHOCULTISAND SIZE THAN COPPER AND HIS DOWNER ORGANIZED WZE FOR DISK, MC DAILE CAM HE USED ONLY IN AREAS ALLOWED BY MCC ARTICLE 300.
- 11. EXTERIOR DISCONNECTS SHALL BE NOVASR NATED, INTERIOR DISCONNECTS SHALL BE NEMA I RATED, ALL DISCONNECTS SHALL BE HEADY DUTY TYPE.
- ALL BINGLE-PHASE RECEIPTACLES IN KITCHENS RATED 151 VOLTS TO GROWNO OR LISS SAMETHES OR LISS AND THREE PHASE RECEIPTACES RATED 161 VOLTS TO GROWNO OR LESS, TO AMPLES OR LESS MISTALES IN THE FOLLOWING SIGNATIONS SHALL HAVE GROUND FAILT CIRCUIT-INTERRUPTER PROTECTION FOR PERSONNES.
- ALL COMMERCIAL MICHEN RECEPTACLES SHALL BE OFCI PROTECTED FOR ARC CYCLINGS, AND READILY ACCESSIBLE FEB INEC FIGE. FINDS READILY ACCESSIBLE IT MUST BE OFCI PROTECTED FROM BREAKER AT PARES.

LIGHTING NOTES:

- ALL EMERGENCY LIGHTING SHALL HAVE INTERNAL SATTERY BACKUP, ALL EXIT SIGNES ARRICOND TO HOLLY TRAVARILE CLISIAST BLACKOG EXXT. FXXT AND EMERGENCY LIGHTING SHALL SE CONFECTED ON THE SHARE CIRCLET OF THE ROGAL THAT IS DEVICEDLY AND AND OF AND ON THAT IS
- ALL UDITING EQUEPMENT BHALL BE U.L. APPROVED ELECTRICAL CONTRACTOR TO PROVIDE TEMPORARY LIGHTING MOD POWER AS REQUIRED FACULTATION THE WORK DURING CONSTRUCTION, AS WELL AS ACQUIRED ALL PERMITS AND PROGRESS OF MATERIAL PRO
- ALL ROOM LIGHTING CONTROLS BHALL COMPLY FER THE FLORIDA BLACIMIC CODE 20st 7TH ECATION SPREMY CONSERVATION CHAPTER 4 ELCTION CHO, ALTOWATIC TIME SHATCH CONTROLS SHALL BE RESTALLED TO CONTROL LIGHTING IN ALL AREAS CE-THE SACKING.
- MITERIOR PRILINES SHALL BE COMBECTED VA HORTING CONTROL SYSTEM CHICATING. PLEASE CONSIAT LIGHTING DISTRIBUTION FOR LIGHTING CONTROL DETAILS.
- LIGHTING FUNCTIONAL TEST IS REQUIRED ONCE SYSTEM IS INSTALLED FOR FOC 3000 THE EDITION ENGINE YOUR COLUMN ASSAULT.

KEY LIGHTING NOTES:

TO THE SAME LIGHTING CHICUIT FOR THAT AREA MIEAD OF ALL DWITCHER.



PALICH SPENIT MAPA, IL JOHN BENIS-SEASON BYTCH CHARLEST SORT CARLOS NA, OSAMA, FF., EJECTRICIO, ENGINEER PE #10005 CP #37 NS

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NEXT

ARCHITECTURE

BOLEY CENTERS

815 7TH AVENUE S, ST. PETE, FL 33701

Project Notes & Schedules

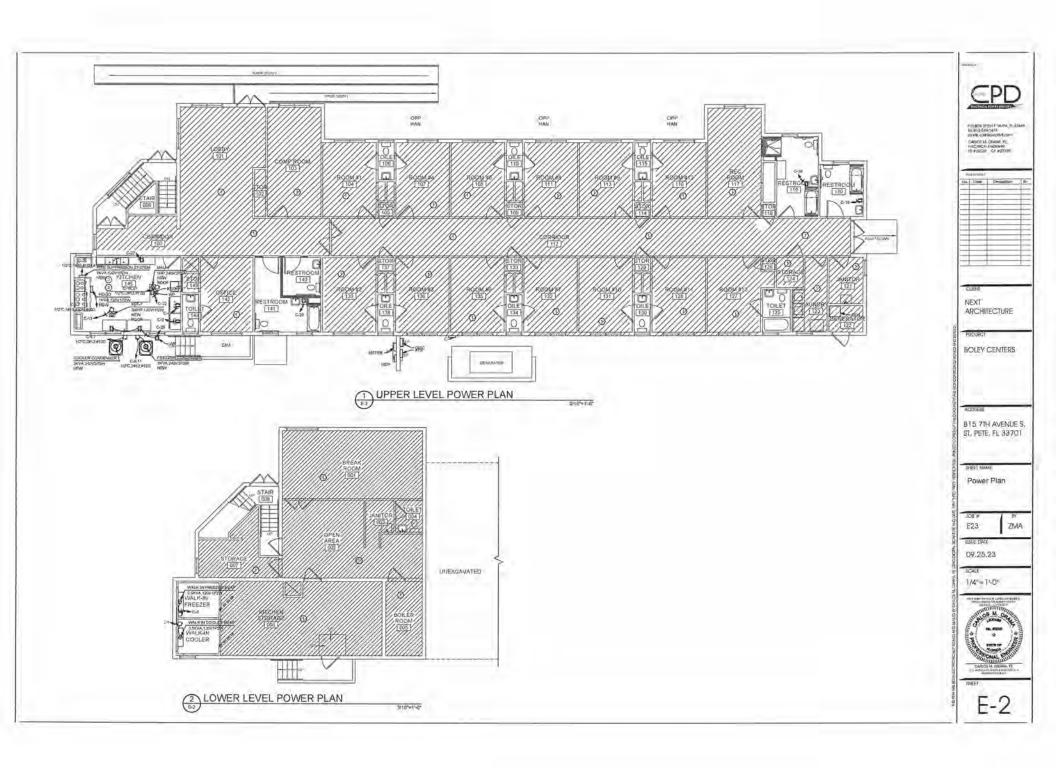
ZMA E23

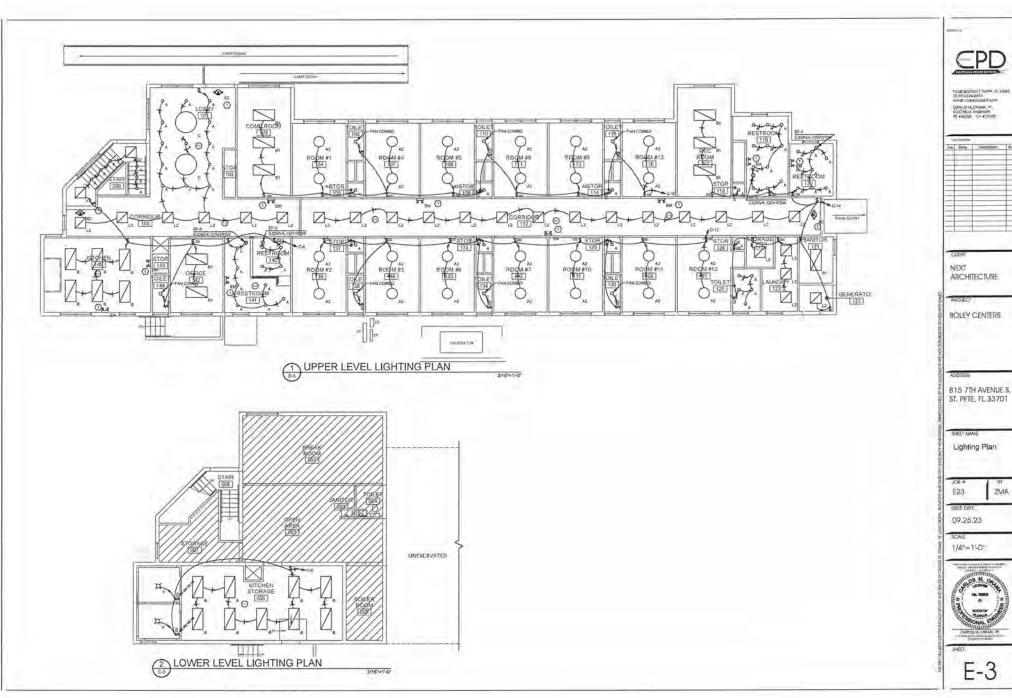
BESLE CATE 09.25.23

1/4"=140"



E-1

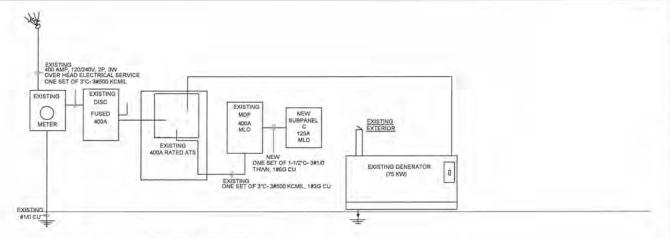








- ALL ORGUND ELECTRODES, CONDUCTORS AND COMPLETE GROUNDING SYSTEM HULLT BE SCHILL IN COMPLIANCE WITH MED STD MICE AND AND
- CONTRACTOR GRALL VISIT SITE AND RECORD FAMILIAR WITH THE WORK DEFORE BIDDING ON THIS PROJECT.
- A FAULY CURRENT WAS CALCULATED AT 30KD AURE FOR A LOCAL TRANSFORMER, VERRY WITH LOCAL ELECTRIC COMPANY AND NOTIFY EXCENSES IF DIFFERENT.
- ALL SETTRICK EQUIPMENT MUST BE RATED NEMA MI OR NETTER
- 5 CONSULT AND WORK WITH LOCAL ELECTRIC FOR FIELD LOCATIONS, NOTIFY ENGINEER WITH ANY CHANGES.





	HON!	uma Ta		BUS	TS DATE MAPS JTBAL	91:20V 2 400 100%	P3W				MC 22000 MANUSER A LUGS STANS				
CKT	CKT BKR	DRCLE	r pescerettoù		-	LDADY	O/A_	CKT	CAT BKR	CIRCUI	I DESCRIPTION	V		LDAD	KVA
1. 五五十三日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日日	125/2 1 20/1 20/1 20/1 125/2 1 20000					0 0 10.5	7.61 0 10.5 12.5	2 4 6 6 6 10 12 14 16	391 301 301 301 301 301 301 301	EXIST				0 0 13	0 0
											TOTAL CONNE		ASE	MS	41
LAR	ITING CEST MO CORS SPTACLE		18.3 17 29.7 18.6	72.5 4.25 29.7 12.5	(125%) (20%) (100%) (50%)	k.		COOL TOTAL			B F 7 0	CALC NVA 5.5 3.75 7 0 85.3 356.4	(129) (129) (109)		

a i	CKT BKR	300000	DESCRIPTIO		1 000				MAIN BION LUISS STA			
1	301	300000				NVA.	CHT	CKT	CHICAT DESCRIPTI	nu.		AVX
			and the same		A .	. 8	-		- Contract C	UN.	A	- A
			COCLEM EV		0.5		2	20/1	FRIDGE		0.5	2.0
D-	20/1		FREEZEN EV		53	0.5	4	20/1	FRIDGE	Maria.	4.00	0.6
7	20/2	COCKER	CONDENSES	4	1.5		6	20/1	LOWER LEVEL LIGHT		0.30	13
7	2002	Section 1	CONDENSE		1.5	1.5	10	201	UNIT EF-3, EF-4, LIGH UNIT LIGHTING	PET STOCK	0.702	14
*	2012	PHEZZER	CUNCENSE		1.2	15	12	201	LIMIT LIGHTING		0.799	0.607
5	200	KEF-1			1.00	1.5	14	201	UNIT EF-1, EF-2, LIGH	Limite.	1.26	0.53/
2 I	2071	SPACE:			1.00	0	79	207	RR RECEPTACLE	umini	1.20	D.18
7	201	HOOD			129	100	10	201	RR WILCEPTACLE		0.10	634
10	2077	MAN-1			1100	0.06	20	20/1	RR RECEPTACLE		91.14	D.VIII
21	1	mende)			0.00		32	207	SPACE		0	20.18
25	20/1	RODERS	CEPTACLE		10,000	0.16	24	30/1	SPACE			0
25	2071		PRESIDN SY	STEM	1.7	-10	20	201	SPACE		á	
27	2077		RECEPTACE		117	0.18	-	201	SPACE		(0)	· 8-
88.	391		RECEPTACE		0.54	410	30	391	SPACE		0.1	100
31	201	SPACE			-	0:	32	201	SPACE.			5
33+	200	SPACE			0	16	34	2011	SPACE		.0	
22	221	SPACE				0	38	207	SPACE		19.5	0
37	291	SPACE			35	100	38	2011	SPACE		0	
56	321	SPACE				10	40	298	SPACE		100	10
40	20/1	SPACE			0		42	20/1	SPACE		10	
_					- 1				TOTAL COM	VECTED KVA BY PHASE	11.6	7.81
			COMPRY	A CALCIN	w.				CIDRN KV	A CALCIEVA		
Пан	THIG		4.29	£36	(125%)		MOTO	RS.	12.7	12.7 (100)	ni.	
	DEST MO	109	3	11.75	(259A)			PTACE ES		1.44 (50%		
-	1.5				0.00			EN EQUI		1 7100		
											-	
								CEDIO		21.2 64.4 A		

DEVICE	PAULT	AIC NATING	LH VOLTS		THITA			FED	FREM				FEE	DEH			MOTOR	DIR	RECITA CONNE	CTED MOTOR	LOAD
10.0			10.00	FALILT	×	R	DEVICE	FAULT	-X	R	SIZE	X/1007	R / 1000	LENGTH	×	В.	PAULT	KVA	FAULT	A	- 10
DEN	10.392		1204	@ato	0.01169	0.002196											180				
METER	10,175		120V	0,588	0.01142	0.005123	UTIL	20,820	0.005652	53001 t3	#500kemil	0.039	0.027	146	0.000	9.504	587				
DISC	10,003	100,000	1207	5,476	0.03154	0.008209	METER	0.546	0.01142	0.000133	(KSDOWNI)	0.039	0.007	342"	0.0001	0.0001	587	900	1000		
ATE	6308	8810	T20V	6.776	0.01239	0.005792	DISC / GEN	9,476.7 9,910	0.011547	0.0050097	(S00vm)	0,039	0,027	22/63	0.0008	0.000s	590				
MDP	8.705	22,000	190V	4:203 ···	0,01315	0.005344	ATS	8,77h	0.01239	0.005782	#50ckmil	0,039	0.027	20"	6,000/6	0.0000	567	20.	283.	0,3037	0,07693
C	5.733	22,000	120V	5.562	0.01643	0.0162	MOP	8.201	DOTSES.	D 006544	#1/0	COAs	0.12	74	0.0002	0.0066	321	12.7	211	0351	0.1376

DEVICE	HERM	R	BRAICHCIRC	LET	TOTALVOLTAGE
	VOLTAGE DROP	WARE SIZE	MAX VOLTAGE DROP	WHESTE	DNDo
GEN	ē.	-	H.	-	05
METER	0.27%	retonomi.	-	41	0.27%
DESC	1.07%	#500kmil	-	4	1.07%
ATE	1,254 / (1,16%)	#Straight /		-	1.25
MDP	1.50%	#E00konii	140	-	1.50%
C	1.00%	Dire.	2.03% (CK7 14)	840	3.60%

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FORCE TIPS IT WANT, ILL SAME SLED STANDARD UNITE COLORIDAD STORM CARLET M. CRAMA. PS. SACTOC. THE WAS IT MACING. CA. FETTING

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NEXT ARCHITECTURE

BOLEY CENTERS

- Control

B15 7TH AVENUE S, ST. PETE, FL 33701

HEET NAME

Riser Diagram

ZMA

108 * E23

09,25.23

SCALE .

1/4"=1"-0"



SHEET

E-4

The concept of control of the contro	CHALCHICOLOGY TO HARD	PARTY: - RESOUCE) G CACT SUPPORTS SHALL RE HOT LESS THAN THE SIZES IN THE PEALDMAN FASE.	THAN THE BLEED IN THE		MUTGANIC TEMPERATURE CONTRICES. A ALCONTROLS SHALL BE INTTALED, TESTED AND CALIBRATED BY THE MANASFACTURE, AS SPECTIFED DAY, AND.	į	0568- 9 52
The control of the co	S THE OSMERAL CONDITIONS AND MADE A PAINT OF THIS RECTION OF		AND MADE TANDE 18 GANDS TANDE 18 GANDS TANDE	TESTINO PROGRAMMES SHALL BE RETURN THE CONTRIBUTIONS OF THE STATE OF T	PROUDE INFOORNAMES TYPE THE AUGUSTA'S BOALE TO WASKER, TYPE THE TOTAL RECOMMENDED BY WALLACTURER, THE SECONDAL BY THE SECONDAL BY COMMENDED BY WASKER, THE SECONDAL BY THE SEC	E	President As
The transport of the control of the	COTON IS BUT WILD TO CONTROLL A RECOGNISHING VORTH AT THE AND CONTROLLED SHALL MEET COMIT COOKE AND PROLICATIONS AND VIEW MERRICH.	***	HEAD WESTER SHOKE AN SHOKE AND SHEET	CLINIO MATCHANG SHALL SECRETURIDIDO DE SACCIANTO LEMY MATCHANG SHALL SECRETURI AL COMPOSITIVE SHALL SE CAUSE DANNASTO ENTRE, AL COMPOSITIVE SHALL SE CAUSE DANNASTO ENTRE, AL COMPOSITIVE SHALL SE MASTER DE L'ANTERIOR DE RESPONSABLE SELECTION MASTER MATCHANT RESS ARTERNAT IN PRANCINC CORP. SESSION SES	VIOLOGACIET BULGICOS BATCHES, PREVIEE TAMBERPRIDOS DE CONTES. 18THE A DE BALANCHIO 18THE A DE BALANCHIO 18THE A DE BALANCHIO 18THE A DE BALANCHIO		ad de l'etat
The state of the s	AND REGULATIONS SHALL IN ADOMIDAT	7.2	MYERS. PUBBLE LINK PINE DAMPRES. THE DAMPERS SHALL BE OF		MICHARICAL CONTRACTON SHALL PROVIDE AN INDEPENDULT TISS AND Z MACHINE OF ALL MICHARICAN CERPWRITH MAY SHARS FINGS. FITCH. D AN ENTRACTORS, DAMPERS STC. IAND HYDRORIC DEVISES (CHICAL) F ESTRACTORS, DAMPERS STC. IAND HYDRORIC DEVISES (CHICAL) F		
The contraction of the contracti	STRONING AND VINTELATION	TOTAL B MATH BLADES OUTSON THE COMPLEMENT OF THE ACCORDING TO WITH LL. STANDARD SECOND COMPLEMENT OF THE SAME OF T	LIFE STREAM AND SHALE BE IN		SETTERS VANUES (CITLE) ADMINENT FREE GOOD CHANNINGS AND ENVIOUR SETTER AS NOTICED ON THE TAJAS AND SOURCEMENT THE SUBMITTED N.S. SEPONT SHALL BE AS ACCORDINATE WITH THE MER BALLMACE COLOMBY. STANDARDS BECLUIONS SHIP TO THE TAY HOT THAT THE FLOW		1
And control prevention to the control of the contro	HAUST SYSTEMS, 3000 ED.	COMBINATION FIRST MOVE TO SHARES SHALL BE BY A SINGLE INTITY AND SHALL BE BY A SINGLE INTITY AND SHALL BE AND SHALL BE S	E. DAMPRIGARIO ACTUATORE SOVIDED VATH A KIDA SE DESTINA MIDICATERY.	COUNTESSARE WITH OUR EALER PROMONE PORTIVE LUBERCH (CHICK OF COUNTES) AND COUNTEST EVENT THE ADDITION OF EVENT EVENT TO THE ADDITION OF EVENT EVENT EVENT AND CHICK OF THE ADDITION OF THE ADD	COMMITTEE AND TEMPERATURES AND SHALL OF SOURCE AND SEALED OF THE ATAN IS REQUESTABLE DEVELOPED THE SOURCE AND SEALED OF THE SOURCE AND ACCESSIONES AND ACCESSI		
A THE CONTROL OF AST	OF THEATMENT OF BUILDING	ACCIONA SAME NECESSARY AND ACCESSARY AND ACCIONAL PARTICULAR ACCIONAL PARTICULAR PARTICU	THE DAMPERS, SULFACE ON ADDESS DEVICED ITS SHALL SUCHD OFFO AND RE I FRAMED GRADES	NESTE LO	Transport of control and transport of the control o		
The contraction of the contracti	CALCOCK.	M. VOLUME CONTROL DAMPETS. AT ALL POINTS WHENEY BRANCH DUC. THUMK DUCT ON WHENEY A DUCT ON	TE TAKE CIPF PROM A MACH DES, FURNITH AND INSTALL AN	THENMAL EDVANDOM VALVES SETACES PRESIDENCE PRITTS AND REPRODUMENT LIKE PRISES DESSES PÁCIFORIS. METALLED AS STAGARIL AM ACCIOSES ARTA BOALL DE PROVIDED POR REPLACIMIENT DE SUCHON CHE DESSES.	AFTER CAMPLETONES 16116 7 COMB OF A TOT REPORT NO. LUPIO PROCEDURES, MENEZOS AND RECENSIED REBULTS SINAL RES. OGLANSIED TO THE ARCHITECT (PLONNER)	Ē	
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PRODUCTION TO THE PROPERTY OF	ELIAN AR DICTI FOR UNITS BY CHESON C'N CHI AND AND ALL		DRAWING KEY NOTES FOR	THE GUIDOON FANS SHALL BE ELECTROMONLY CONTRIBLED MOTIONS	ALIN VOLUME AND VEXCOTTES DETERMINE AUTOMACATE AT EACH		
DOCK TOTAGE WAS ALLES BEACH AND TO THE WAS ALLES BEACH AND THE WAS ALL DAY WAS ALLES BEACH AND THE WAS ALLES BEACH AN	BE 6Y ONE WARRINGTHIER. SPECIAL RECOGNICACION IN THAIL RE- SPECIAL RECOGNITIVATIONS DISTALLATION, THE SMORE	8 4	LAWALT TIPE AND WETALLED		ORGAN CONTRACTOR CONTRACTOR AND COMMUNICATION OF CONTRACTOR WITHOUT OR WITHOU		
The state of the control of the cont	VAN THE ASSOCIATED AIR ADJUMD DAVIS EDDINASHT SERVING THAT II, AS REQUIRED, UPDA SHOKE	ď	UR DAME IN EG.	MIDDOR PART, HAVE ELECTROMICALLY CONTROLED MOTORE, PC, CENTRIDUEAL PARIS MET ADJUSTABLE MOTORS AND	AMEN'S STREET AND THE ANGEL CHAIR SHOUZED STATE THAT STATES THE SECTION OF THE SE		
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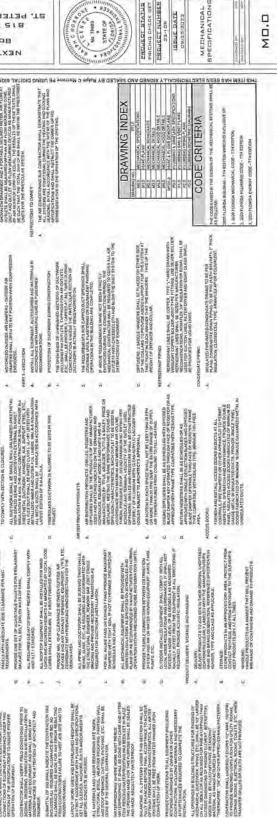
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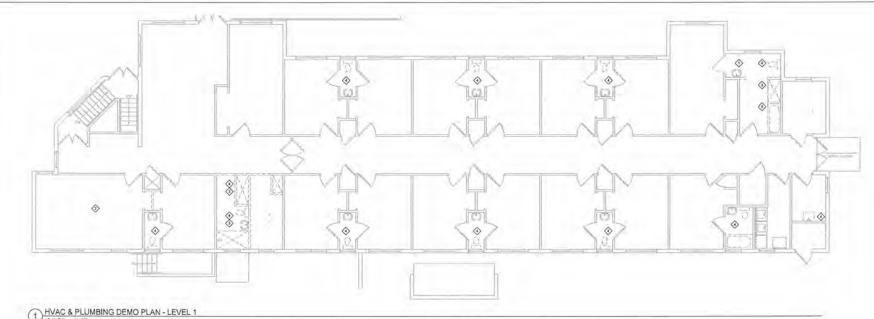
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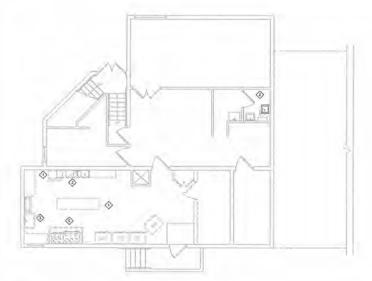
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3/16" = 1'-0"



2) HVAC & PLUMBING DEMO PLAN - LOWER LEVEL 3/16" = 1'-0"

HVAC & PLUMBING DEMOLITION KEY NOTES

- 1. DEMO ALL WATER, SANITARY AND VENT PIPING BACK TO HAIN AND CAP.
- REWORK FIXTURES PER NEWWORK PLAN
- REPLACE PLUVEING FIXTURE IN KIND, SEE HEW FIXTURE SCHEDULE.
- DEMD EXISTING HOOD, MAKE-UP AIR, AND EXHAUST FAN.

PLUMBIN	IG PLAN LEGEND
COLD WATER	cw
UNDERCROUND COLD WATER	UCW
HOT WATER	w
HOT WATER RETURN	HAR
OREASE SANTARY	
SANTARY	SAN -
VENT PIPING	viirt
NATURAL GAS PIPING	NGAS-

PLUMBING GENERAL NOTES

- SEE ARCHITECTURAL DRAMINGS FOR PLUMBING FIXTURE LAYOUTS, SECTIONS, AND ELEVATIONS.
- LUMBING PIKTURES BEING PROVIDED BY HOME PRIDE

THESE DRAWINGS ARE THE SOLE PROPERTY OF EXECUTIVE ENGINEERING INC. &





33701 NEXT ARCHITECTURE BIS 7TH AVENUE BOLEY CENTERS

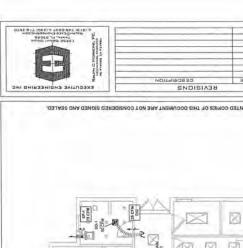


PROJECT STATUS PRICING CHECK SET PROJECT NUMBER

IDBUE DATE D9/25/2023

HVAC & PLUMB DEMO PLANS

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1 HVAC PLAN - LEVEL 1 3/16" = 1'-0"

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ST. PETERSBURG, FL 33701

BOLEY CENTERS эяитээтінэяА ТХЭИ



HVAE PLANS

M1.0

THIS ITEM HAS BEEN ELECTRONICALLY SIGNED AND SEALED BY RAIPH C MOTIONS PUSING DIGITAL SIGNED AND DATE WITH THIRD PARTY YER/IFICATION, PRINTED COPIES OF THIS DOCUMENT ARE NOT CONSIDERED SIGNED AND SEALED.

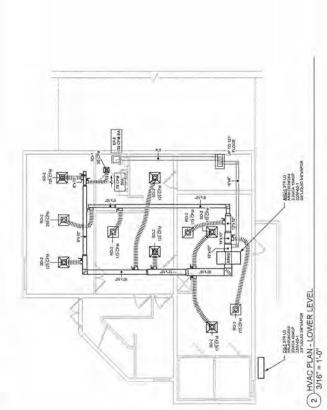


MECHANICAL RENOVATION NOTES

CONTRACT SHALL SEAL DUCT AIRTION REMOVED DURNIC DEMOLFION PHASE

.. 4

HVAC DUCT LEGEND



			0	UTDO	OOR AL	R CALC	CULAT	IONS				
SERVICE	WooM	SQ.FT.	OFM / SIG.FT.	EFM.1	DENSITY	SEPERSON	CODE MAX	ACTUAL PEDPLE	CFU / PINSON	DW1	TOTAL DA	TOTAL EA CPA
DOAS-1	TOLET 1	-60	0.06	4.6				0		.0	4.0	.75
DOAS-1	TOLET 2	125	'GD6	7.5	41			- 0		0	7,6	75
DOAS-1	TOLET &	51	0.06	3.06	ti ti				0	0	3.06	10
DOAS-1	TIME ET 4	112	9.06	6.72	9 .			0	.0	0	5.72	.76
DOAS-1	KITCHEN	260	406	18.6	3	790	T.A.	1	3	10	26.0	400
DOAS		648									48.05	675
DOAS-7	TIREAK ROOM - 001	211	0.06	70.04	5	790	142	1 1	- 3	10	30.04	
DOAS-7	OPEN AREA - 022	305	.0.06	18.3	- 5	760.	7,525	1	4-	10	26.3	
COASO	STORAGEMICHEN-	623	6.03	10.76	- 6	290	2.115	0	0	0	50.76	
ODAS-2		1062				-					139.1	

					E)	KHAU:	ST F	AN SCH	EDULE	
EQLIP;	SERVICE	LOCATION	CFM	STATE PRESS.			HOTOR	_	MANUFACTURER & MODEL	OPTIONS - ACCESSORES
ND.	-		-	HeVANCE 1	W	AMPS	RPM	VOLTAHLEY.	2-00-0-10-0-1	Poster Indianace
107-1	TORET 1	CERNO	75	6.3	26.5	1.29	887	120/1/60	CREENHECK BILAGOVO-L-CO	SPEED CONTROUER
tra	TOLET 2.	CERLING	75	9.3	24,1	0.28	887	120/160	DREENHECK SPAND-VO-L-OD	SPEED CONTROLLER
EF-J	TORETS	CERHO	5.0	4.5	22.1	0.79	608	120/1/60	DREENHEDK SPLASOVOLL-CO	SPEED CONTROLLER
EFet	TOLET 4	CEILING	75	63	24,7	0.29	887	120/1/60	DREENHECK SP.ASO-VD-L-OD	SPEED CONTROLLER
EF-S	TORET S	CERRIG	105	0.375	113	13	1401	TRIVISD	GREENHECK SPIATROVGILIGO	SPEED CONTROLLER

PROVIDE EF LIGHT PACKAGE PROVIDE LIGHT WITH 100 WATT INCANDESCENT DIMMABLE LAMP

SO-SUP	PLY DIFFE	DE W	HQ-1	RETURN DIFFUSEN.	RS-EXHAUST CRIL
FIGURE:	THACAT	CFM	501	UANUFACTURER & MODEL	FINCH
ED-1	P'DIA	0.60	12" YOUARE	PRICE POF SUPPLY	MARTE ACRYLIC
	6° DIA	56-125	24" BOLIANE		
200	A" DIA	150-279	24" BOUARE	Laurence David	Street Landin
SD-7	tor out	300-550	34" BOUARE	PRICE POF SUPPLY	WHETE VORVICE
	12" DIA	600-800	34" BOUARE		
HD-1	(CDA	080	12" SQUARE	PRICE POR RETURN	WHITE ACHIVED
	G" DEA	75-125	24. BONYAGE	PRICE FOR RETURN	WHITE ACRYGO
MIS-17	IF DIA	(20-22)	24" SCIDARE	PRICE FOR RETURN	WHITE ACRIVED
HI2-5	10" DIA	250-275	14" SQUARE	PRICE POP RETURN	WHITE ACHYLIC
	12 DIA	400-680	D4T SQUARE	PRICE POR RETURN	WHITE ACRYLIC
E0-1	6°DIA	0-60	12" SQUARE	PRICE EGG EXHAUST	WHITE ACRYLIC
	E. DIY	50-125	24° SQUARE		
FG-7	A" DEA.	150-275	24" SQUARE	PRICE FCG FTHAUST	VIHITE ACTIVISE
E Section	10" DIA	309-550	24' BOUARE	PRICE CONTENTION	THE REST OF
	12" DIA	600-200	24" SQUARE		

taut	SUPPLY	POETLING	MOODTUG NA	HOOD MAKE-UP	HOOD EXHAUST	GENERAL EXHALIST	ANEA SENVED
нопп				400	400		XITCHEN
Het.	- 50.	, F.		- 19	-0-	75	TOILET 1
EF-2	50.			100		75	TOILET 2
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							BUILDING PRESSION

B15 7TH AVENUE 5 PETERSBURG, FL 33701 NEXT ARCHITECTURE BOLEY CENTERS ST.

C E V a

No. 78993

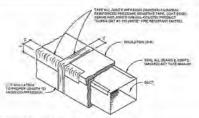
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CONTROL OF PROJECT STATUS PROJECT NUMBER 23-109

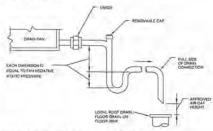
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MECHANICAL

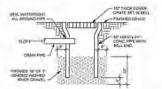
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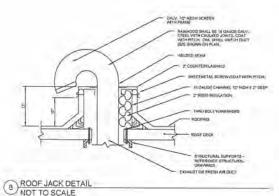
DUCT INSULATION DETAIL NOT TO SCALE

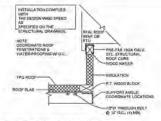


CONDENSATE DRAIN P-TRAP DETAIL NOT TO SCALE

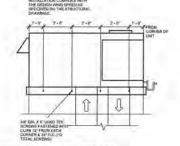


CONDENSATE DRY WELL DETAIL NOT TO SCALE

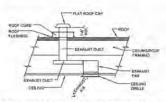




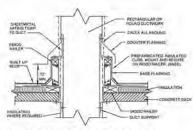
5 TYPICAL ROOF CURB DETAIL NOT TO SCALE



(6) TYPICAL RTU TIE DOWN DETAIL 1/2" = 1'-0"



CEILING EXHAUST FAN (DUCT TO ROOF) DETAIL NOT TO SCALE



DUCT PENETRATION THRU ROOF DETAIL NOT TO SCALE



HAVIHUM SIZE (INCHES)

THROUGH 12 13 THROUGH 30 31 THROUGH 54

OVER 04

MANIMUM SIZE

THROUGH 12

13 THROUGH 18 19 THROUGH 26

29 THROUGH 36

at their bushes for

SPINAL SEAM DOCT

TITEL

DAYS BUCH GO GAGE, GALV.

DESTRUCTION GAGE DALV.

DOM INCH 122 GADE, GALV.I

TOTAL SHIPS CON GROVE ONLY

ABBREVIATIONS AMPS AIR CONCETION (ER) AIR DEVICE AN DEVICE ALL MORE PRIVERS BOTTOM OF LOUVER BRITISH THERMAL UNIT PER HOUR COMDENSATE DRAW CLINIC FEET FER MAJEE CARBON MOROXIDE CONDENSING UNIT
CONSTRAIN VOCUME
DAMPER ACTUATOR
ONY BUE
OUT MULIFIED SMOKE DETECTOR
DOOR MODERCUT
EXHAUST AIR
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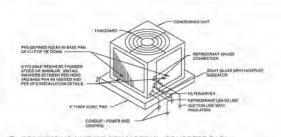
MANAGE THE OWNER HOW

DESCRIPTION OF CASE GALV.

BIGH WOHITH DADE DALV.

5.040 NICH IZO GADE, GALV.I

OPECUTION OF GAGE GALV.



(10) CONDENSING UNIT TIE DOWN DETAIL (CONCRETE PAD) 1/4" = 1'-0"

20 AVENUE RSBL BOLEY BIS ST.

NEXT

C HOPP CEND No. 7ERES STATE OF LORIOT ST PROJECT STATUE PROJECT NUMBER 09/25/2023

MECHANICAL DETAILS

M3.0

WWW.W. THICKNESS NOWINA

B.002 HICH (28 DADE DALV)

DEDR WICH (24 DADE DALV.) D.DA INCH (22 DAGE DALV.)

0.040 BYCH (20 GAGE, GALV.)

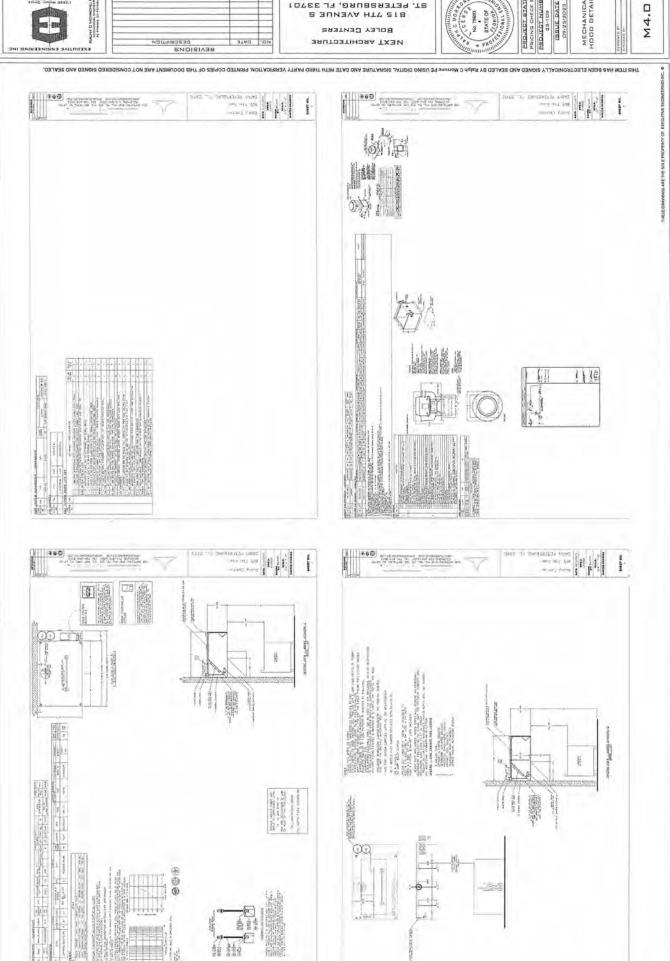
6 DEC INCH HIS GAGE GALV

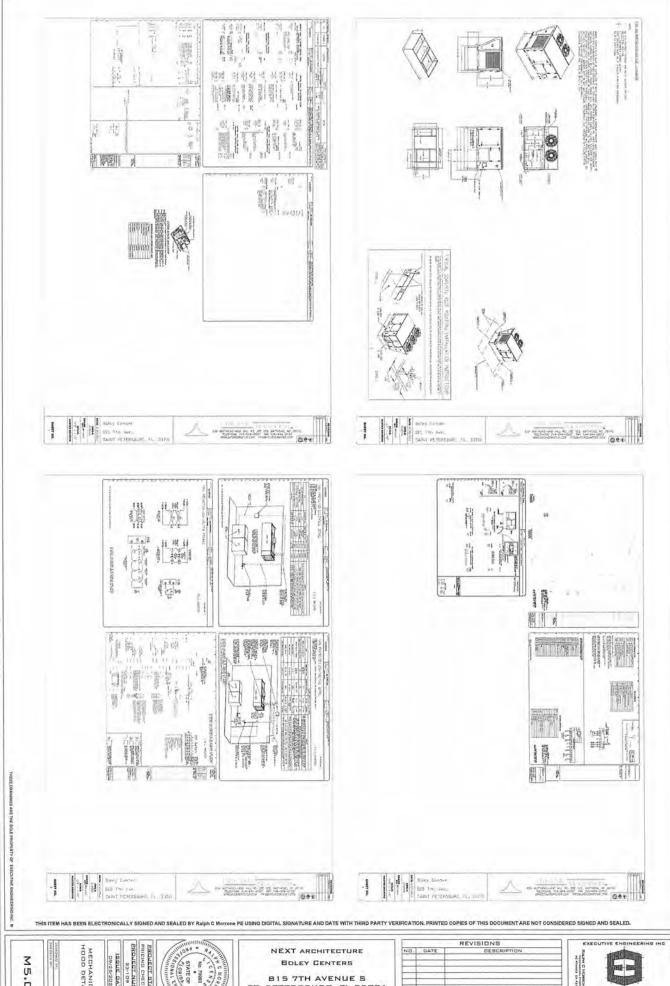


815 7TH AVENUE 5 ST. PETERSBURG, FL 33701

BOLEY CENTERS







HECHANICAL M5.0

B15 7TH AVENUE S ST. PETERSBURG, FL 33701

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REVISIONS		

815 7TH AVENUE S 5T. PETERSBURG, FL 33701

BOLEY CENTERS ИЕХТ АВСИПЕСТИВЕ



1	STATUS CCC SET	CAMBER 19
	PROJECT PRICING C	PROVEGT

PLUMBING & SANITARY SPEDIFICATIONS

PO.0

· EDO;

8/16/2022

DATE

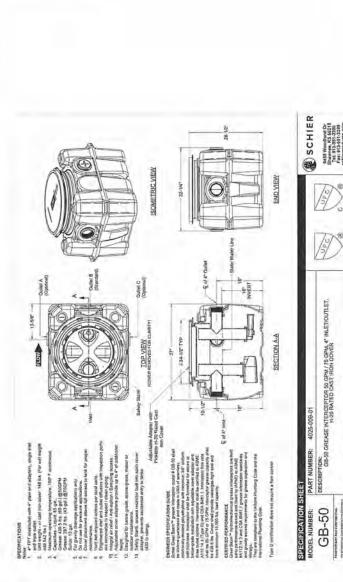
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WATER FIXTURE UNIT SUMMARY	FRITURE	TWA	WC	TOTAL				RAINAGE FIXTURE UNIT SUMMARY	PUTUNE	NAU -	WC	FO	TDTAL		PLUMBING PLAN LEGEND		CCCD WATER		URN	**			me	

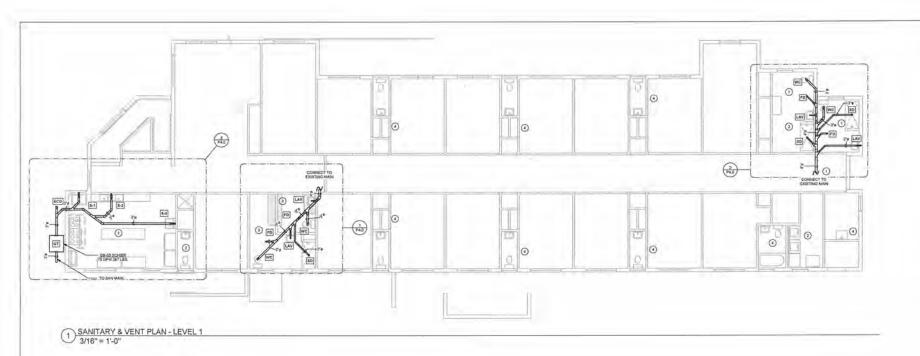
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FD	4	41	102
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PLUMBIN	PLUMBING PLAN LEGEND	END	
COLD WATER		NO	1
INDERGROUND COLD WATER	(NOW	I
HOTWATER	Î	Her - Land	ī
HOT WATER RETURN		1945	1
CHEASE SANTANY		SEAN	2
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SWATISHAL GAG PERMS	"	VGA5	Y

DRAINAGE FIXTURE UNIT SUMMARY

GREASE TRAP SIZING

		בים	CIMIN	Z	0	3	UNE SOMEDULE
FEL TAG	MANUFACTURES	MUMBER	MS	MA	SAN	VIENT	Nortes
IAV	PRINTED	PENDICIPATION	15	b	13/2	1,	VITEROUS CHRINAMAL MOUNT LANATORY WAY CERTERBEET PANCET FICHTS & PRIDAT OMERICAN SRIGEL LEVER LANATORY PALCET WITH POINLIN DRAWN BREIBERT MICHEL.
WHEA	WAITS	CHRM2	121	ś		V	BHALL BE PLACED ON EVERY WE'S END
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Q.	RE-UCHER	860-313			i.		304 STANLESS STEEL, SOUNDE, PLOCIP DRAIN, NO HUB, FIFT CIA 3"
179	WATTS	LETPOROD	-04		٠	,	WATTS LETHOUGH HIGH WEIGHT RELIGIOUS OF COVEDIE
ň	UPTLE CAMP	WRS & LEE W.	Á	è	н	÷	16 CPU @ STSUBLENSIBLE UTILITY PUMP, WATER READWAY, SYSTEM WYSISAN, TASIK & 10FT POWER CORD





2 FD ...

SANITARY & VENT PLAN - LOWER LEVEL 3/16" = 1'-0"

PLUMBING RENOVATION KEY NOTES

- 1. REWORK ALL WATER, SANITARY, AND VENT PIPHO FROM MAINS IN HALLWAY TO POTURE!
- 3. HEWORK EXISTING FIXTURES TO NEW FIXTURES PER THESE PLANS.
- 4. REPLACE PLUMBING FORTURES IN KIND.

PLUMBIN	IG PLAN LEGEND
OCLOWATER	cw
UNDERGROUND COLD WATER	
HOT WATER	w
HOT WATER RETURN	
GREASE SANITARY	
SAHUTARY	544
VENT PIPING	
MATURE TAX SIPING	WAS-

PLUMBING GENERAL NOTES

- ALL HOT WATER PRIVIO BRIGHT ATTO BRIGHT, COMPTY WITH PER2002 DERIVEN COUNT, THE COTTON IS COME. YER WHOLE ASS THAT
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- THE EDITION TABLE EGG.1.
 ALL NEW PLOOD CRAINS SHALL HAVE TRAP PRIMERS HISTALLES
 FROM NEAREST HAND SINK OR LAY, ALL LEST-CORD DRAINS SHALL
 BE RETROFIT TO HAVE TRAP SPIRMERS HIGH LED FOR ABOVE.
 PLUMBING FRITURES BEING PROVIDED BY HOME FRIDE
 CARRIETS.

REVISIONS	DESCRIPTION			
	NO, DATE	l		
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NEXT ARCHITECTURE BOLEY CENTERS B15 7TH AVENUE PETERSBURG, FL 3 ST.



PROJECT STATUS PROJECT NUMBER 23-109

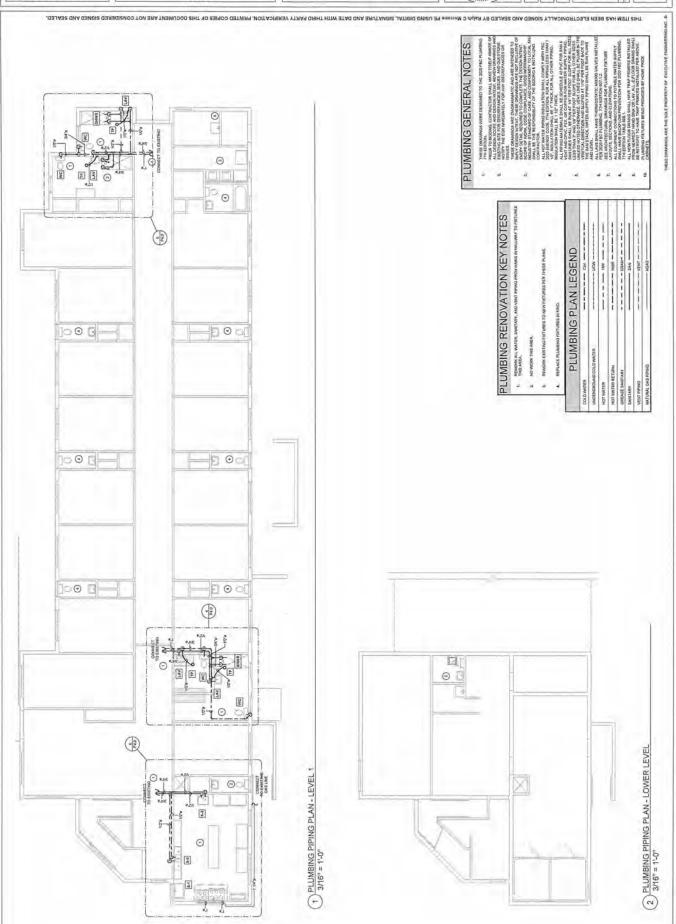
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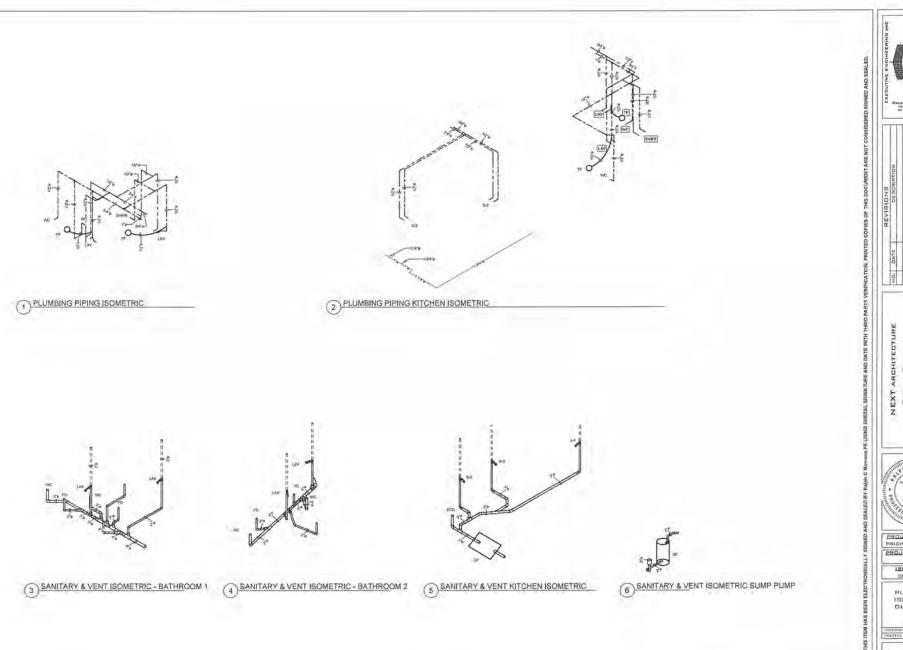
PLUMBING SAN & VENT PLANS

P1.0

THESE DRAWINGS ARE THE SOLE PROPERTY OF EXECUTIVE ENGINEERING INC. ID



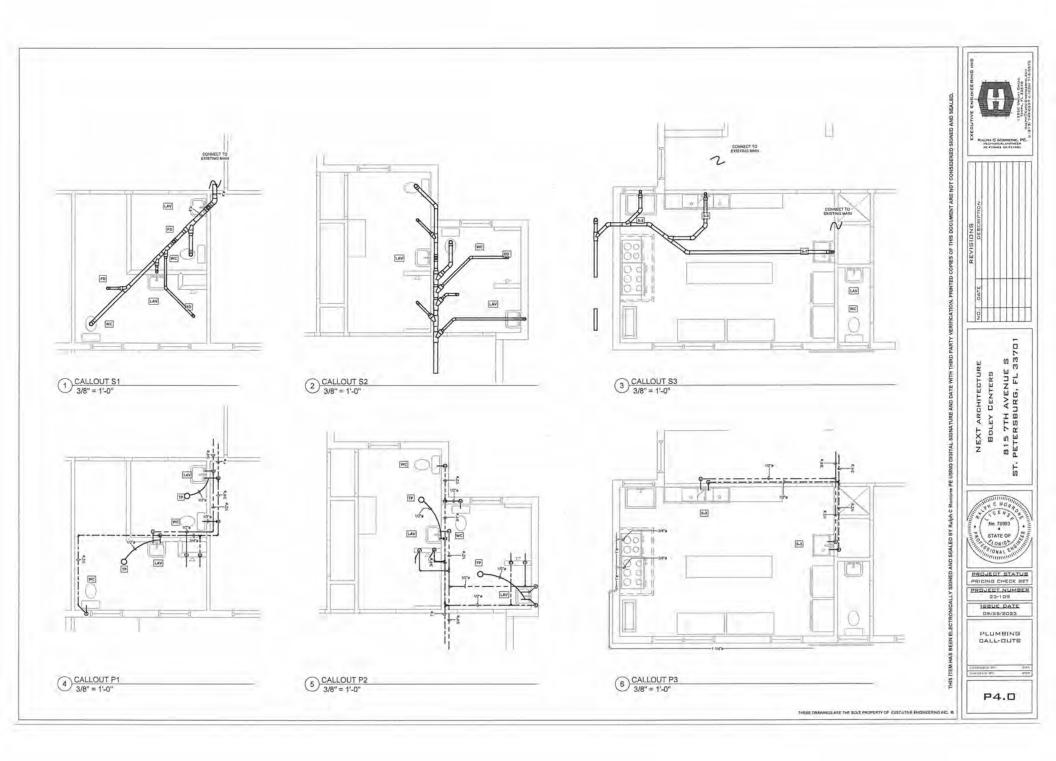


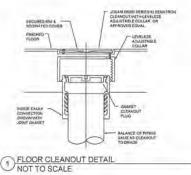


B1S 7TH AVENUE S ST. PETERSBURG, FL 33701 PROJECT STATUS PRICING CHECK SET 199UE DATE 09/25/2023 PLUMBING ISOMETRIC DIAGRAMS

THESE DRAWNES ARE THE SOLE PROPERTY OF EXECUTIVE ENGINEERING NIC, 9

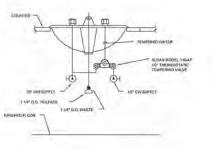
P3.0





CHUMP EDEC EVERT PIER IN A MELET MARKET PLANT IN A MELET MARKET MARKET

2 PLUMBING VENT THRU FLAT ROOF DETAIL NOT TO SCALE



3 LOCAL MIXING VALVE DETAIL NOT TO SCALE

		PLL	IME	SIN	G F	IXT	URE SCHEDULE
EG. TAG	MANUFACTURER	NUMBER	CW	HW	SAN	VENT	NOTES
LAV	PROFLO	PFINSOMETRIN	1/2*	102*	(102		VITEROUS CHINA WALL MOUNT LAVATORY WHA! CENTERSET FANCET HOLES A FRONT OVERFLOW, SINGLE LEVER LAVATORY FAUCET WITH POPULIF DRAIM, BRUSHED NICKES.
WHA	WATTS	LF15A72	1/2"	1021	141		SHALL BE PLACED ON EVERY WC & EWG
WC-	PROFED	PF16D3PAWN	157*	-	3"	-	PENSON SENIES 1 GPF PRESSURE ASSIST TOLET TANK WITH 12" ROUGH IN WHET
FD	BLUCKER	BFQ-113	1-	-2	3"	-	384 STANGESS STEEL, SQUARE FLOOR DRAIN, NO HUB, PIPE (3A 3"
TP	WATTS	LFTP3000	1/2*	-	141	-	WATTS LETPICS THAP FROMER INSTALL ON 10" OW LINE
37	LITTLE CBAYT	WILE-G-18 HP		-	2	100	15 OPH @ 5' SUBMERSIBLE UTILITY PLAIP, WATER REMOVAL SYSTEM W-5 GAL. YANK A 10PT POWER CORD

REVISIONS
REVISI

NEXT ARCHITECTURE
BDLEY GENTERS
B15 7TH AVENUE S
PETERSBURG, FL 33701

No. 7993

PROJECT STATUS
PRICING CHECK SET
PROJECT NUMBER
23-109

195UE DATE 09/25/2023

PLUMBING SCHEDULES & DETAILS

P5.0



1368 SPALDING RD., STE. C, DUNEDIN, FL 34698-5039 | P: (727) 733-5558 | F: (727) 738-8225 | LICENSE: # CG-C018550

Thursday, September 28, 2023

Clients

Kevin Marrone, LMHC, MBA
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727.821.4918 / Kevin.Marrone@Boleycenters.org

Jack D. Humburg
Chief Operating Officer
Boley Centers, Inc.
445 31st St N, St. Petersburg, FL 33713
727.821.4918 / Jack.Humburg@boleycenterse.org

Bandes Contact:

Zachary Bandes, 727.433.4086 / <u>zack.bandes@bandesconstruction.com</u> Jillian Bandes, 727.433.1613 / jillian.bandes@bandesconstruction.com

Boley Centers Celia Hall Phase II Control Budget / Estimate

Dear Mr. Marrone & Mr. Humburg,

We are pleased to present our estimate for the Celia Hall Phase II project at 815 7th Ave S, St. Petersburg, FL 33701. This estimate is based off architectural plans provided by NEXT Architecture dated 9.22.23, Mechanical & Plumbing Plans provided by Executive Engineering dated 9.25.2023, Electrical Plans provided by Electrical Power Designs dated 9.25.23, and known field conditions.

Our estimate for this work is five hundred fifty-nine thousand six hundred and seventy-three dollars (\$559,673). Below you will find a line-item breakdown summary of our costs which is inclusive of both hard & soft costs, allowances, and exclusions.

	Description	Name	Material	Labor	Subcon	Total
	Division1					
1	General Conditions 5 Months	Bandes	0	0	85,729	85,729
2	Testing	N/A	0	0	0	0
3	Division 2					
4	Demolition	BCC	0	0	34,818	34,818
5	Concrete Trenching 67 LF	BCC	0	0	2,376	2,376



6	Grease Trap	Item	0	0	5,000	5,000
7	Saniary Tie-In	Allowance	0	0	10,000	10,000
8	Sump Pump & Storm Mgmt.	NIC	0	0	0	0
9	Division 3					
10	Concrete Pour Back 67 LF	BCC	0	0	6,700	6,700
11	Division 4					
12	Masonry - Window Infill	BCC	0	0	3,600	3,600
13	Division 5					
14	Metals	N/A	0	0	0	0
15	Division 6					
16	Cabinetry & Millwork	N/A	0	0	0	0
17	Wood & Wire Shelving	N/A	0	0	0	0
18	Division 7					
19	Roofing	Excluded	0	0	0	0
20	Caulking	w/Trades	0	0	0	0
21	Division 8					
22	Doors & Hardware Material	NIC	0	0	0	0
23	Door Frames	NIC	0	0	0	0
24	Doors & Hardware Labor	NIC	0	0	0	0
25	Window Replacement	Item	0	0	1,500	1,500
26	Division 9					
27	Framing & Drywall	Lorelei	0	0	36,000	36,000
28	Drywall Patching	Item	0	0	5,000	5,000
29	Door Frame Replacement & Patch	NIC	0	0	0	0
30	Painting	Ganster	0	0	4,740	4,740
31	Painting Mobilizations	Item	0	0	1,350	1,350
32	Flooring & Base	NIC	0	0	0	0
33	Tile	Spectra	0	0	45,000	45,000
34	Floor Prep - Moderate - \$0.75/SF	Allowance	0	0	5,400	5,400
35	Acoustical Ceiling	NIC	0	0	0	0
36	Division 10					
37	Toilet Accessories & Mirrors	Watkins	0	0	11,340	11,340
38	Fire Extinguishers & Cabinets	By Owner	0	0	0	0
39	Division 11					
40	Appliances	By Owner	0	0	0	0
41	Kitchen Equipment & Shelving	By Owner	0	0	0	0



42	Knox Box	Existing	0	0	0	0
43	Division 12					
44	Blinds	By Owner	0	0	0	0
45	Furniture, Furnishings, Fixtures	By Owner	0	0	0	0
46	Division 13					
47	Metal Building	N/A	0	0	0	0
48	Division 14					
49	Conveying Equip Dumbwaiter	NIC	0	0	0	0
50	Division 15					
51	HVAC	Allowance / Oasis	0	0	28,000	28,000
52	Kitchen Range Hood	Item	0	0	24,000	24,000
53	Test & Balance	Item	0	0	1,500	1,500
54	Plumbing	Allowance / Legends	0	0	81,250	81,250
55	Gas Piping	My FL Plumber	0	0	6,800	6,800
56	Fire Sprinkler	Allowance / Premier	0	0	4,000	4,000
57	Division 16					
58	Electrical	Allowance / FLA	0	0	81,250	81,250
59	StA Type "A" Fixture	FLA	0	0	-7,000	-7,000
60	Fire Alarm	By Owner	0	0	0	0
61	Low Voltage Phone & Data	By Owner	0	0	0	0
62						
63	Subtotal		0	0	478,353	478,353
64	Bond	NIC	0	0	0	0
65	Builder's Risk Insurance	By Owner	0	0	0	0
66	-					
67	OH&P (12%)	Bandes	0	0	57,402	57,402
68	Contingency (5%)	Bandes	0	0	23,918	23,918
69						
70	Total					559,673

Allowances

a.	Sanitary Tie-In	\$10,000
b.	Floor Prep	\$5,400
c.	Plumbing	\$71,250
d.	Fire Sprinkler	\$4,000
e.	Electrical	\$81,250



Add-Alternates

i. Flooring & Base \$35,000ii. Sump Pump & Stormwater Sewer \$10,000iii. Replacement Doors & Frames \$126,300

Zachary Bandes
Zack Bandes

Bandes Construction (727) 733-5558 x 111

(727) 433-4086

 $\underline{zack.bandes@bandesconstruction.com}$

Attahment B-3 Capital Based Budget Smmary

Project Name: <u>Celia Hall, Phase Two</u>
Contractors SFS Paye Name: <u>Boley Centers, Inc.</u>

Contract Period From: <u>12/1/2023</u>

To: <u>5/30/2024</u>

Category of Expense	Grant Funds	Ma	tch Funds	Match %	Other Funds	Total
1. Scoping and Pre-Development						
2. Design		\$	38,000.00	100%		\$ 38,001.00
3. Acquistion						
4. Construction	\$ 500,000.00	\$	59,673.00	10.7%		\$ 559,673.00
5. Administration		\$	5,000.00	100%		\$ 5,000.00
6. Working Capital/Reserves						
7. Other: Contingency		\$	5,000.00	100%		\$ 5,000.00
Total	\$ 500,000.00	\$	107,673.00	17.7%	\$ -	\$ 607,673.00

Boley Centers, Inc Budget FYE 2024

DEVENUE O	FYE 2023 Annualized Actuals (Feb 28 23)	2023 Budget Approved	2024 Budget Proposal	Proposed 2024 Budget vs 2023 Budget Increase/(Decrease)	
REVENUES	4 040 200 50	1 000 200 00	0.405.040.00	205 040 00	ESD Appella and Day for of \$100k added
Nonrestricted Revenues	1,849,320 52	1,900,300 00	2,125,340 00	225,040 00	F&D, Angel's and Dev fee of \$100k added
County Revenues DVR Revenues	712,185 35 174,907 05	679,409 00 212,000 00	792,902 00 176,100 00	113,493 00	Contract 5% increase, Social Action added Based on 2023 Actuals
State Contract	4,642,769 74	5,225,926 00	4,981,166 00	(35,900 00) (244,760 00)	2024 contract had no cf funding
Medicaid	1,328,237 67	858,000 00	1,330,000 00	472,000 00	Based on 2023 Actuals
Medicare	43,517 93	39,996 00	50,000 00	10,004 00	Based on 2023 Actuals
Federal Funding	6,501,614 70	6,332,579 10	6,449,538 79	116,95969	VA JH Grant - New \$110k
City Funding	2,178,712 15	2,321,031 00	2,388,801 00	67,77000	Social Action grant increased, City client rent assist \$50k i
Other Grants and Contracts	1,536,939 23	1,892,111 00	2,029,804 00	137,693 00	Increase JWB Grant
Capital Grants	87,665 00	87,665 00	-		Ended in FYE 2023
Total Revenue	\$ 19,055,869 34	\$ 19,549,017 10	\$20,323,651 79	\$ 774,634 69	
	Pill III				
EXPENSES					
Salaries	0.007.500.07	0 470 454 47	0.000.000.74	E40 440 E0	6% increase
Salaries Benefits	8,687,599 87 1,681,218 91	8,476,454 17 1,747,104 39	8,986,603 74 1,801,464 39	510,149 58 54,360 00	Increase follows Salaries
Salary reclasses	(1,372,857 82)	251,369 00	(1,261,537 50)	· ·	SAS Mgmt fee not budgeted PY
Net Salaries and Benefits	8,995,960 96	10,474,927 55	9,526,530 63	(948,396 92)	SAS Might lee not budgeted F1
Net dalaries and benefits	0,990,900 90	10,474,327 33	9,520,550 05	(940,390 92)	
Professional Fees					
Psychiatric/ARNP	218,221 05	175,000 00	125,000 00	(50,000 00)	New ARNP for PSH2, George replaced with EE (salaries)
Accounting/Audit	148,686 93	66,000 00	71,000 00	5,000 00	Audit and PR, split apart in 2024
Payroll fees	le:		52,800 00	52,800 00	Separating payroll expenses
Legal	13.350 00	25,000 00	25,000 00	02,000 00	SALY
Consultant	450 00	1,700 00	20,000	(1,700 00)	Actual is o/s training company's
Professional Fees	380,707 98	267,700 00	273,800 00	6,100 00	· · · · · · · · · · · · · · · · · · ·
Contractual Services	2,070,842 06	277,550 00	1,842,023 50	1,564,473 50	SAS Mgmt fee not budgeted PY
Operating Supplies	206,201 01	183,000 00	216,500 00	33,500 00	Increase in Office/Housekeeping
Food Supplies	283,740 75	250,000 00	291,500 00	41,500 00	Based on FY 2023 actuals
Medical Supplies	98,312 38	146,765 00	134,369 00	(12,396 00)	Based on FY 2023 actuals
Client Support	631,617 65	755,750 00	681,864 00	(73,886 00)	Based on contracts & 2023 actuals
Building & Equip Rental	226,374 17	198,040 00	229,332 00	31,292 00	Increase in building leases (TS)
Voucher Expense	3,103,923 18	3,359,070 55	3,094,157 44	(264,913 11)	No COVID Rental Assist grant in CY
Repairs & Maintenance	582,060 71	482,000 00	583,000 00	101,000 00	Higher building repairs/renovations expected
Utilities	821,100 92	788,000 00	818,000 00	30,000 00	Based on 2023 actuals
Vehicle Expense	111,720 85	116,000 00	115,000 00	(1,000 00)	
Small Furniture & Equip	111,277 38	176,000 00	190,000 00	14,000 00	
Personnel Costs	14,991 66	28,800 00	15,000 00	(13,800 00)	500/100000
Agency Expenses	179,147 13	77,500 00	186,000 00	108,500 00	F&D (JBR) & Angel events added in CY
Travel	113,298 33	112,500 00	124,000 00	11,500 00 76.588 22	Donad on 2024 promitime property the increased
Insurance Taxes & Licenses	387,817 93 51,385 33	385,995 00 37,100 00	462,583 22 61,492 00		Based on 2024 premiums, property ins increased
Interest Expense	53,977 77	42,000 00	40,800 00	24,392 00 (1,200 00)	Higher software licenses
Other Costs	749,297 06	570,000 00	758,600 00	188,600 00	High Subrecipient billing of COC grants (PAL properties)
Depreciation & Amortization	575,362 27	676,200 00	579,100 00	(97,100 00)	
Total Direct Expenses	\$ 19,749,117 48	\$ 19,404,898 10	\$20,223,651 79		Bused on 2020 deledis
JWB Capital Expenses	(120,779 00)	(87,665 00)	:=		Above line to net revenue to \$0
IT Capital Budget		(56,454 00)	(100,000 00)	(43,546 00)	PY was IT Capital budget, cf
Profit/(Loss) Before Other Inc/Exp	\$ (814,027 15)	\$ (0 00)	\$ 000	\$ 000	5 •
Rolay Proporty Ropovotions					Penavalians will be contained CE from DEC
Boley Property Renovations			-	*	Renovations will be capitalized, CF from RFR
Net Gain/(Loss) on Sale of Asset Investment Gains	100			1/5	
Donation-Affiliates	15			-	
Total Other Income/Expense	\$	\$ -	\$ -	\$ -	
John Said Modifier Exposito					
Profit/Loss After Other Inc/Exp	\$ (814,027 15)	\$ (0 00)	\$ 000	\$ 000	



BOARD OF DIRECTORS FY 2023 - 2024

Community Involvement

NAME/ADDRESS OFFICE OCCUPATION

CHAIRMAN

JOSEPH L. SMITH 980 64TH Avenue South St. Petersburg, FL 33705 Cell (727) 480-0089 JLOSmith1@gmail.com

LEONARD COLEY FIRST VICE CHAIRMAN Community Involvement

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PRECIOUS GREEN Banking

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JOHN T. "JACK" HEBERT

2655 Ulmerton Rd. #276

Advertising
The Mallard Group

2655 Ulmerton Rd. #276 Clearwater, FL 33762 Office (727) 572-4665 Home (727) 573-1528 Cell (727) 560-3323 jack@themallardgroup.com **NAME/ADDRESS OCCUPATION**

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JSIncorvia@gmail.com

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JAMES SEWELL, Ph.D. Law Enforcement

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CORPORATE OFFICERS

Chief Executive Officer

KEVIN MARRONE President

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kevin.marrone@boleycenters.org

MICHELLE JOSEPH Boley Centers, Inc. Chief Financial Officer

Pinellas Park, FL 33781 (727) 545-7564 x 3271

6655 66th St. N.

JACK HUMBURG

Boley Centers, Inc. 445 31st Street North St. Petersburg, FL 33713 Cell (727) 224-8313 jack.humburg@boleycenters.org

Corporate Secretary Chief Operating Officer

CHRISTA BRUNING

Boley Centers, Inc. 445 31st Street North St. Petersburg, FL 33713 Cell (727) 776-1084 christa.bruning@boleycenters.org **Chief Clinical Officer**

Form

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.

2021 Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information. For the 2021 calendar year, or tax year beginning 07/01/21, and ending 06/30/22 D Employer identification number C Name of organization Check if applicable: BOLEY CENTERS, INC. Address change 59-1290089 Doing business as Name change Number and street (or P.O. box if mail is not delivered to street address) Room/suite 727-821-4819 445 31ST STREET NORTH Initial return City or town, state or province, country, and ZIP or foreign postal code Final return/ terminated ST. PETERSBURG FL 33713 20,207,425 G Gross receipts \$ Amended return Name and address of principal officer: H(a) Is this a group return for subordinates? Application pending KEVIN MARRONE 445 31ST STREET NORTH H(b) Are all subordinates included? If "No." attach a list. See instructions 33713 ST PETERSBURG FLX 501(c)(3)) 4 (insert no.) 4947(a)(1) or 527 501(c) (WWW.BOLEYCENTERS.ORG H(c) Group exemption number ▶ Website: X Corporation Trust Year of formation: 1970 M State of legal domicile: Other > Form of organization: Part I Summary 1 Briefly describe the organization's mission or most significant activities: BOLEY CENTERS' MISSION IS TO ENRICH THE LIVES OF PEOPLE IN RECOVERY BY Activities & Governance 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. 13 3 Number of voting members of the governing body (Part VI, line 1a) 13 4 Number of independent voting members of the governing body (Part VI, line 1b) 538 5 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 12 6 Total number of volunteers (estimate if necessary) 0 7a 7a Total unrelated business revenue from Part VIII, column (C), line 12 0 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year **Current Year** 17,928,219 15,697,727 8 Contributions and grants (Part VIII, line 1h) 3,344,810 3,407,017 9 Program service revenue (Part VIII, line 2g) 1,064,738 6,011 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 21,279,040 20,169,482 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 4,380,627 3,811,775 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 10,393,108 9,966,816 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) 282,797 b Total fundraising expenses (Part IX, column (D), line 25) ▶ 5,046,374 6,702,175 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 20,480,766 19,820,109 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,458,931 -311,284 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year End of Year 18,275,440 18,308,850 20 Total assets (Part X, line 16) 9,174,945 8,830,251 21 Total liabilities (Part X, line 26) 9,445,189 9,133,905 22 Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Date Sign CEO KEVIN MARRONE Here Type or print name and title Print/Type preparer's name Preparer's signature Paid self-imployed P01297993 DANIEL HEVIA Preparer PRIDA GUIDA & PEREZ P.A 59-1978917 Firm's FIN Firm's name **Use Only** 1106 N FRANKLIN ST

33602-3813

813-226-6091

X Yes

Phone no.

TAMPA, FL

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

-0	m 990 (2021) BOLEY CENTERS, INC. 59-1290089 Fage
F	Part III Statement of Program Service Accomplishments Check if Schoolule O contains a response or note to any line in this Part III
	Check if Schedule of Contains a response of hote to any line in this rait in
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.
	9.000 H. O. C.
- 2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
	Did the organization cease conducting, or make significant changes in how it conducts, any program
	Voc V No
	Transfer of the second
	If "Yes," describe these changes on Schedule O.
4	
	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.
	a (Code:) (Expenses \$ 5,808,006 including grants of \$ 579,559) (Revenue \$ 1,034,829
•	BOLEY CENTERS' EXEMPT PURPOSE IS TO PROVIDE RESIDENTIAL HOUSING PROGRAMS
	BOLEY CENTERS, EXEMPT PURPOSE IS 10 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.
	By (Code:)(Expenses \$ 3,714,165 including grants of \$ 3,232,216) (Revenue \$ 310,304) 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 MANANGEMENT.
	CALIFFARM STREAM AND TO THE PARTY OF THE STREAM AND AND THE STREAM AND
	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 NECCESARY 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.
-	ALI OIL
	4d Other program services (Describe on Schedule O.) (Expenses \$ 5,642,279 including grants of \$) (Revenue \$ 874,510)
_	(Experience 4
	4e Total program service expenses ► 17,245,415

	1816 - 1914 (1916)		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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		<u>X</u>
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 Rev. Proc. 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			37
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			x
_	complete Schedule D, Part III	8		
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	9		х
40	debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	10	L BY	
11	VII, VIII, IX, or X, as applicable.	200		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
а	complete Schedule D, Part VI	11a	х	
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		Х
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	
е	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			10
	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	l		37
	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	47		x
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	_	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	18		x
40	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		A
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
00:	If "Yes," complete Schedule G, Part III	20a		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		-
b 24	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
	domestic government on Fatt M, column by, into Tell Tes, complete concease i, Fatts Fand if	1	00	_

P	art 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 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			l
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			1
	member, or to a 35% controlled entity (including an employee thereof) 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 the Schedule L,			200
	Part IV, instructions for applicable filing thresholds, conditions, and exceptions):			10.11
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a	-	X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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			37
0.4	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,"			₩.
22	complete Schedule N, Part II	32	1	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	22		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,	33	-	
34	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		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	354		- 1
b	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	335		<u> </u>
50	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	- 30		
٠.	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 on Schedule O for Part VI, lines 11b and	- 07		
	19? Note: All Form 990 filers are required to complete Schedule O.	38	x	
Pa	art V Statements Regarding Other IRS Filings and Tax Compliance	1 00		-
	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			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	10,0		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	X	

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance (continue	d)		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	a 538			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			10	
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 on Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authors.	ority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account	ount)?	4a		X
þ	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Acco	unts (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	#000.000.000 #00.0 PDE-04.00 #00.00 PRO-05.00 PDE-05.00	5b		X
С	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 of	r			
	gifts were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).			WH.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for good	S		2000	
	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		_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	required to file Form 8282?	oogoecocomeconorrento	7c		X
d	All Water and the Country of the Cou	'd			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contra	ict?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8		7g		-
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by	y the			
	sponsoring organization have excess business holdings at any time during the year?		8	- AI	
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:	0a			
a		0b		ary.	
b	the first term to the first te	OD		3.1	1
11	Section 501(c)(12) organizations. Enter:	1a			
a	Gross income from members or shareholders Gross income from other sources. (Do not net amounts due or paid to other sources	Id		100	Er.
b		1b		103	L Larg
120	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 10		12a		
12a b		2b	12.0		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	20		16	3.1
а	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.		12-2		
b	Enter the amount of reserves the organization is required to maintain by the states in which		100	WE	E E
		3b	100		
С		3c	983	66	ind.
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 on Schedule O	************************	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see instructions and file Form 4720, Schedule N.	J. 1. J. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Su	55	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	ome?	16		X
	If "Yes," complete Form 4720, Schedule O.		E 75	127	
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in				
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes." complete Form 6069.				

orm	990 (2021) BOLEY CENTERS, INC. 59-1290089	_		age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and t			
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See	instruc	tions	
	Check if Schedule O contains a response or note to any line in this Part VI	0000000000	***	X
Sec	tion A. Governing Body and Management			
	nger w		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 13	14		
	If there are material differences in voting rights among members of the governing body, or	5000		
	if the governing body delegated broad authority to an executive committee or similar		951	
	committee, explain on Schedule O.		- 3	
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13	uj-sm	-	
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, 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
_	Did the organization have members of stockholders, or other persons who had the power to elect or appoint			
7a		7a		x
	one or more members of the governing body?	1 a		- 21
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l l		₩.
	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:	limes.	37	100
а	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 on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Co	ode.)		
			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 on 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 on Schodula O how this was done	12c	X	
13	Did the appropriation have a written which below a policy?	13	Х	
14	Did the appropriate the provided description and destruction policy.	14	X	
15	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by		OHO.	
10	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The appropriation's CEO. Everythin Director acton management official	15a	X	
a	Other officers and according to the appropriate of	15b	X	
b	Other officers or key employees of the organization	150		-
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			51
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	100	37	
	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	18.0		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			1
	organization's exempt status with respect to such arrangements?	16b	X	L
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ FL		-cocce	
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 Another's website X Upon request Other (explain on Schedule O)			
19	Describe on 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 ▶			
K	EVIN MARRONE 445 31ST STREET NORTH			
S!	r PETERSBURG FL 33713 72	7-82	1-4	819

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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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. See the instructions for the order in which to list the persons above.

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

Officer tille box il fieldfor tile eige				. J				1	
(A) Name and title	(B) Average hours per week	box	c, unle	ss per	lion more rson is rector	than one s both an r/trustee)	(D) Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Former Highest compensated employee	organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)	from the organization and related organizations
(1) LEONARD COLEY									
• •	1.00								
DIRECTOR	12.00	X					0	0	0
(2) JACK HEBERT								- 1	
	1.00								
DIRECTOR	12.00	X		X			0	0	0
(3) SANDY INCORVIA									
	1.00								
DIRECTOR	12.00	X					C	0	0
(4) MARTIN T LOTT									
	1.00								
DIRECTOR	12.00	X					C	0	0
(5) JIM SEWELL									
	1.00								
DIRECTOR	12.00	X					C	0	0
(6) PAUL V MISIEWICZ	1								
	1.00								
DIRECTOR	12.00	X		X			C	0	0
(7) PRECIOUS GREEN									
	1.00								
DIRECTOR	12.00	X	_				C	0	0
(8) JOSEPH SMITH									
	1.00						_		
DIRECTOR	12.00	X						0	0
(9) ROBERT WALLACE M									
	1.00	d I							_
DIRECTOR	12.00	X						0	0
(10) LIEUTENANT MARKU		3							
	1.00								
* A								0	0
DIRECTOR	12.00	X	_	-	_			,	
DIRECTOR (11) JOSEPH STRINGER	12.00	X						,	
		X							

Part VII Section A. Officers	, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	nd Highest Compensated	Employees (continued)				
(A) Name and title	(B) Average hours	bo.	x, unle	Pos check ess pe	ition more rson i	s both	an	(D) Reportable compensation	(E) Reportable compensation from related	Eslimal of	(F) ed am other ensati		
	per week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/ 1099-MISC/ 1099-NEC)	organizations (W-2/ 1099-MISC/ 1099-NEC)		m the zation	and	
(12) KEVIN MARRONE	5.00 35.00			x				151,367	0		1	5,1	L37
(13) SUSAN PROCTOR	1.00 12.00	x						0	0				0
(14) JERI FLANAGAN VP DEVELOPMENT	35.00 5.00					х		106,812	0			7,4	177
	0.0000000000000000000000000000000000000												
A. T.	978784782877										_		
1 (2::::::::::::::::::::::::::::::::::::	111567771156771				5.								
> 60+000+600+50012-01-11+1+101-14-14-14-14-14-14-14-14-14-14-14-14-14	M. TOTAL COLOR OF THE							050 170				2,6	61/
c Total from continuation she d Total (add lines 1b and 1c)		Sect	ion	A 200			A A A	258,179				2,	
Total number of individuals (ir reportable compensation from	ncluding but not l the organization	imite n ▶	d to	thos	e list	ted a	bove	e) who received more than be	\$100,000 of 			Yes	No
 3 Did the organization list any for employee on line 1a? If "Yes," 4 For any individual listed on line 	" complete Schede e 1a, is the sum	<i>dule</i> of re	J for	<i>sucl</i> able	<i>ind</i> com	<i>lividu</i> pens	<i>al</i> atio	n and other compensation f	rom the		3	100	X
organization and related orga individual 5 Did any person listed on line of for services rendered to the o	1a receive or acc	rue	com	ens	atior	fron	n an	ny unrelated organization or	individual	******	1	х	x
Section B. Independent Contract	ors									maria L3			
Complete this table for your fi compensation from the organ	ization. Report c	ensa omp	ited ensa	nder ition	oend for th	ent o	lend	dar year ending with or withi	in the organization's tax ye	ar.		(C)	
Name an	(A) d business address							Descri	(B) ption of services		Com	(C) npensat	ion
Total number of independent received more than \$100,000	contractors (incl	udin	g but	not	limit	ed to	tho	se listed above) who	0				

Form 990 (2021) BOLEY CENTERS, INC.

Pa	rt V			Revenue	ains a	resnon	se or note	to any line in this	s Part VIII		
		Oneskii	CONC	<u> </u>	<u> </u>	Теорогі		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512-514
nts nts	1a	Federated camp	aigns		1a						
our	b	Membership due	es		1b						
S, (С	Fundraising eve	nts		1c				1		
la la	d	Related organization	ations		1d		344,448				
in,	e	Government grants (co			1e	14,	680,487		0.200		
Contributions, Giffs, Grants and Other Similar Amounts	t g	All other contributions, and similar amounts no Noncash contributions	ot included	above	1f		672,792				
ont.		lines 1a-1f			1g :	\$		Market Market			
g #	h	Total. Add lines	1a-1f					15,697,727	A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
							Business Code	1 450 000	4 450 000		
<u>8</u>	2a	MEDICAID/M		RE	Laborator	mare a	624100	1,452,877	1,452,877		
erv ne	b	THRIFT STO	RE	anne sensonandi	0.0000.00	15075555	624100 624100	558,286 538,768	558,286 538,768		
Program Service Revenue	С	RENT					624100	473,380	473,380		
Re	d	MANAGEMENT	905 F05 H	REVENUE			624100	191,437	191,437		
F.	e	YOUTH PROG					624100	192,269	192,269		
	1	All other program Total. Add lines		e leveride	\$3450546		024100	3,407,017	132,203	17,5524 11,50	
	3	Investment incor other similar am Income from inv	me (incl ounts)					6,888			6,888
	5	Royalties	T	W.B. V	T.	## F	-9150945				
			<u> </u>	(i) Real		(11)	Personal	12 / V - 13 / 13 / 13 / 13 / 13 / 13 / 13 / 13			
	6a	Gross rents	6a						VETE BY		
	b	Less: rental expenses	6b 6c								
	d	Rental inc, or (loss) Net rental incom	-	ec)			b				
		Gross amount from	le or (10	(i) Securities		(ii)	Other				
		sales of assets other than inventory	7a	1,095		()					
ø	b	Less: cost or other						11-251 5 3	100 100 100		
enc		basis and sales exps.	7b	37	,943						
her Revenue	С	Gain or (loss)	7c	1,057	,850				the Arthurst		
er	d	Net gain or (loss	5)					1,057,850	1,057,850		
Oth		Gross income from (not including \$ of contributions rep 1c). See Part IV, lin	oorted on ne 18		8a						
		Less: direct exp			8b						
		Net income or (I			events	DEVENTE VIC	1.11.11.				
	9a	Gross income fr	_	_					1077 32 10		
		activities. See P		ine 19	9a 9b						
		Less: direct exp		o coming opti							
		Net income or (I Gross sales of in			liles		THE STATE OF THE S		M305005		
	lua	returns and allow			10a						
	h	Less: cost of go		1 m d of m d on 1 d d m	10b						
		Net income or (I		(**************************************	-		NAME OF THE PARTY				
·r		. tot moonie or in	JUJ/ 110	oaloo or mive			Business Code				
Miscellaneous Revenue	11a										
ane	b										
cell	С					200 200 200					
Mis	d	All other revenu	е		CONTRACTOR OF THE PARTY OF THE	Deciriosis					
-1-21		Total. Add lines	11a-1	1d		No Filescon	wanter b				
	12	Total revenue	C !	The second second				20 169 482	4 464 867	n	6.888

Part IX Statement of Functional Expenses

3601	ion 501(c)(3) and 501(c)(4) organizations must con Check if Schedule O contains a respon			ete column (A).	
		(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 7b, 0b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations			5.0 February 1	
	and domestic governments. See Part IV, line 21	579,559	579,559		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	3,232,216	3,232,216		
3	Grants and other assistance to foreign			A	
	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	166,504	166,504		
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	8,252,081	6,742,069	1,291,676	218,336
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	131,063	97,408	27,554	6,101
9	Other employee benefits	775,417	642,192	27,554 103,109	30,116
10	Payroll taxes	641,751	530,162	96,230	15,359
11	Fees for services (nonemployees):		\		
а	Management	7,124	2,663	4,461	
b	Legal	227,922	213,951	13,971	
c	Accounting	228,945	25,800	203,145	
q	Lobbying				
ت و	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g					
9	(A) amount, list line 11g expenses on Schedule O.)	414,049	314,349	97,997	1,703
12	Advertising and promotion	111/015	021/015	3,733,	27.00
13		194,854	155,300	39,029	525
	Office expenses	174,034	133,300	33,023	323
14	Information technology				
15	Royalties	191,115	176,473	14,642	
16	Occupancy	91,632	79,573	11,129	930
17	Travel	91,032	19,515	11,129	950
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	26 726	1 066	25 660	
20	Interest	36,726	1,066 1,118,052	35,660	
21	Payments to affiliates	1,118,052		160 407	
22	Depreciation, depletion, and amortization	670,128	509,701	160,427	600
23	Insurance	424,161	247,021	176,442	698
24	Other expenses. Itemize expenses not covered			Section 19 Section 19	
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)	terriffication and a second			
а	The state of the s	880,131	791,524	87,005	1,602
b	CLIENT SUPPORT	612,198	612,198		
С	REPAIRS AND MAINTENANCE	589,387	426,802	162,143	442
d	BAD DEBT	332,700	61,920	270,780	
е	All other expenses	683,051	518,912	157,154	6,985
25	Total functional expenses, Add lines 1 through 24e	20,480,766	17,245,415	2,952,554	282,797
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 following SOP 98-2 (ASC 958-720)				5 990/2024

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
1	Cash—non-interest-bearing			2,109,401	1	1,891,989
2	Savings and temporary cash investments				2	
3	Pledges and grants receivable, net	0.000		2,509,252	3	2,561,702
4	Accounts receivable, net	(a) b) a more (1) (1) (1) (1)		51,550	4	22,123
5	Loans and other receivables from any current or former	officer, dire	ector,	THE PERSON		
	trustee, key employee, creator or founder, substantial co					
	controlled entity or family member of any of these perso				5	
6	Loans and other receivables from other disqualified per-	sons (as de	efined			Wile Aw Your Barrie
Q	under section 4958(f)(1)), and persons described in sec	tion 4958(c)(3)(B)		6	
7	Notes and loans receivable, net		Entironimentatio I		7	
8 3	Inventories for sale or use			183,316	8	184,011
9	Prepaid expenses and deferred charges			143,907	9	211,656
10a	a Land, buildings, and equipment: cost or other				500	
	basis. Complete Part VI of Schedule D	10a	21,237,732			
b	Less: accumulated depreciation	10b	12,295,071	9,472,483	10c	8,942,661
11	Investments—publicly traded securities			80,990	11	80,990
12	Investments ather acquisition Con Dort IV line 11				12	
13	11.10 5.10.5		chescial description between		13	
14	Intangible assets				14	
15	OIL			3,724,541	15	4,413,718
16	Total assets. Add lines 1 through 15 (must equal line 3	3)		18,275,440	16	18,308,850
17	Accounts payable and accrued expenses			980,093	17	1,481,708
18	Grants payable				18	
19	Deferred revenue		**************************************	84,098	19	47,319
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability, Complete Part IV of	of Schedule	D D		21	
g 22	. ,					
	trustee, key employee, creator or founder, substantial c	ontributor,	or 35%			
	controlled entity or family member of any of these perso				22	
J 23	Secured mortgages and notes payable to unrelated thir	d parties		7,766,060	23	7,645,918
24	. ,				24	
25	, , ,					
	parties, and other liabilities not included on lines 17-24)	. Complete	e Part X			
	of Schedule D		.)	0 020 251	25	0 174 045
26				8,830,251	26	9,174,945
,	Organizations that follow FASB ASC 958, check he	re 🕨 🗶				
	and complete lines 27, 28, 32, and 33.		11	0 445 100		0 122 005
27				9,445,189		9,133,905
28					28	
<u> </u>	Organizations that do not follow FASB ASC 958, ch	ieck here				
-	and complete lines 29 through 33.					
29	1 2-4 2 3 4 4 2 3 5				29	
30			Managaran da da		30	
27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Retained earnings, endowment, accumulated income, of	or other fur	ios	9,445,189	31	9,133,905
32				18,275,440		18,308,850
33	Total liabilities and net assets/fund balances		***************************************	10,210,440	33	Form 990 (2021

OIII	1990 (2021) BOLLET CENTERS, THE:			rac	10 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	20,16		
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,48		
3	Revenue less expenses. Subtract line 2 from line 1	3			284
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	9,44	45,	189
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 on Schedule O)	9			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	9,13	33,	905
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Ш
				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 on			///	
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			101	
	reviewed on a separate basis, consolidated basis, or both:		107,58		
	Separate basis Consolidated basis Both consolidated and separate basis		918		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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				
С	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?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on				
	Schedule O.		1		
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 on Schedule O and describe any steps taken to undergo such audits	0000000	3b	X	
			_	001	1,00041

Form **990** (2021)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Inspection

Employer identification number

Name of the organization BOLEY CENTERS, INC. 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 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). 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 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 331/3% 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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. 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. 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. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of (i) Name of supported listed in your governing support (see other support (see organization (described on lines 1-10 document? above (see instructions)) instructions) instructions) Yes (A) (B) (C) (D) (E) Total

Schedule A (Form 990) 2021

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.)

r year (or fiscal year beginning in) ifts, grants, contributions, and	(a) 2017	(b) 2018	(c) 2019	(d) 2020	4.1.0004	
ifts grants contributions and		Co. Vine a	(6) 2013	(u) 2020	(e) 2021	(f) Total
embership fees received. (Do not clude any "unusual grants.")	14,490,439	15,145,827	14,717,001	17,432,121	15,118,168	76,903,556
ax revenues levied for the rganization's benefit and either paid o or expended on its behalf						
ne value of services or facilities rnished by a governmental unit to the ganization without charge						
otal. Add lines 1 through 3 ne portion of total contributions by ach person (other than a premium or publicly apported organization) included on	14,490,439	15,145,827	14,717,001	17,432,121	15,118,168	76,903,556
	Elith a Sulph					
				NI DELLA STATE		76,903,556
on B. Total Support			1/9			
r year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
mounts from line 4	14,490,439	15,145,827	14,717,001	17,432,121	15,118,168	76,903,556
ross income from interest, dividends, ayments received on securities loans, nts, royalties, and income from milar sources	10,424	32,657	17,167	6,011	6,888	73,147
et income from unrelated business ctivities, whether or not the business regularly carried on						
ther income. Do not include gain or ss from the sale of capital assets explain in Part VI.)	570,312	576,453	412,492	802,098	827,391	3,188,746
otal support. Add lines 7 through 10						80,165,449
		5 274 3 6 5 2 5 1 1 1 5 6 5 5 6 6 6 6 6 6 6 6 6 6 6 6	*************		#300 (0.00 (0.00))	6,751,827
·		cond, third, fourth,	or fifth tax year as	a section 501(c)(3)	
<u>:</u>						
	• •	•	(f))			95.93%
				1/00/		97.16%
				1/3% or more, ch	eck this	▶ X
T T T T T T T T T T T T T T T T T T T				in 22 4/20/		
				IS 33 1/3% OF MOI	е, спеск	
art VI how the organization meets the fact		·				>
	0. If the organizatio	n did not check a t	oox on line 13, 16a	. 16b. or 17a. and	line	removes * =
Part VI how the organization meets the fa	acts-and-circumstar	ices test. The orga	anization qualifies a	as a publicly suppo	orted	
rivate foundation. If the organization did	not check a box on	line 13, 16a, 16b,	17a, or 17b, check	k this box and see		
	clude any "unusual grants.") In x revenues levied for the granization's benefit and either paid or expended on its behalf are value of services or facilities mished by a governmental unit to the granization without charge of the person (other than a vernmental unit or publicly proted organization) included on the 1th that exceeds 2% of the amount own on line 11, column (f) ablic support. Subtract line 5 from line 4 are successed on securities loans, and income from interest, dividends, syments received on securities loans, and income from milar sources are income from unrelated business regularly carried on the income. Do not include gain or set from the sale of capital assets explain in Part VI.) and support. Add lines 7 through 10 are strong from related activities, etc. (are to years. If the Form 990 is for the organization, check this box and stop here are the organization of the organization of the organization of the organization divides and stop here. The organization qualities are support test—2020. If the organization of the organization more, and if the organization meets the facts—and-circumstances test—2020 are supported or more, and if the organization meets are VI how the organization meets the facts and stop here. The organization meets are VI how the organization meets the facts and or more, and if the organization meets are VI how the organization meets the facts and or more, and if the organization meets are VI how the organization meets the facts and organization organization meets the facts and organizati	ix revenues levied for the granization's benefit and either paid or expended on its behalf are value of services or facilities mished by a governmental unit to the granization without charge stal. Add lines 1 through 3	include any "unusual grants.") 14,490,439 15,145,827 Ix revenues levied for the ganization's benefit and either paid or expended on its behalf the value of services or facilities mished by a governmental unit to the ganization without charge grants. Add lines 1 through 3 the portion of total contributions by concept of ganization included on the 1 that exceeds 2% of the amount own on line 11, column (f) biblic support. Subtract line 5 from line 4 The B. Total Support Tyear (or fiscal year beginning in) The provided on the sale of capital assets within a concept of ganization or services on securities loans, ints, royalties, and income from milar sources at income from unrelated business etwities, whether or not the business regularly carried on her income. Do not include gain or ser from the sale of capital assets xplain in Part VI.) Ital support. Add lines 7 through 10 Toss receipts from related activities, etc. (see instructions) Test 5 years. If the Form 990 is for the organization's first, second, third, fourth, ganization, check this box and stop here The Computation of Public Support Percentage Biblic support percentage for 2021 (line 6, column (f) divided by line 11, column ubic support percentage from 2020 Schedule A, Part II, line 14 11/3% support test—2021. If the organization did not check the box on line 13 is so and stop here. The organization qualifies as a publicly supported organization and stop here. The organization qualifies as a publicly supported organization of the organization meets the facts-and-circumstances test, chart VI how the organization meets the facts-and-circumstances test, the organization of the organization meets the facts-and-circumstances test, chart VI how the organization meets the facts-and-circumstances test, chart VI how the organization meets the facts-and-circumstances test. The organizanizanion meets the foundation. If the organization did not check a total vI how the organization meets the facts-and-circumstances test. The organization mixed founda	induce any "unusual grants.") 14, 490, 439 15, 145, 827 14, 717, 001 Ix revenues levied for the ganization's benefit and either paid or expended on its behalf are value of services or facilities mished by a governmental unit to the ganization without charge anization without charge that a different paid or expended on its behalf are value of services or facilities mished by a governmental unit to the ganization without charge anization without charge that a different paid or expended on its behalf are value of services or facilities mished by a governmental unit to the ganization of the than a vernmental unit or publicly peptred organization) included on a that exceeds 2% of the amount own on line 11, column (f) biblic support. Subtract line 5 from line 4 In B. 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Total Support Tyear (or fiscal year beginning in) (a) 2017 (b) 2018 (c) 2019 14, 490, 439 15, 145, 827 14, 717, 001 A vernmental unit or publicly peptred or securities loans, instance in the	stude any "unusual grants.") 14,490,439 15,145,827 14,717,001 17,432,121 14,717,001 17,432,121 14,490,439 15,145,827 14,717,001 17,432,121 17,432,121 18,145,827 14,717,001 17,432,121 18,145,827 14,717,001 17,432,121 18,145,827 14,717,001 17,432,121 18,145,827 14,717,001 17,432,121 18,145,827 14,717,001 17,432,121 18,145,827 14,717,001 17,432,121 18,145,827 14,717,001 17,432,121 18,145,827 14,717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,145,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1717,001 17,432,121 18,185,827 18,1877,001 17,432,121 18,185,827 18,185,827 18,1877,001 17,432,121 18,185,827 1	14,490,439 15,145,827 14,717,001 17,432,121 15,118,168

Schedule A (Form 990) 2021

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.)

Sec	tion A. Public Support	r 3				,		
	dar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	1	(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							
8 8	Add lines 7a and 7b Public support. (Subtract line 7c from		94. a, 114. l		E STATE		9.11	
500	line 6.) tion B. Total Support							
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 202	01	(f) Total
9	Amounts from line 6	(4) 2017	(6) 2010	(0) 2013	(4) 2020	(6) 202		(i) iotai
	1010-00							
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							
С	Add lines 10a and 10b					7		
11	Net income from unrelated business activities not included on 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 5 years. If the Form 990 is for the organization, check this box and stop here		econd, third, fourth				150200001	
Sec	tion C. Computation of Public St							
15	Public support percentage for 2021 (line 8,	column (f), divide	ed by line 13, colum	ın (f))			15	%
16	Public support percentage from 2020 Sche	edule A, Part III, lir	ne 15	ATESTA A TORRESON AND A SECONDARIA			16	%
Sec	tion D. Computation of Investme							
17	Investment income percentage for 2021 (li			, column (f))	SO TA VOTE POO TO VEY SOO! VE	.00026495000	17	%%
18	Investment income percentage from 2020 S						18	%
19a	33 1/3% support tests—2021. If the orga							
L	17 is not more than 33 1/3%, check this bo	•	=				and	breezes
b	33 1/3% support tests—2020. If the orga line 18 is not more than 33 1/3%, check thi							• I
20	Private foundation. If the organization did							

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 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.
- 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).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- 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.
- 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.
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants 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.
- 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c 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).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 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.
- b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined on 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.
- 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 line 10b below.
 - 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.)

C	Yes	No
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3b		
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5a		
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Schedule	A (Form	990) 2021

Sched	ule A (Form 990) 2021 BOLEY CENTERS, INC.	59-1290089		Page 5
Pai	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c,			
Sect	provide detail in Part VI. ion B. Type I Supporting Organizations	11c		
5666	on B. Type r Supporting Organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership	of ano ar	res	No
88	more supported organizations have the power to regularly appoint or elect at least a majority of the organization			200
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one			****************
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated a		100	1 (1)
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	nong the	10-1	
2	Did the organization operate for the benefit of any supported organization other than the supported	10.50	100	-
-	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part	100		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	100	PA S	
	supervised, or controlled the supporting organization.	2	-	-
Sect	ion C. Type II Supporting Organizations		-	
	on or type it capped and of games and		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		103	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control		10.00	
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	on 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		117	
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior ta	ıx	11,- 3	
	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 date of notification, 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		3	
	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 described on line 2, above, did the organization's supported organizations have	(Ex.)		- 0.50
	a significant voice in the organization's investment policies and in directing the use of the organization's	na .		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's		6 1	
	supported organizations played in this regard.	3		
Sect	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the 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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	entity (see instructions).		1000
2	Activities Test. Answer lines 2a and 2b below.	·	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	100
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify		818	W 1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	4	1	1000
	how the organization was responsive to those supported organizations, and how the organization determined			1.0
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's	997		
	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 lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			-
L	trustees of each of the supported organizations? If "Yes" or "No," 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	21		

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Part V Type III Non-Functionally Integrated 509(a)(3) Sup	porting Organization	ons	
1 Check here if the organization satisfied the Integral Part Test as a qualify	ring trust on Nov. 20, 1970	(explain in Part VI). Se	ee
instructions. All other Type III non-functionally integrated supporting or	ganizations 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		
ection B – Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see		William Harris	
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			at Mich sales in
(explain in detail in Part VI):			-1, F(1-11, 11, 15, 1-11)
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 0.015 of line 3 (for greater amour	nt,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 0.035.	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 0.85 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	10 Feb.	
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-function	nally integrated Type III su	pporting organization	
(see instructions).			

Par	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizat	tions (continued)				
Sect	cion D – Distributions		("-	Current Year			
1	Amounts paid to supported organizations to accomplish exempt pur	rposes					
2							
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations					
4	Amounts paid to acquire exempt-use assets	V.—					
5	Qualified set-aside amounts (prior IRS approval required—provide	details in Part VI)					
6	Other distributions (describe in Part VI). See instructions.	10					
7	Total annual distributions. Add lines 1 through 6.						
8	Distributions to attentive supported organizations to which the organizations	nization is responsive					
	(provide details in Part VI). See instructions.						
9	Distributable amount for 2021 from Section C, line 6						
10	Line 8 amount divided by line 9 amount						
	Elio o diliodit dividod by ilio o diliodit	(i)	(ii)	(iii)			
Sect	tion E – Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable			
Jeci	non E - Distribution Anocations (see instructions)	Execes Distributions	Pre-2021	Amount for 2021			
	Distributable assessed for 2024 from Costion C. line 6		F16-2021	Amount for 2021			
1	Distributable amount for 2021 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required–explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2021	3 1 5 N					
	From 2016	35 - 5 (55, - 8,80)					
	From 2017						
	From 2018						
	From 2019						
	From 2020						
	Total of lines 3a through 3e						
	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
	Carryover from 2016 not applied (see instructions)			-			
1	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2021 from		- 1161-				
	Section D, line 7: \$						
-	Applied to underdistributions of prior years						
	Applied to 2021 distributable amount						
	Remainder, Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2021, if						
	any. Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2021 Subtract lines 3h	The second		71			
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2022. Add lines 3j and 4c.						
8	Breakdown of line 7:		11 July 201 100 100 100 100 100 100 100 100 100				
	Excess from 2017						
	Excess from 2018	file pile Vice Inch	Trade la	And the second			
_	Excess from 2019		The state of the s				
	Excess from 2020	R TELLET EN ILON					
	Excess from 2021						
	A CONTRACT OF A						

Schedule A (Form 990) 2021 Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part Part VI 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 3,188,746 SUPPLEMENTAL INFORMATION 2017 2018 2019 2020 2021 \$366,121 \$341,682 \$138,523 \$0 LEASING REVENUE \$151,719 \$34,111 OTHER INCOME \$81,437 \$79,115 \$0 \$0 \$356,493 \$333,377 \$435,977 \$485,709 GROSS INCOME INVENTORY SALE \$384,482

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.

Open to Public Inspection

OMB No. 1545-0047

lame (of the organization		Employer	identification number
В	OLEY CENTERS, INC.		59-1	290089
	rt I Organizations Maintaining Donor Advised Fur	nds or Other Similar Funds or A	ccount	ts.
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6.		
		(a) Donor advised funds	(1	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 exclu	sive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in v	writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or donor	r advisor, or for any other purpose		
	conferring impermissible private benefit?		******	Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7 _e		
1	Purpose(s) of conservation easements held by the organization (check a	all that apply).		
	Preservation of land for public use (for example, recreation or education	ation) Preservation of a historically in	nportant	land area
	Protection of natural habitat	Preservation of a certified histo	oric struc	cture
	Preservation of open space	tusseed		
2	Complete lines 2a through 2d if the organization held a qualified conser-	vation contribution in the form of a conserva-	ation	
	easement on the last day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic structure inclu		20	
d	Number of conservation easements included in (c) acquired after 7/25/0			
	historia atrustura listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, exti		n during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is lo	ocated >		
5	Does the organization have a written policy regarding the periodic monit			
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of			
	A contract was a contract.	•		
7	Amount of expenses incurred in monitoring, inspecting, handling of viola	ations, and enforcing conservation easeme	nts durin	g the year
	▶ \$	·		
8	Does each conservation easement reported on line 2(d) above satisfy the	he 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 easeme	ents in its revenue and expense statement a	ind	
	balance sheet, and include, if applicable, the text of the footnote to the c			e
	organization's accounting for conservation easements.			
Pa	art III Organizations Maintaining Collections of Art,	Historical Treasures, or Other S	imilar	Assets.
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958, not to re	eport in its revenue statement and balance	sheet wo	orks
	of art, historical treasures, or other similar assets held for public exhibition			
	service, provide in Part XIII the text of the footnote to its financial statem	nents that describes these items.		
b	If the organization elected, as permitted under FASB ASC 958, to report		et works	of
	art, historical treasures, or other similar assets held for public exhibition,			
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
		AND WINDOWS WINDOWS TO PROPERTY OF THE PARTY		\$
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial gain, provi	de the	
_	following amounts required to be reported under FASB ASC 958 relating			
а	Revenue included on Form 990, Part VIII, line 1		•	· \$
h	Assets included in Form 990. Part X			• \$

bescription of property	(investment)	(other)	depreciation	(u) book value
1a Land		2,815,945		2,815,945
b Buildings		14,929,598	9,337,679	5,591,919
c Leasehold improvements		350,864	316,866	33,998
		1 000 000	1 575 000	251 100

d Equipment 1,926,288 1,575,096 351,192 1,215,037 1,065,430 149,607 e Other Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 8,942,661

Schedule D (F	form 990) 2021 BOLEY CENTERS, INC.		59-1290089	Page 3
Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on F	orm 990. Part IV. li	ne 11b. See Form 990. Par	t X. line 12.
	(a) Description of security or category	(b) Book value	(c) Method of value	
	(including name of security)		Cost or end-of-year m	arket value
(1) Financial	derivatives			
(2) Closely he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	n (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII	Investments – Program Related.		***	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11c. See Form 990, Par	t X, line 13.
-	(a) Description of investment	(b) Book value	(c) Method of val	uation:
			Cost or end-of-year m	arket value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.		.t	
	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ne 11d. See Form 990, Par	t X, line 15.
	(a) Description			(b) Book value
(1)	DUE FROM RELATED PARTIES	3		3,822,145
(2)	INVESTMENT IN DUVAL PARE	ζ		303,079
(3)	INVESTMENT IN SAS			288,494
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)			4,413,718
Part X	Other Liabilities.		****	W Se
	Complete if the organization answered "Yes" on F	orm 990, Part IV, li	ine 11e or 11f. See Form 99	90, Part X,
	line 25.			
1.	(a) Description of liability			(b) Book value
	income taxes			
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 25.)		b	
	uncertain tax positions. In Part XIII, provide the text of the footnot	te to the organization's	financial statements that reports the	ie .
-	liability for uncertain tax positions under FASB ASC 740. Check			(
3-111-011-0	The second secon			

20110	dale B (Form coor Eder Dominion)			
Pa	rt XI Reconciliation of Revenue per Audited Financial S		ue 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	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	***************************************	2a		
b	[1.4] [1.4]	2b		
С	30.4 (n.to) (4.4) 4.0.4 (n.to) (4.0)	2c		
d	\$100 \$100 \$100 \$100 \$100 \$100 \$100 \$100	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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			
b		4b		
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			
5				
Pa	Int XII Reconciliation of Expenses per Audited Financial Complete if the organization answered "Yes" on Form		iises pei Keturii.	
1	27. 16.	000,1 01111, 1110 120.	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	5.00 S	
	Prior year adjustments			
C		1 0 1	1100	
Ч	Other losses Other (Describe in Part XIII.)	1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Add lines 2a through 2d	C1000000000000000000000000000000000000	2e	
3	Subtract line 2e from line 1			
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		
_	mirodanioni expenses net menases on i em ree, i are im, miro i e			
b	100000000000000000000000000000000000000	4.		
	Other (Describe in Part XIII.)	4b	4c	
С	Other (Describe in Part XIII.) Add lines 4a and 4b	4b	4c 5	
с 5	Other (Describe in Part XIII.)	4b		
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1)	4b	5	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information.	3.) Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	12.745-02°43-2°4-44
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	3.) Part IV, lines 1b and 2b; Part	V, line 4; Part X, line	
Proving 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part provide any additional informat	V, line 4; Part X, line ion.	
Proving 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4	Part IV, lines 1b and 2b; Part provide any additional informat	V, line 4; Part X, line ion.	
Proving 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part rovide any additional informat	V, line 4; Part X, line ion.	
Proving 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part rovide any additional informat	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informat	V, line 4; Part X, line ion.	
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c 5 Province 2; Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional information	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional information	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 10 art XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informational informational informational informational information in the second	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informational informational informational informational information in the second	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informational informational informational informational information in the second	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informational informational informational informational information in the second	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informational informational informational informational information in the second	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informational informational informational informational information in the second	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informational informational informational informational information in the second	V, line 4; Part X, line ion.	
c 5 Pa	Other (Describe in Part XIII.) Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1start XIII Supplemental Information. ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4 art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to part XII, lines 2d and 4b.	Part IV, lines 1b and 2b; Part provide any additional informational informational informational informational information in the second	V, line 4; Part X, line ion.	

Schedule D (F	orm 990) 2021	BOLEY	CENTERS,	INC.		59-1290089	Page 5
Part XIII	Suppleme	ntal Inform	CENTERS, ation (continu	ed)			
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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. Grants and Other Assistance to Organizations,

Open to Public Inspection OMB No. 1545-0047 2021

Employer identification number 59-1290089 ▶ Go to www.irs.gov/Form990 for the latest information. BOLEY CENTERS, INC. Department of the Treasury Internal Revenue Service Name of the organization

Part I General Information on Grants and Assistance	d 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? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	he amount of the gra nce? nitoring the use of or	ints or assis: ant funds in	tance, the grantees' el the United States.	igibility for the grants	or assistance, and	2000	Yes X No
<u>@</u>	omestic Organi	zations a	nd Domestic Go	vernments. Com	plete if the organical	anization answe	red "Yes" on Form 990,
1 (a) Name and address of organization or government	(a)	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) PINELLAS AFFORDABLE LIVING INC 445 31ST STREET NORTH ST PETERSBURG	59-3171557		579,559		COST	HOUSING ITE	SUPPORTIVE HOUSING
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(6)							
 2 Enter total number of section 501(c)(3) and government organizations listed 3 Enter total number of other organizations listed in the line 1 table 	tions listed	in the line 1 table	table				

Page 2

59-1290089

Supplemental Information

SCHEDULE I (Form 990)

For calendar year 2021, or tax year beginning

07/01/21 , and ending

06/30/22 2021

Employer identification number

Name of the organization

BOLEY CENTERS, INC.

59-1290089

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BOLEY CENTERS, INC. PROVIDES ASSISTANCE TO INDIVIDUALS FOR FINANCIAL
DISTRESS PAYMENTS, UTILITIES, TRANINING, 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.

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

BOLEY CENTERS, INC.

Employer identification number 59-1290089

_Pa	art 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		0+-	1
	990, Part VII, Section A, line 1a, Complete Part III to provide any relevant information regarding these items.		- 10	
	First-class or charter travel Housing allowance or residence for personal use		Vinsi	
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	56.5	13	2-10
	Discretionary spending account Personal services (such as maid, chauffeur, chef)		11 () 11 () () ()	
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 described 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 organization used to establish the compensation of the			
3	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a		Len ,	
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			175
	Compensation committee Written employment contract		101.0	15-500
	Independent committee X Compensation survey or study		1	
	X Form 990 of other organizations X Approval by the board or compensation committee		1 9.	-
	Approval by the board of compensation committee		m.	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	100		
	Receive a severance payment or change-of-control payment?			X
	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a–c, list the persons 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.	175.		
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any		Lati	
	compensation contingent on the revenues of:	8.4	100	100
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe 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:			
а	The organization?	6a		X
	Any related organization?			Х
	If "Yes" on line 6a or 6b, describe in Part III.		1 12 1	
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
,	normants not described on lines 5 and 62 If "Vos." describe in Dort III	7		x
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject	0000000		
Ü	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		

59-1290089

BOLEY CENTERS, INC.

Part II

03953

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed Schedule J (Form 990) 2021

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. 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.

	, market 10 (d)	A STATE OF THE STA	CLIRCO				
(A) Name and Title	(i) Base compensation	(i) Base (III) Other compensation reportable reportable	(III) Other reportable	(c) retirement and other deferred compensation	(U) Nontaxable benefits	(E) Total of columns (B)(i)–(D)	(F) Compensation in column (B) reported as deferred on prior
			compensation				Form 990
KEVIN MARRONE	(i) 151,367	0	0	15,137	0	166,504	0
1 CEO	(ii) 0		0			0	0
2	(0)						
ey	(1)	000000000000000000000000000000000000000	NO. PER STATE OF THE STATE OF T	e domina e domina e	000000000000000000000000000000000000000	90000000000000000000000000000000000000	Storristorialisatio
	(0)						
N-g	(11)	100400 1000 1000 1000 1000 1000 1000 10					
90	(0)						
9	(n)			C 31 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 + 0 +			0.000
1	(11)		N				
8	(II)		104(75)(55)(47)(55)(47)				0.0000000000000000000000000000000000000
6	(11)						
10	(1)					100000000000000000000000000000000000000	11-20-1112-0-112-11-0-11
	(ii)						
12	(i) (ii)						
13	(ii)						
14	(n)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
15	(n) (n)	6 Burtones Contract with the			(314) N-10-14 (315) V Dens (1319) (100)	months and result	
16	(n)		00000000000000000000000000000000000000	D0000000000000000000000000000000000000	0.0000000000000000000000000000000000000		200 mm m
						450	head: 1/Eest 0001 2024

INC.

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. Schedule J (Form 990) 2021 BOLEY CENTERS,
Part III Supplemental Information

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.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

BOLEY CENTERS, INC.

NEEDED TO OBTAIN AND MAINTAIN EMPLOYMENT.

Employer identification number 59–1290089

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

ASSISTED IN UNDERSTANDING THE MEANING, VALUE, AND DEMANDS OF WORKING.

SERVICES PROVIDED ARE DESIGNED TO DETERMINE A DISABLED INDIVUIDUAL'S

PHYSICAL CAPACITY, LEARNING STYLES, WORK HABITS, PRODUCTIVITY LEVEL,

ACADEMIC ACHIEVEMENT, APTITUTDES, INTERESTS, OCCUPATIONAL AWARENESS, AND

SOCIAL SKILLS BY UTILIZING A WIDE ARRAY OF TESTS AND EQUPMENT. RECIPIENTS

ARE PROVIDED WITH THE ASSESSMENTS, COUNSELING AND VOCATIONAL SERVICES

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

Name of the organization BOLEY CENTERS, INC.	Employer identification number 59-1290089
CERTIFICATIONS.	
FORM 990, PART VI, LINE 19 - GOVERNING DATE AUDITED FINANCIAL STATEMENTS ARE AVAILA	
WEBSITE. NO OTHER GOVERNING DOCUMENTS AR	
0+0000000000000000000000000000000000000	

03953

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public OMB No. 1545-0047 2021

Inspection Employer identification number

59-1290089 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33, BOLEY CENTERS, INC. Part

	(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)) + 1.0.1.0.(+) + E(+) + (+) +					
(4)					a	
(5)	(5)					
PartII	Identification of Related Tax-Exempt Organizations. Corone or more related tax-exempt organizations during the tax	Complete if the organitax year.	zation answered "Ye	s" on Form 990, Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had tax year.	se it had

ran	one or more related tax-exempt organizations during the tax year.	the tax year.		200		ביים סדי, מכימת של	ורומת
	(a) Name, address, and ElN of related organization	(b) Primary activity	(c) Leoal domicile (state	(d) Exempt Code section	(e) Public charity status	(f) Direct controlling	(g) Section 512(b)(13)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section \$12(b)(13) controlled entity?
(1) 128 PLACE APTS INC						_
2780/2790 1ST AVE N 59-3717717	717					
ST PETERSBURG FL 33713	HOUSING	FL	501 C3	10	BOLEY CENT	×
(2) ARLINGTON AVE APTS INC						
1007 ARLINGTON AVE N 26-4225646	546					
ST PETERSBURG FL 33705	HOUSING	FL	501 C3	10	BOLEY CENT	×
(3) BESSIE BOLEY FOUNDATION						
445 31ST STREET N 59-6165239	239					
ST PETERSBURG FL 33713	SUPPORT	FL	501 C3	12B	BOLEY CENT	×
(4) BOLEY FOUNDATION INC						
445 31ST STREET N 59-2230228	228					
ST PETERSBURG FL 33713	SUPPORT	ī	501 C3	12B	BOLEY CENT	×
(5) BROADWATER PLACE INC						
3615 37TH STREET S 27-3345871	371					
ST PETERSBURG FL 33713	HOUSING	FL	501 C3	10	BOLEY CENT	×

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

Schedule R (Form 990) 2021

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.

BOLEY CENTERS, INC.

Department of the Treasury Internal Revenue Service Name of the organization

OMB No. 1545-0047 2021

Open to Public Inspection

Employer identification number

59-1290089

(f)
Direct controlling entity

Partl	Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.	organization ansv	wered "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 conf
£)							
(2)							
(3)	#20111111111111111111111111111111111111	100					
(4)							
(5)		4:					
Part II	Identification of Related Tax-Exempt Organizations. Complete one or more related tax-exempt organizations during the tax year	omplete if the or	ganization answ	/ered "Yes" on Fo	orm 990, Part IV	izations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had	it had
		(b) Primary activity	(c) legal domicile (state	(d) Exempt Code section	(e) Public charity status	(f)	Section 5

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	Section 512(b)(13) controlled entity?
(1) CLAM BAYOU APTS INC						ŀ
3910/3990 34TH AVE S 43-2078260						
ST PETERSBURG FL 33711	HOUSING	FI	501 C3	10	BOLEY CENT	×
(2) COMMUNITY HOUSING OF PINELLAS INC						
4123 37TH ST N 59-2689809						
ST PETERSBURG FL 33714	HOUSING	FL	501 C3	10	BOLEY CENT	×
(3) DOME DISTRICT APTS INC						
1029 BURLINGTON AVE N 59-3617678						
ST PETERSBURG FL 33701	HOUSING	FL	501 C3	10	BOLEY CENT	×
(4) FOREST LANE APTS INC						
7101 53RD ST N 59-3212722						
PINELLAS PARK FL 33781	HOUSING	FL	501 C3	10	BOLEY CENT	×
(5) FOREST MEADOWS APTS INC						
5170 FOREST MEADOWS LANE 59-3212721						
ST PETERSBURG FL 33709	HOUSING	FL	501 C3	10	ROTEN CENT	×

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

03953

Department of the Treasury Internal Revenue Service Name of the organization

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.

Open to Public Inspection OMB No. 1545-0047 2021

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

Employer identification number

59-1290089

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. BOLEY CENTERS, INC. Part

	(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)	(3)					
(4)	(4)					
(5)						
Part II	Identification of Related Tax-Exempt Organizations. Co	Complete if the organiz tax year.	zation answered "Ye	ss" on Form 990, Pa	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had tax year.	se it had

Part II	mpt Organi; ganizations d	Complete if the or tax year.	ganization answ	ered "Yes" on Fo	rm 990, Part IV,	zations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had uring the tax year.	
							l
				: .			

(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state	(d) Exempt Code section	Public charity status	(f) Direct controlling	(g) Section 512(b)(13) controlled entity?
			or roteign country)		(it section port(c)(3))	entity	Yes
(1) LAKE WINDS APTS INC							
836/840 34TH AVE S	59-3682167						
ST PETERSBURG FL 33705	*)	HOUSING	FI	501 C3	10	BOLEY CENT	×
(2) LAUREL TRACE INC							
7211 46TH AVE N	90-0604565						
ST PETERSBURG FL 33713		HOUSING	FL	501 C3	10	BOLEY CENT	×
(3) PALMETTO BREEZE APTS INC							
2426/2962 1ST AVE S	06-1670536						
ST PETERSBURG FL 33713		HOUSING	FL	501 C3	10	BOLEY CENT	×
(4) PINELLAS AFFORDABLE LIVING INC							
445 31ST STREET N	59-3171557						
ST PETERSBURG FL 33713		HOUSING	Ţ	501 C3	10	BOLEY CENT	×
(5) PINELLAS COUNTY HOUSING INC							
1800 4TH ST S 3301 6TH ST S	59-2311570						
ST PETERSBURG FL 33705		HOUSING	FL	501 C3	10	BOLEY CENT	×

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

Department of the Treasury Internal Revenue Service Name of the organization

Part

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

Open to Public Inspection

Employer identification number

59-1290089

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. INC BOLEY CENTERS,

	(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)	(1)					
(2)						
(3)	(3)					
(4)	()					
(5)						
Part II	Identification of Related Tax-Exempt Organizations. Cor	mplete if the organiz	zation answered "Ye	Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had	t IV, line 34, becaus	se it had

ре	(a)
ine 34, because it ha	9)
rm 990, Part IV, line 3	(8)
ered "Yes" on Fo	(4)
if the organization answered "Yes" on Form 990, Par	(0)
. Complete if the o e tax year.	(a)
. O	(a)
Part II	

	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling	(g) Section 512(b)(13 controlled entity?	(b)(13) antity?
						(/o//o) - o - o - o - o - o - o - o - o - o -	Cinity	Yes	No
Ē	(1) SHADY PINES APTS INC								
	4037 76TH AVE N	59-3547490							
	ST PETERSBURG FL 33781		HOUSING	FL	501 C3	10	BOLEY CENT	×	
(2)	(2) SUNSET POINT APARTMENTS INC								
	1401/1413 SUNSET POINT RD	45-4082301							
	CLEARWATER FL 33755	T T T T T T T T T T T T T T T T T T T	HOUSING	H	501 C3	10	BOLEY CENT	×	
(3)	(3) TWIN BROOKS APTS INC								
	3450 24TH AVE S	02-0803197							
	ST PETERSBURG FL 33711		HOUSING	FI	501 C3	10	BOLEY CENT	×	
(4)	(4) BOLEY-PAR INC								
	6655 66TH ST N	46-3480340							
	PINELLAS PARK FL 33781		SUPPORT	FL	501 C3	12C	N/A		×
(2)									

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because it had one or more related organizations treated as a partnership during the tax year.	rganizations tr	eated as	a partner	as a partnership during the tax year.	tax year.		-			
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal Dire 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.?	(I) Code V—UBI amount in box 20 of Schedule K-1 (Form 1065)	General or managing partner?	(k) Percentage ownership
(1)DUVAL PARK DEVELOPER LLC 5300 W CYPRESS STREET SUITE 200 TAMPA 32-0422120	DEVELOPMEN	FL N/A		RELATED			2 ×	N/A		
(3)										
(4)										
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.	ions Taxable	as a Cor	poration ated as a	or Trust. Comp	olete if the org trust during th	lanization answe e tax year.	"Yes"	on Form 990, Part IV	art IV,	
(a) Name, address, and EIN of related organization	(b) Primary activity	Lega (s foreig	(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		1 6 8 5 6 5 1
(1)SOLUTIONS FOR ADMIN SERVICES INC 445 31ST STREET NORTH ST PETERSBURG 35-2384671	TIV FG BES		Į.	ø/ N	C			r C	>	Ves No
(2)DUVAL PARK GP LLC 5300 W CYPRESS STREET SUITE 200 TAMPA 61-1724227	HOUSING		i H	A/N) υ					×
(3)										
(4)										
A D.A.A.					7					

BOLEY CENTERS, INC. Schedule R (Form 990) 2021

Part V

59-1290089

Page 3

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

ž × × × × × × × × Yes × × × × × × × × **1** 19 19 19 <u>1</u> 1 7 4 10 4 10 ‡ ; ¥ = 10 + 2 Ŧ 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 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? Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses b Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ۵ S

Method of determining amount involved 9 (c) Amount involved (b)
Transaction
type (a-s) Name of related organization 200

(1)	128TH PLACE APTS INC	Д	77,975	77,975 MORTGAGE
(2)	ALL RELATED TAX EXEMPT ORGANIZATION	н	395,737	SERVICES
(3)	ARLINGTON AVE APTS INC	О	42,167	MORTGAGE
(4)	BESSIE BOLEY FOUNDATION	υ	141,448	141,448 MORTGAGE
(5)	BESSIE BOLEY FOUNDATION	되	667,043	667,043 MORTGAGE
(9)	ALL RELATED TAX EXEMPT ORGANIZATION	Z		SHARING OF FACILITIES

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BOLEY CENTERS, INC Schedule R (Form 990) 2021

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59-1290089

Page 3

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

å × × × × × × Yes × × × × × × × × 19 **1** 19 10 16 Jn 1 19 4 9 4 # ₹ 19 = 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? Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) ⊏ ۵

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 Other transfer of cash or property from related organization(s) 2

r Other transfer of cash or property to related organization(s)

Ø

× ×

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	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)	ALL RELATED TAX EXEMPT ORGANIZATION	0	1,584,848	SHARING OF PAID EMPLOYEES
(2)	BOLEY FOUNDATION INC	υ	258,000	CASH
(3)	BOLEY FOUNDATION INC	Д	1,153,926	MORTGAGE
(4)	BOLEY FOUNDATION INC	Д	61,875	ACCOUNTS RECEIVABLE
(5)	BOLEY FOUNDATION INC	Д	1,092,051	CONTRIBUTIONS
(9)	BOLEY-PAR INC	Сч	274,893	SERVICES

BOLEY CENTERS, INC. Schedule R (Form 990) 2021

Part V

59-1290089

Page 3

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

ŝ × × × × × × × × × × × Yes × × × × × × × × Method of determining amount involved <u>_</u> 1_b 19 19 11 19 <u>4</u> 10 9 10 1 10 # = ÷ = + S 9 MORTGAGE MORTGAGE MORTGAGE MORTGAGE MORTGAGE MORTGAGE 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 61,715 90,095 42,247 162,502 58,137 106,634 Amount involved 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? Transaction type (a-s) (q) Д Д А Д Д Д Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity COMMUNITY HOUSING OF PINELLAS INC Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) FOREST LANE APARTMENTS INC Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Name of related organization Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) r Other transfer of cash or property to related organization(s) FOREST MEADOWS APTS INC d Loans or loan guarantees to or for related organization(s) DOME DISTRICT APTS INC Sharing of paid employees with related organization(s) BROADWATER PLACE INC CLAM BAYOU APTS INC e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) _ s Ξ (2) 3 4 (2) (9) 7

BOLEY CENTERS, INC Schedule R (Form 990) 2021

Part V

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

å Schedule R (Form 990) 2021 × × × × × × × × × Yes × × × × × × × × GRANT TO RELATED PARTY Method of determining amount involved Ę 19 **1**q 19 10 1 7 19 1 10 4 * # = = 10 -S ACCOUNTS RECEIVABLE 9 OTHER EXPENSE MORTGAGE MORTGAGE MORTGAGE 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 583,214 119,322 51,243 2,283,120 684,624 67,727 Amount involved 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? Transaction type (a-s) <u>@</u> А А Д Д O ф Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity ALL RELATED TAX EXEMPT ORGANIZATION Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) PINELLAS AFFORDABLE LIVING INC PINELLAS AFFORDABLE LIVING INC LAUREL TRACE APARTMENTS INC Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) PALMETTO BREEZE APTS INC Reimbursement paid by related organization(s) for expenses Name of related organization Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) LAKE WINDS APTS INC Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) _ 0 Ω Ξ (2) 3 (4) (2) (9) 7

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Part V

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Page 3

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

ŝ × × × × × × Yes × × × × × × × × ᄪ 19 10 19 19 <u>1</u>e 4 9 0 부 유 19 # ÷ 7 Ξ 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? Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) c Gift, grant, or capital contribution from related organization(s) q Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses r Other transfer of cash or property to related organization(s) b Gift, grant, or capital contribution to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) f Dividends from related organization(s) ۵

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 ~

Other transfer of cash or property from related organization(s)

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(d) Method of determining amount involved	26,001 GRANT FROM RELATED PARTY	121 MORTGAGE	475 MORTGAGE	3,041 INTEREST	45,048 MORTGAGE	3,493 INVESTMENTS
(c) Amount involved	26,	2,309,121	292,475	3,	45,	3,
(b) Transaction type (a-s)	υ	Д	Q	Ø	Q	A
(a) Name of related organization	1) PINELLAS AFFORDABLE LIVING INC	(2) PINELLAS AFFORDABLE LIVING INC	3) PINELLAS COUNTY HOUSING INC	4) PINELLAS COUNTY HOUSING INC	5) SHADY PINES APTS INC	6) SOLUTIONS FOR ADMIN SERVICES INC

03953

BOLEY CENTERS, INC. Schedule R (Form 990) 2021

59-1290089

Page 3

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

ŝ × × × × × × × × × Yes × × × × × × × × Ę 10 1d 1 1 <u>4</u> 1_n 19 19 무 10 4 ¥ # = = 10 + Ś 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? Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. k Lease of facilities, equipment, or other assets from related organization(s) Lease of facilities, equipment, or other assets to related organization(s) Gift, grant, or capital contribution from related organization(s) Other transfer of cash or property from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) e Loans or loan guarantees by related organization(s) Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) Ч ⊑ б ۵

Method of determining amount involved 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 (c) Amount involved Transaction type (a-s) 9 Name of related organization

p

SHARED EMPLOYEES MORTGAGE MORTGAGE MORTGAGE 1,417,215 101,939 157,840 214,031 Д 囝 А Д SOLUTIONS FOR ADMIN SERVICES INC SOLUTIONS FOR ADMIN SERVICES INC SUNSET POINT APTS INC TWIN BROOKS APTS INC Ξ (2) (3) 4 (2) (9)

Page 4

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

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) (b) (c) (d) (e)	(q)	(c)	(p)	(e)	-	(i)	(B)	£		8	S		3
Name, address, and EIN of entity	Primary activity	Legal	Predominant income (related	Are all partn	tners	Share of total income	Share of end-of-year	Disproportionate allocations?		Code V—UBI	General or		Percentage ownership
		(state or foreign		501(c)(3)	3)		assets			of Schedule K-1 (Form 1065)	partner		
		country)	sections 512-514)	Yes	S S			Yes	2		Yes	o _N	
(1)													
(2)													
(3)													1
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(4)					-								
(5)													
(9)													
The second contract of													
(2)													
(8)									t				
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(10)													
(11)													
					-								

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 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 ORGANIZATIONS. TWO OF THE RELATED ENTITIES ARE BILLED FOR SHARED EMPLOYEES.

Filing Instructions

Boley Centers, Inc.

Exempt Organization Tax Return

Taxable Year Ended June 30, 2022

Date Due:

May 15, 2023

Remittance:

None is required. Your Form 990 for the tax year ended 6/30/22 shows no

balance due.

Signature:

You are using a Personal Identification Number (PIN) for signing your return electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Prida Guida & Perez, P.A. 1106 N Franklin St Tampa, FL 33602-3813

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other:

Your return is being filed electronically with the IRS and is not required to be mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form **8879-TE**

IRS e-file Signature Authorization for a Tax Exempt Entity

6/30 20 22

For calendar year 2021, or fiscal year beginning

7/01 , 2021, and ending

2021

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer		EIN or SSN					
BOLEY C	ENTERS, INC.	59-1290089					
Name and title of officer or person subject to tax KEVIN MAR	RONE						
CEO							
Part I Type of Return and Return Info	rmation						
	orm 8879-TE and enter the applicable amount, if any, from	the return. Form 8038-					
	all other forms, enter whole dollars only. If you check the b						
	ine for the return being filed with this form was blank, then						
	(do not enter -0-). But, if you entered -0- on the return, the						
applicable line below. Do not complete more than one line		in chief -o- on the					
	evenue, if any (Form 990, Part VIII, column (A), line 12)	_{1b} 20,169,482					
	evenue if any (Form 990-E7, line 9)	2b					
3a Form 1120-POL check here b Total t	evenue, if any (Form 990-EZ, line 9) ax (Form 1120-POL, line 22)	01-					
		3b					
5a Form 8868 check here b Balance	sed on investment income (Form 990-PF, Part VI, line 5)					
5a Form 8868 check here b Balance	te due (Form 8868, line 3c)	5b					
6a Form 990-T check here b Total t	ax (Form 990-T, Part III, line 4)						
	ax (Form 4720, Part III, line 1)						
	f assets at end of tax year (Form 5227, Item D)						
	e (Form 5330, Part II, line 19)						
	nt of credit payment requested (Form 8038-CP, Part III, I						
12.2	norization of Officer or Person Subject to Ta						
		ct to tax with respect to (name					
of entity)		t I have examined a copy of the					
	statements, and, to the best of my knowledge and belief, the						
	is the amount shown on the copy of the electronic return. I urn originator (ERO) to send the return to the IRS and to re						
	transmission, (b) the reason for any delay in processing the						
	reasury and its designated Financial Agent to initiate an ele						
	ated in the tax preparation software for payment of the fede						
	account. To revoke a payment, I must contact the U.S. Tre						
	payment (settlement) date. I also authorize the financial in						
	onfidential information necessary to answer inquiries and re						
	ber (PIN) as my signature for the electronic return and, if a						
electronic funds withdrawal.							
PIN: check one box only							
X lauthorize PRIDA GUIDA & PER	EZ, P.A. to enter my PIN	90089 as my signature					
ERO firm		Enter five numbers, but					
		do not enter all zeros					
on the tax year 2021 electronically filed return. If I	have indicated within this return that a copy of the return is	being filed with a state					
agency(ies) regulating charities as part of the IRS	Fed/State program, I also authorize the aforementioned El	RO to enter my PIN on the					
return's disclosure consent screen.							
As an officer or person subject to tax with respect	to the entity, I will enter my PIN as my signature on the tax	vear 2021 electronically					
filed return. If I have indicated within this return the	at a copy of the return is being filed with a state agency(ies) regulating charities as part					
of the IRS Fed/State program, I will enter my PIN	on the return's disclosure consent screen.						
Signature of officer or person subject to lax	Date •	05/15/23					
Part III Certification and Authenticatio	n						
ERO's EFIN/PIN. Enter your six-digit electronic filing iden							
number (EFIN) followed by your five-digit self-selected PIN	619474	98765					
and the state of t	Do not ente						
I certify that the above numeric entry is my PIN, which is my signature on the 2021 electronically filed return indicated above. I confirm that I							
	ents of Pub. 4163, Modernized e-File (MeF) Information for	r Authorized IRS e-file					
Providers for Business Returns.	~ 0.0						
ERO's signature) C To Data A	05/15/23					

ERO Must Retain This Form — See Instructions Do Not Submit This Form to the IRS Unless Requested To Do So

ERO's signature

BOLEY CENTERS, INC. AND AFFILIATES

CONSOLIDATED FINANCIAL STATEMENTS, SUPPLEMENTARY INFORMATION, AND OTHER REPORTS

Years Ended June 30, 2022 and 2021

BOLEY CENTERS, INC. AND AFFILIATES

Financial Statements Years Ended June 30, 2022 and 2021

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INDEPENDENT AUDITORS' REPORT

To the Board of Directors Boley Centers, Inc. and affiliates St. Petersburg, Florida

Report on the Audit of the 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, 2022 and 2021, and the related consolidated statements of activities and changes in net assets, functional expenses, and cash flows for the years then ended, and the related notes to the consolidated financial statements (collectively, "financial statements").

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Boley Centers, Inc. and affiliates, as of June 30, 2022 and 2021, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Basis for Opinion

We conducted our audits 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 ("Government Auditing Standards"). Our responsibilities under those standards are further described in the Auditors' Responsibilities for the Audit of the Financial Statements section of our report. We are required to be independent of Boley Centers, Inc. and affiliates and to meet our other ethical responsibilities, in accordance with the relevant ethical requirements relating to our audits. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Responsibilities of Management for the Financial Statements

Management is responsible for the preparation and fair presentation of these 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 financial statements that are free from material misstatement, whether due to fraud or error.

In preparing the financial statements, management is required to evaluate whether there are conditions or events, considered in the aggregate, that raise substantial doubt about Boley Centers, Inc. and affiliates' ability to continue as a going concern within one year after the date that the financial statements are available to be issued.

INDEPENDENT AUDITORS' REPORT (Continued)

Auditors' Responsibilities for the Audit of the Financial Statements

Our objectives are to obtain reasonable assurance about whether the financial statements as a whole are free from material misstatement, whether due to fraud or error, and to issue an auditors' report that includes our opinion. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards and *Government Auditing Standards* will always detect a material misstatement when it exists. The risk of not detecting a material misstatement resulting from fraud is higher than for one resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Misstatements are considered material if there is a substantial likelihood that, individually or in the aggregate, they would influence the judgment made by a reasonable user based on the financial statements.

In performing an audit in accordance with generally accepted auditing standards and *Government Auditing Standards*, we:

- Exercise professional judgment and maintain professional skepticism throughout the audits.
- Identify and assess the risks of material misstatement of the financial statements, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding the amounts and disclosures in the financial statements.
- Obtain an understanding of internal control relevant to the audits 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 Boley Centers, Inc. and affiliates' internal control. Accordingly,
 no such opinion is expressed.
- Evaluate the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluate the overall presentation of the financial statements.
- Conclude whether, in our judgment, there are conditions or events, considered in the aggregate, that raise substantial doubt about Boley Centers, Inc. and affiliates' ability to continue as a going concern for a reasonable period of time.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audits, significant audit findings, and certain internal control related matters that we identified during the audits.

INDEPENDENT AUDITORS' REPORT (Continued)

Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The accompanying schedule of expenditures of federal awards, as required by Title 2 U.S. Code of Federal Regulations Part 200, Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, is for purposes of additional analysis and is not a required part of the 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 financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the 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 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 March 31, 2023, on our consideration of Boley Centers, Inc. and affiliates' internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, grant agreements and other matters. The purpose of that report is solely 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 the effectiveness of Boley Centers, Inc. and affiliates' 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.

Prida, Guida & Perez, P.A.

Frida Gaida & Ferez

Tampa, Florida March 31, 2023



BOLEY CENTERS, INC. AND AFFILIATES Consolidated Statements of Financial Position

	June 30,					
	2022			2021		
Assets		_				
Cash and cash equivalents	\$	3,215,627	\$	2,722,083		
Restricted cash		1,858,840		1,750,039		
Accounts receivable - clients and other		90,114		105,623		
Accounts receivable - grants and funding sources		2,633,506		2,563,812		
Promised use of land, net		150,976		159,029		
Due from related parties		84		12,885		
Investments		5,232,436		4,763,767		
Investments in joint ventures		592,092		594,863		
Prepaid expenses and other assets		408,944		366,635		
Construction in progress		3,906,517		6,560,633		
Property and equipment, net		41,824,558		39,200,083		
Total assets	\$	59,913,694	\$	58,799,452		
Liabilities and net assets						
Accounts payable and accrued expenses	\$	1,406,836	\$	1,399,048		
Tenant deposits payable		76,823		71,949		
Due to related parties		214,031		202,042		
Notes payable, net		47,905,883		45,973,702		
Accrued interest		201,838		201,838		
Total liabilities		49,805,411		47,848,579		
Net assets						
Without donor restrictions		9,957,307		10,789,567		
With donor restrictions		150,976		161,306		
Total net assets		10,108,283		10,950,873		
Total liabilities and net assets	\$	59,913,694	\$	58,799,452		

BOLEY CENTERS, INC. AND AFFILIATES Consolidated Statement of Activities and Change in Net Assets Year Ended June 30, 2022

	Without Donor Restrictions		With D Restric		Total
Revenue, losses, and other support					
Governmental funding:					
Federal	\$	12,378,363	\$	-	\$ 12,378,363
State		175,792		-	175,792
Local		2,822,690		-	2,822,690
Other funding and revenues:					
Medicaid		1,152,947		-	1,152,947
Client fees and rents		1,877,856		-	1,877,856
Grants		644,121		-	644,121
Debt forgiveness		127,421		-	127,421
Contributions		79,773		9,590	89,363
Thrift store		558,286		-	558,286
Loss on investments, net		(312,173)		-	(312,173)
Allocated loss on investments in joint ventures		(3,493)		-	(3,493)
Gain on disposal of assets		1,056,764		-	1,056,764
Other		943,508		-	943,508
Net assets released from restrictions		19,920	((19,920)	
Total revenue, losses, and other support		21,521,775	((10,330)	21,511,445
Expenses					
Program services		18,396,444		-	18,396,444
Fundraising - thrift store		819,542		-	819,542
General and administrative		3,138,049			3,138,049
Total expenses		22,354,035			 22,354,035
Change in net assets		(832,260)	((10,330)	(842,590)
Net assets at beginning of year		10,789,567	1	61,306	 10,950,873
Net assets at end of year	\$	9,957,307	\$ 1	50,976	\$ 10,108,283

BOLEY CENTERS, INC. AND AFFILIATES Consolidated Statement of Activities and Change in Net Assets Year Ended June 30, 2021

	chout Donor estrictions	With Donor Restrictions	Total
Revenue, gains (losses), and other support			
Governmental funding:			
Federal	\$ 12,480,286	\$ -	\$ 12,480,286
State	197,531	-	197,531
Local	3,246,093	-	3,246,093
Other funding and revenues:			
Medicaid	1,044,461	-	1,044,461
Client fees and rents	1,726,814	-	1,726,814
Grants	1,023,278	-	1,023,278
Debt forgiveness	1,861,957	-	1,861,957
Contributions	386,329	164,175	550,504
Thrift store	501,123	-	501,123
Gain on investments, net	600,029	-	600,029
Allocated loss on investments in joint ventures	(2,745)	-	(2,745)
Gain on disposal of assets	1,500	-	1,500
Other	1,098,316	-	1,098,316
Net assets released from restrictions	141,916	(141,916)	-
Total revenue, gains (losses), and other support	24,306,888	22,259	24,329,147
Expenses			
Program services	19,071,019	-	19,071,019
Fundraising - thrift store	770,504	-	770,504
General and administrative	2,520,394		2,520,394
Total functional expenses	22,361,917	-	22,361,917
Loss on extinguishment of debt	9,709		9,709
Total expenses	22,371,626		22,371,626
Change in net assets	1,935,262	22,259	1,957,521
Net assets at beginning of year	8,854,305	139,047	 8,993,352
Net assets at end of year	\$ 10,789,567	\$ 161,306	\$ 10,950,873

BOLEY CENTERS, INC. AND AFFILIATES Consolidated Statement of Functional Expenses Year Ended June 30, 2022

Prog		

				Program	Services							
	Supported Housing and	Supported	D 11 11	or : I	Y 7 .1	Assertive Community		Contract	Total Program	Fundraising and Thrift	General and	T . 1
	Living	Employment	Residential	Clinical	Youth	Treatment	Housing	Services	Services	Store	Administrative	Total
Salaries	\$ 503,368	\$ 846,512	\$ 2,533,743	\$ 378,747	\$ 1,160,346	\$ 506,042	\$ 409,850	\$ 285,271	\$ 6,623,879	\$ 450,138	\$ 1,236,130	\$ 8,310,147
Payroll related expenses	121,126	158,978	487,467	79,947	130,999	95,604	102,508	65,380	1,242,009	82,948	226,893	1,551,850
	624,494	1,005,490	3,021,210	458,694	1,291,345	601,646	512,358	350,651	7,865,888	533,086	1,463,023	9,861,997
Shared staff	-	-	-	-	-	-	-	-	-	-	274,893	274,893
Employee leasing contract								(160,802)	(160,802)	(11,641)	(1,240,311)	(1,412,754)
Net salaries and related												
payroll expenses	624,494	1,005,490	3,021,210	458,694	1,291,345	601,646	512,358	189,849	7,705,086	521,445	497,605	8,724,136
Agency	2,035	3,053	8,652	_	5,011	-	-	-	18,751	4,425	52,956	76,132
Bad debts	-	-	61,820	-	-	-	39,670	-	101,490	100	270,780	372,370
Client support	338,818	11,659	69,587	_	1,504	187,716	2,812	-	612,096	-	-	612,096
Contractual services	8,283	11,139	216,435	27,675	2,402	11,791	30,952	1,149	309,826	10,534	98,032	418,392
Depreciation and amortization	_	-	454,599	21,938	21,580	768	1,081,334	6,615	1,586,834	7,216	160,427	1,754,477
Food supplies	114	245	181,907	-	2,852	167	284	63,633	249,202	62	2,838	252,102
Housing vouchers and rent	-	-	-	-	-	-	3,232,216	-	3,232,216	-	-	3,232,216
Insurance	4,119	9,365	150,685	15,171	23,349	3,493	365,492	30,745	602,419	6,252	176,442	785,113
Interest	-	-	1,066	-	-	-	86,691	-	87,757	33,852	1,808	123,417
Legal and professional fees	-	596	14,649	71,198	25,087	127,777	155,916	-	395,223	-	217,116	612,339
Management fees	-	-	-	-	-	-	-	160,802	160,802	11,641	1,244,772	1,417,215
Medical supplies	12,965	-	100,625	22,644	-	10	-	-	136,244	-	-	136,244
Operating supplies	2,133	6,001	89,046	10,747	14,852	1,560	33,129	11,235	168,703	9,515	38,994	217,212
Other expense	-	-	140	-	3,094	-	1,284	-	4,518	44,097	15,361	63,976
Personnel costs	868	277	3,309	291	155	313	464	125	5,802	1,872	38,221	45,895
Rent expense	2,665	24,036	7,590	1,345	46,239	672	18,454	-	101,001	108,000	22,316	231,317
Repairs and maintenance	22,966	29,621	300,922	24,572	7,039	11,509	962,069	6,604	1,365,302	17,497	161,436	1,544,235
Small equipment	530	3,860	39,528	511	927	-	378	-	45,734	49	11,003	56,786
Taxes and licenses	3,505	175	20,407	1,148	-	88	1,616	-	26,939	-	29,240	56,179
Travel	7,967	31,779	6,881	-	5,222	22,182	5,367	188	79,586	1,002	11,697	92,285
Utilities	72,349	42,575	490,932	55,073	28,944	9,731	660,541	40,768	1,400,913	41,983	87,005	1,529,901
Total for ational armonass	\$ 1,103,811	\$ 1,179,871	\$ 5,239,990	¢ 711.007	\$ 1,479,602	\$ 979,423	\$ 7,191,027	\$ 511.713	\$ 18,396,444	\$ 819,542	\$ 3,138,049	© 22.254.025
Total functional expenses	\$ 1,105,811	\$ 1,1/9,8/1	\$ 5,239,990	\$ 711,007	\$ 1,479,002	\$ 979,423	\$ 7,191,027	\$ 511,713	\$ 18,390, 444	\$ 819,542	\$ 5,158,049	\$ 22,354,035

BOLEY CENTERS, INC. AND AFFILIATES Consolidated Statement of Functional Expenses Year Ended June 30, 2021

Program	

	Program Services											
	Supported					Assertive			Total	Fundraising		
	Housing and	Supported				Community		Contract	Program	and Thrift	General and	
	Living	Employment	Residential	Clinical	Youth	Treatment	Housing	Services	Services	Store	Administrative	Total
Salaries	\$ 504,157	\$ 1,050,005	\$ 2,697,854	\$ 432,797	\$ 1,088,137	\$ 509,103	\$ 377,183	\$ 255,663	\$ 6,914,899	\$ 429,272	\$ 1,097,841	\$ 8,442,012
Payroll related expenses	134,658	219,110	603,750	98,059	179,109	92,579	93,297	67,079	1,487,641	103,036	214,539	1,805,216
	638,815	1,269,115	3,301,604	530,856	1,267,246	601,682	470,480	322,742	8,402,540	532,308	1,312,380	10,247,228
Shared staff	-	-	-	-	-	-	-	-	-	-	333,285	333,285
Employee leasing contract								(168,916)	(168,916)	(75,664)	(1,246,115)	(1,490,695)
Net salaries and related												
payroll expenses	638,815	1,269,115	3,301,604	530,856	1,267,246	601,682	470,480	153,826	8,233,624	456,644	399,550	9,089,818
						400			4.000		4. 400	
Agency	2,035	3,053	3,265	-	5,000	400	50	-	13,803	575	45,489	59,867
Bad debts	-	-	40,066	-	-	-	53,764	-	93,830	159	-	93,989
Client support	327,217	27,314	73,761	-	113	264,988	756	-	694,149		<u>-</u>	694,149
Contractual services	8,127	10,980	227,229	28,925	1,307	12,231	88,427	981	378,207	9,330	65,385	452,922
Depreciation and amortization	-	31	464,364	19,560	21,580	768	938,113	6,615	1,451,031	7,386	149,177	1,607,594
Food supplies	-	-	187,665	-	2,779	-	116	15,450	206,010	76	2,544	208,630
Housing vouchers and rent	-	-	-	-	-	-	3,884,559	-	3,884,559	-	-	3,884,559
Insurance	3,138	6,823	96,185	9,738	17,685	2,559	288,182	23,692	448,002	3,841	138,301	590,144
Interest	-	-	97,531	-	-	-	99,417	-	196,948	33,852	12,492	243,292
Legal and professional fees	-	1,382	13,853	37,818	26,540	110,955	129,575	-	320,123	825	117,632	438,580
Management fees	-	-	-	-	-	-	-	168,916	168,916	75,664	1,250,045	1,494,625
Medical supplies	10,488	-	103,805	21,443	-	-	-	-	135,736	-	15,248	150,984
Operating supplies	1,213	4,262	91,264	7,525	21,435	2,182	14,623	4,495	146,999	8,482	52,681	208,162
Other expense	-	-	-	-	1,805	-	20,704	-	22,509	17,758	2,455	42,722
Personnel costs	1,197	461	4,158	370	8,926	948	880	328	17,268	1,435	1,707	20,410
Rent expense	2,665	24,061	10,247	1,345	42,314	672	8,264	-	89,568	108,450	22,604	220,622
Repairs and maintenance	15,920	29,005	294,741	26,258	3,872	11,411	685,506	8,832	1,075,545	8,880	150,973	1,235,398
Small equipment	2,271	2,453	57,087	1,044	6,551	435	1,740	1,428	73,009	427	15,074	88,510
Taxes and licenses	2,566	354	11,056	1,144	-	120	5,009	-	20,249	195	21,567	42,011
Travel	6,667	26,639	6,826	-	7,002	15,665	4,975	311	68,085	503	2,377	70,965
Utilities	55,455	43,300	463,119	52,940	30,763	10,199	649,050	28,023	1,332,849	36,022	55,093	1,423,964
Total functional expenses	\$ 1,077,774	\$ 1,449,233	\$ 5,547,826	\$ 738,966	\$ 1,464,918	\$ 1,035,215	\$ 7,344,190	\$ 412,897	\$ 19,071,019	\$ 770,504	\$ 2,520,394	\$22,361,917
1 otal falletional expenses	Ψ 1,0//,//¬	Ψ 1,177,233	Ψ 5,5 17,620	Ψ 730,700	Ψ 1,104,710	Ψ 1,033,213	Ψ 1,577,170	Ψ 112,077	Ψ17,071,017	Ψ //0,504	Ψ 2,520,574	Ψ 22,501,717

BOLEY CENTERS, INC. AND AFFILIATES Consolidated Statements of Cash Flows

	Year Ended June 30,				
		2022	2021		
Cash flows from operating activities			-		
Change in net assets	\$	(842,590)	\$	1,957,521	
Adjustments to reconcile changes in net assets to net cash					
provided by (used in) operating activities:					
Depreciation and amortization		1,754,477		1,607,594	
Grants for capital projects		(10,500)		(152,600)	
Gain on disposal of property and equipment		(1,056,764)		(1,500)	
Amortization of loan costs		30,510		24,089	
Accretion of loan discounts		2,277		98,918	
Debt forgiveness income		(127,421)		(1,861,957)	
Loss on extinguishment of debt		-		9,709	
Provision for bad debts		372,370		93,989	
Other noncash expense		52,606		-	
Loss (gain) on investments		312,173		(600,029)	
Allocated loss on investments in joint ventures		3,493		2,745	
Changes in:					
Accounts receivable - clients and other		(356,861)		(84,938)	
Accounts receivable - grants and funding sources		(69,694)		(883,550)	
Promised use of land, net		8,053		(156,722)	
Prepaid expenses and other assets		(42,309)		76,522	
Accounts payable and accrued expenses		7,788		(648,820)	
Tenant deposits payable		4,874		(2,832)	
Due to/from related parties		24,790		18,984	
Accrued interest		-		(14,592)	
Net cash provided by (used in) operating activities		67,272		(517,469)	
Cash flows from investing activities					
Purchases of investments		(938,907)		(1,662,283)	
Proceeds from sale of investments		158,065		1,406,226	
Investments in joint ventures		(722)		(1,000)	
Purchases of property and equipment		(223,201)		(970,083)	
Purchases of construction materials		-		(3,901,011)	
Proceeds from disposal of property and equipment		1,095,793		-	
Net cash provided by (used in) investing activities		91,028		(5,128,151)	

BOLEY CENTERS, INC. AND AFFILIATES Consolidated Statements of Cash Flows (Continued)

	Year Ended June 30,			
		2022		2021
Cash flows from financing activities				
Proceeds from borrowing		956,618		5,599,528
Principal payments on debt		(83,073)		(226,010)
Payment of loan costs		-		(67,815)
Grants received for capital projects		10,500		152,600
Contribution to related party		(440,000)		(440,000)
Net cash provided by financing activities		444,045		5,018,303
Net change in cash, cash equivalents, and restricted cash		602,345		(627,317)
Cash, cash equivalents, and restricted cash - beginning of year		4,472,122		5,099,439
Cash, cash equivalents, and restricted cash - end of year	\$	5,074,467	\$	4,472,122
Supplemental disclosures:				
Cash paid for interest	\$	35,660	\$	46,344
Construction in progress transferred to property and equipment	\$	4,333,081	\$	45,648
Construction in progress financed through borrowings	\$	1,731,571	\$	-
Reconciliation of cash, cash equivalents, and restricted cash:				
Cash and cash equivalents	\$	3,215,627	\$	2,722,083
Restricted cash	Ф	1,858,840	Φ	1,750,039
Cash, cash equivalents, and restricted cash - end of year	\$	5,074,467	\$	4,472,122
Cash, cash equivalents, and restricted cash - the or year	Φ	3,074,407	Φ	7,4/2,122

Note 1 – Organization and Presentation

Boley Centers, Inc. ("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 that reside in Pinellas County, Florida and surrounding counties. Boley also develops and operates affordable housing for these and other individuals through various other not-for-profit entities in the Tampa Bay area.

As Boley controls the voting interest of the following not-for-profit entities, and has an economic interest in them through the receipt of various fees, the accompanying consolidated financial statements ("financial statements") reflect the consolidation of the following entities (collectively, the "Organization"):

	Housing Units
Not-for-profit Entities	in Operation
Boley Centers, Inc.	
Housing units	186
Average housing vouchers	352 vouchers
Community Housing Development Organization:	
Pinellas Affordable Living, Inc. ("PAL")	205
HUD Multifamily Housing Projects:	
128 Place, Inc. ("128 PL")	18
Arlington Avenue Apartments, Inc. ("AA")	16
Broadwater Place, Inc. ("BP")	14
Clam Bayou Apartments, Inc. ("CB")	14
Community Housing of Pinellas County, Inc. ("CHP")	15 beds
Dome District Apartments, Inc. ("DD")	18
Forest Lane Apartments, Inc. ("FLA")	24
Forest Meadows Apartments, Inc. ("FMA")	15
Lake Winds Apartments, Inc. ("LW")	14
Laurel Trace, Inc. ("LT")	9
Palmetto Breeze Apartments, Inc. ("PB")	12
Pinellas County Housing, Inc. ("PCH")	40
Shady Pines Apartments, Inc. ("SP")	8
Sunset Point Apartments, Inc. ("SUN")	14
Twin Brooks Apartments, Inc. ("TB")	14
Foundations:	
Bessie Boley Foundation ("BBF")	N/A
Boley Foundation, Inc. ("BF")	N/A
	988

Note 1 – Organization and Presentation (Continued)

Pinellas Affordable Living, Inc. ("PAL") is a not-for-profit corporation whose mission is to develop and operate integrated affordable housing for individuals with chronic mental illness and/or low income within the guidelines of various funding programs. PAL fulfills its mission by operating as a Community Housing Development Organization ("CHDO"). A CHDO is a private nonprofit, community-based organization that has the capacity to develop affordable housing for the community it serves. In order to qualify for designation as a CHDO, PAL had to meet certain requirements pertaining to its legal status, organizational structure, capacity, and experience. As of June 30, 2022, PAL is operating 18 properties that are subject to Department of Housing and Urban Development ("HUD") or other similar regulations and has 2 properties in various stages of development.

The HUD multifamily housing projects are residential facilities for individuals with chronic mental illness that are regulated by HUD as to rent charges and operating methods.

Bessie Boley Foundation is a Florida not-for-profit organization that manages certain investments and distributes income to Boley Centers for use in its programs.

Boley Foundation, Inc. is a Florida not-for-profit organization that operated as the fundraising arm of Boley Centers. Effective December 31, 2022, the board of directors decided to dissolve the corporation and Boley Foundation, Inc. transferred all of its assets to Boley Centers, Inc.

The accompanying consolidated financial statements include the activities of Boley and all of the aforementioned entities. All significant inter-organization accounts and transactions are eliminated.

Effective July 1, 2015, the structure of Boley Centers, Inc. changed. Boley-PAR, Inc., a Florida not-for-profit corporation with 501(c)(3) tax exempt status is now its sole member. Boley-PAR, Inc. is also the sole member of Operation PAR, Inc. ("PAR") and Personal Enrichment Through Mental Health Services, Inc. ("PEMHS"). As the sole member of the Boley, Boley-PAR, Inc. has the right to appoint and approve members of the Boley board of directors and to both initiate and approve certain actions as defined by the by-laws of Boley that may be required whether initiated by the Boley board of directors and other governing bodies or not. This ownership structure will allow the respective organizations to retain their separate corporate existence while sharing some administrative services to be more cost effective and efficient.

Note 2 – Summary of Significant Accounting Policies

Basis of Presentation – The accompanying financial statements have been prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP").

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

Reclassifications – Certain amounts in the 2021 financial statements have been reclassified to conform to the 2022 presentation. The reclassifications had no effect on previously reported change in net assets.

Note 2 – Summary of Significant Accounting Policies (Continued)

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 required under various loan agreements, tenant security deposits held, and reserves and residual receipts accounts required by HUD and certain other agreements.

Accounts Receivable and Allowance – Accounts receivable - clients and other are stated at net rental amount less an allowance for doubtful accounts. The allowance for doubtful accounts related to these receivables was approximately \$10,000 as of June 30, 2022 and 2021. Accounts receivable - grants and funding sources are stated at expected collectable amount once services have been provided, less an allowance for doubtful accounts. The allowance for doubtful accounts related to these receivables was approximately \$348,000 and \$77,000 as of June 30, 2022 and 2021, respectively. Management has reviewed the receivables and believes that the allowance for doubtful accounts is adequate.

Promised Use of Land – Promised use of land represents property that has been leased to PAL over a period of twenty years and has been extended for an additional twenty years at a rate of \$1 per year. As the lease is significantly below market-rate, promised use of land was recorded at the time of the initial contribution and again at the extension of the lease during the year ended June 30, 2021 in an amount estimated to be the fair value of the lease agreement. Every year rent expense is recorded and promised use of land is decreased.

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). 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 – Investments in joint ventures are carried under the equity method. The Organization's initial investments in joint ventures are recorded as an asset and are adjusted by the Organization's share of joint ventures' gains and losses.

Note 2 – Summary of Significant Accounting Policies (Continued)

Construction in Progress – Construction in progress represents projects that are under development. Construction in progress is not depreciated until the developed assets are placed in service.

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

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. Upon retirement, sale or other disposition of property and equipment, the costs and accumulated depreciation are eliminated from the accounts and any resulting gain or loss is included within the statement of activities.

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, 2022 and 2021.

Tenant Deposits Payable – Tenant security deposits are kept in a separate interest-bearing bank account in the name of the Organization until returned to the depositor or forfeited.

Notes Payable – Interest-free and below-market interest rate notes payable are recorded at the loan's face value at the time the loan was received. The recorded amount of one mortgage which is interest-free is calculated based on fair value using the prevailing market interest rates for similar transactions at the time the note was executed. Each year, interest expense is recognized, and the note payable liability is increased (accreted). Notes payable with forgiveness provisions are recorded as forgiven when the conditions of those notes payable are met or explicitly waived and the Organization is relieved of its liability. Upon forgiveness of the notes payable, the Organization reduces its liability and recognizes contribution revenue.

Loan Costs – Loan costs consist of costs related to obtaining the Organization's notes payable. Loan costs are netted with notes payable in the consolidated statements of financial position and are amortized over the life of the related loan. Amortization of loan costs is recorded as interest expense in the accompanying consolidated statements of activities.

Classification of Net Assets – Net assets of the Organization are classified based on the presence or absence of donor- or grantor-imposed restrictions, as follows:

Net assets without donor restrictions – Amounts that are not subject to usage restrictions based on donor- or grantor- imposed requirements. Net assets without donor restrictions includes expendable funds available to support operations as well as net assets invested in property and equipment. This class also includes net assets previously restricted by donors or grantors where restrictions have expired or been met.

Note 2 – Summary of Significant Accounting Policies (Continued)

Classification of Net Assets (Continued) –

Net assets with donor restrictions – Amounts subject to usage limitations based on donor- or grantor-imposed restrictions. Restrictions may be met by the passage of time or by actions of the Organization. These restrictions may be temporary or perpetual in nature. When a donor restriction expires, net assets with donor restrictions are released to net assets without donor restrictions and are reported in the consolidated statements of activities as net assets released from restriction.

Revenue Recognition -

Grants – The Organization receives performance, rate for service, and reimbursement grants. Grant revenues are recognized when grantor-imposed restrictions are met, pursuant to each grant agreement. If funds are not spent and also have other performance and/or control barriers that must be met for the Organization to be entitled to the funds. For non-reciprocal agreements, revenues are recognized when received, or when any conditions by grantors have been met. Grants received with grantor-imposed restrictions that are met in the same year as received are reported as revenues without donor restrictions.

Rent – Rent revenue is recognized monthly when the terms of the lease agreement. Rental payments received in advance are deferred and classified as a liability until earned.

Contributions — Contribution revenue is recognized when an unconditional gift is given to the Organization, or when such a legally enforceable gift is promised but not yet received. Unconditional promises to give expected to be collected within one year are recorded at net realizable value. Unconditional promises to give expected to be collected in future years are initially recorded at fair value using present value techniques incorporating risk-adjusted discount rates applicable to the years in which the promises are received. Amortization of the discount is included in contribution revenue.

Functional Allocation of Expenses – The costs of providing program and supporting services have been summarized in the accompanying consolidated statements of functional expenses. Employee leasing and related expenses that are associated with a specific program are charged directly to that program. Salaries and other expenses that benefit more than one program are allocated to the various programs based on the relative benefit provided. 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 as appropriate.

Income Taxes – The entities comprising the Organization have been recognized by the Internal Revenue Service as tax-exempt organizations under Section 501(c)(3) of the Internal Revenue Code and have been determined not to be private foundations. As a result, there is no provision for federal income taxes in these consolidated financial statements and no federal income taxes were paid. Management believes that the entities comprising the Organization have adequately addressed all relevant tax positions and there are no unrecorded tax liabilities. Generally, the tax returns of the organizations remain open for three years for federal income tax examination.

Note 3 – Availability and Liquidity

The Organization has 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. Cash needs of the Organization are expected to be met on a monthly basis from rents collected and from grant and contribution revenue.

The Organization has the following financial assets available to meet its needs for general expenditures over the next 12 months at June 30, 2022:

Financial assets at year-end:		
Cash and cash equivalents	\$	3,215,627
Accounts receivable - clients and other		90,114
Accounts receivable - grants and funding sources		2,633,506
Investments		5,232,436
		11,171,683
Less amounts not available to be used within one year	:	
Board designated net assets		(211,769)
	\$	10,959,914

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

In addition, in accordance with certain debt agreements, the Organization may maintain cash in reserve for replacements accounts. These funds are required by debt agreements and are to be used for the benefit of the Organization. The funds may be withdrawn only with the approval of the debt holder.

Boley also has an unsecured line of credit of \$2 million with Centennial Bank, none of which was outstanding at June 30, 2022 and 2021.

Note 4 – Promised Use of Land

PAL leases certain real property with improvements on which it provides affordable rental apartments for households with special needs at a lease cost to PAL of \$1 annually. The property may be used only for the purpose of improving and operating this eight-unit apartment complex. 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. The agreement expired 20 years after the date of issuance of the certificate of occupancy (March 14, 2021).

During the year ended June 30, 2021, the lease was extended under substantially identical terms. The extended lease expires March 31, 2041.

Note 4 – Promised Use of Land (Continued)

Promised use of land was recorded at inception and again at lease extension in amounts equal to the fair value of the real property at the time of the contribution, which was determined by management to be \$353,600. As the promised use of land will be realized over a period greater than one year, the contribution revenue was discounted to present value using a discount rate of 4%. The promised use of land balance is reduced annually by rent expense recognized over the term of the lease. Additionally, the discount on the contribution is being amortized and recognized as contribution with donor restrictions over the term of the lease.

Promised use of land is expected to be amortized as follows:

In one year or less	\$ 17,643
Between one and five years	70,572
In more than five years	 242,596
	330,811
Less unamortized discount	 (179,835)
	\$ 150,976

Note 5 – Investments

Investments consist of the following at June 30:

	Boley	Bes	sie Boley	ley Foundation,			
Centers, Inc.		Fo	Foundation Inc.		Inc.		Total
\$	-	\$	18,951	\$	80,516	\$	99,467
	-		49,020		1,201,123		1,250,143
	-		1,648,375		1,940,809		3,589,184
	80,990		-		-		80,990
	-				212,652		212,652
\$	80,990	\$	1,716,346	\$	3,435,100	\$	5,232,436
	Cen	\$ - - - 80,990	S - \$ - 80,990	Centers, Inc. Foundation \$ - \$ 18,951 - 49,020 - 1,648,375 80,990 - - -	Centers, Inc. Foundation \$ - \$ 18,951 \$ 49,020 - 1,648,375 \$ 80,990 - - - -	Centers, Inc. Foundation Inc. \$ - \$ 18,951 \$ 80,516 - 49,020 1,201,123 - 1,648,375 1,940,809 80,990 - - - - 212,652	Boley Centers, Inc. Bessie Boley Foundation, Inc. Foundation \$ - \$ 18,951 \$ 80,516 \$ - - 49,020 1,201,123 - 1,940,809 80,990 - - - - - - 212,652 -

Note 5 – Investments (Continued)

Investments consist of the following at June 30:

					Boley		
	Boley	Bes	sie Boley	Fo	oundation,		
Cen	ters, Inc.	Fo	undation		Inc.		Total
				,		'	
\$	-	\$	77,307	\$	103,906	\$	181,213
	-		26,844		953,548		980,392
	-		1,737,380		1,531,035		3,268,415
	80,990		-		-		80,990
	-		-		252,757		252,757
\$	80,990	\$	1,841,531	\$	2,841,246	\$	4,763,767
	Cen	- 80,990 -	S - \$ - 80,990	Centers, Inc. Foundation \$ - \$ 77,307 - 26,844 - 1,737,380 80,990 - - -	Centers, Inc. Foundation \$ - \$ 77,307 \$ - 26,844 - 1,737,380 80,990 - - -	Boley Centers, Inc. Bessie Boley Foundation, Inc. \$ - \$ 77,307 \$ 103,906 - 26,844 953,548 - 1,737,380 1,531,035 80,990 - - - - 252,757	Boley Centers, Inc. Bessie Boley Foundation, Inc. \$ - \$ 77,307 \$ 103,906 \$ - 26,844 953,548 - 1,737,380 1,531,035 80,990 252,757

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

	 2022	 2021
Interest and dividends on investments	\$ 167,056	\$ 147,624
Interest on cash and money market accounts	4,379	2,467
Discounts earned	3,041	
	\$ 174,476	\$ 150,091

Total gain (loss) on investments consists of the following for the years ended June 30:

		 2021	
Realized gain (loss)	\$	59,934	\$ 184,065
Unrealized gain (loss)		(325,688)	457,240
Fees		(46,419)	 (41,276)
	\$	(312,173)	\$ 600,029

Note 6 – Fair Values of Financial Assets

The fair value of financial assets are as follows at June 30:

		Measured Using					
F	air Value		Level 1	Level 2]	Level 3
			_			·	_
\$	99,467	\$	99,467	\$	-	\$	-
	1,250,143		-		1,250,143		-
	3,589,184		3,589,184		-		-
	80,990		-		80,990		-
	212,652		-		-		212,652
\$	5,232,436	\$	3,688,651	\$	1,331,133	\$	212,652
					_		
\$	181,213	\$	181,213	\$	-	\$	-
	980,392		-		980,392		-
	3,268,415		3,268,415		-		-
	80,990		-		80,990		-
	252,757		-				252,757
\$	4,763,767	\$	3,449,628	\$	1,061,382	\$	252,757
	\$	1,250,143 3,589,184 80,990 212,652 \$ 5,232,436 \$ 181,213 980,392 3,268,415 80,990 252,757	\$ 99,467 \$ 1,250,143 3,589,184 80,990 212,652 \$ 5,232,436 \$ \$ \$ 181,213 \$ 980,392 3,268,415 80,990 252,757	\$ 99,467 \$ 99,467 1,250,143 - 3,589,184 3,589,184 80,990 - 212,652 - \$ 5,232,436 \$ 3,688,651 \$ 181,213 \$ 181,213 980,392 - 3,268,415 3,268,415 80,990 - 252,757 -	Fair Value Level 1 \$ 99,467 \$ 99,467 \$ 1,250,143 - 3,589,184 3,589,184 80,990 - 212,652 - - \$ 5,232,436 \$ 3,688,651 \$ \$ 181,213 \$ 181,213 \$ 980,392 3,268,415 3,268,415 3,268,415 80,990 - - 252,757 - -	Fair Value Level 1 Level 2 \$ 99,467 \$ 99,467 \$ - 1,250,143 - 1,250,143 3,589,184 3,589,184 - 80,990 - 80,990 212,652 - - \$ 5,232,436 \$ 3,688,651 \$ 1,331,133 \$ 181,213 \$ 181,213 \$ - 980,392 - 980,392 3,268,415 3,268,415 - 80,990 - 80,990 252,757 - -	Fair Value Level 1 Level 2 \$ 99,467 \$ 99,467 \$ - \$ 1,250,143 3,589,184 3,589,184 - 80,990 212,652 - 80,990 \$ 5,232,436 \$ 3,688,651 \$ 1,331,133 \$ \$ 181,213 \$ 181,213 \$ - \$ 80,392 \$ 980,392 \$ 980,392 \$ 80,990 \$ 80,990 \$ 80,990 \$ 252,757

For the valuation of fixed income securities and mutual funds, the Organization used other observable inputs, particularly dealer marked 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.

Note 6 – Fair Values of Financial Assets (Continued)

The table below sets forth a reconciliation of the Organization's beginning and ending Level 3 financial assets at June 30:

	2022	 2021	
Beginning of year	\$ 252,757	\$ 203,750	
Gain (loss) included in change in net assets	(38,261)	50,701	
Purchases, sales, issuances, and settlements, net	(1,844)	 (1,694)	
End of year	\$ 212,652	\$ 252,757	

Note 7 – Investments in Joint Ventures

Investments in joint ventures are as follows at June 30:

	 2022	2021		
Solutions for Administrative Services	\$ 288,494	\$	291,987	
Duval Park				
Boley Centers, Inc.	303,079		302,688	
Pinellas Affordable Living, Inc.	519		188	
	\$ 592,092	\$	594,863	

Solutions for Administrative Services

Boley and PAR (collectively, "members") formed a Florida corporation, Solutions for Administrative Services, Inc. ("SAS"). SAS was designated as a taxable not-for-profit entity by the Internal Revenue Service. Boley is a 50% member.

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, electronic health record development/management, information technology, and support services.

The members and other are tax-exempt organizations desiring to use SAS's services 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, 2022 and 2021, Boley did not make any investment in SAS. Boley's share of the operating loss of SAS for the years ended June 30, 2022 and 2021, was approximately \$3,500 and \$2,700, respectively, and were accounted for using the equity method.

Note 7 – Investments in Joint Ventures (Continued)

Solutions for Administrative Services (Continued)

Summarized financial information for SAS is as follows as of and for the years ended June 30:

		2021		
Total assets	\$	682,077	\$	689,063
Total liabilities	\$	-	\$	-
Net assets	\$	682,077	\$	689,063
Net income (loss)	\$	(6,986)	\$	(5,489)

Duval Park

Boley and PAL, along with other unrelated investors are general partners in Duval Park GP, LLC ("LLC"). The LLC and with another unrelated party are general partners with one 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 which was completed during the year ended June 30, 2022. During the years ended June 30, 2022 and 2021, Boley contributed an approximately additional \$0 and \$1,000, respectively, to Duval. Boley's share of the operating loss of Duval for each the years ended June 30, 2022 and 2021, was \$0.

A developer fee of approximately \$0 and \$5,800 was received by each, Boley and PAL, for the years ended June 30, 2022 and 2021, respectively, related to this project. Total developer fees related to this project are approximately \$0 and \$25,000 for the years ended June 30, 2022 and 2021, respectively, and are included in developer fees in other revenue in the accompanying consolidated statements of activities.

Note 8 – Property and Equipment and Construction in Progress

Property and Equipment

Property and equipment consists of the following at June 30:

	2022			2021
Land	\$	8,449,410	\$	8,516,410
Buildings and improvements		53,838,713		49,606,322
Furniture and equipment		3,014,200		2,983,565
Leasehold improvements		350,864		350,864
Vehicles		1,215,037		1,215,037
		66,868,224		62,672,198
Less accumulated depreciation		(25,043,666)		(23,472,115)
	\$	41,824,558	\$	39,200,083

Note 8 – Property and Equipment and Construction in Progress (Continued)

Construction in Progress

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

	Construction in Progress			Construction Commitments				
	2022		2021		2022		2021	
PAL:								
Butterfly Grove	\$ 3,512,078	\$	2,167,499	\$	-	\$	774,608	
Evergreen Village	-		4,230,355		-		369,884	
Founders Point	94,106		41,938		5,075,200		-	
Whispering Pines	300,333		120,841		7,530,260		4,394,000	
	\$ 3,906,517	\$	6,560,633	\$ 1	2,605,460	\$	5,538,492	

Butterfly Grove – Is the redevelopment of an existing property into a twenty-unit apartment complex that was financed by Florida Housing Finance Corporation (\$4.3 million); Pinellas County, Florida (\$470 thousand); and the City of St. Petersburg, Florida (\$75 thousand). Butterfly Grove began operations in during the year ended June 30, 2022 and completed construction subsequent to year end.

Evergreen Village – Is a multi-unit housing complex that consists of five duplexes and four triplexes, totaling 21 one, two, and three-bedroom units and an office that was financed by Florida Housing Finance Corporation (\$4.5 million) and Pinellas County, Florida (\$535 thousand). Evergreen Village began operations during the year ended June 30, 2022.

Founders Point – Is a multi-unit housing complex that consists of 15 one-bedroom units that was financed by Florida Housing Finance Corporation (\$4 million), City of St. Petersburg (\$345 thousand), Pinellas Housing Finance Authority (\$345 thousand), and Pinellas County (\$321 thousand). At year end, land was acquired, the contractor was engaged, and financing was in the process of being completed.

Whispering Pines – Is a multi-unit housing complex that consists of 20 units that will be financed by Florida Housing Finance Corporation (\$5.9 million), City of St. Petersburg (\$910 thousand HOME funds), and Pinellas County (\$680 thousand SHIP funds). At year end, land was acquired and the contractor was engaged. Financing was secured subsequent to year end.

Note 9 – Notes Payable

Notes Payable

Notes payable consist of the following at June 30:

					microsi,					
				Periodic	per	Forgiveness				
Enti	ty Property	Debt Holder	Maturity	Payment	Annum	Provisions	Notes	2022	2021	
Bole	ey Safe Haven	Synovus Bank	2022 Jan	-	0%	Yes	1, 2, 11	\$ -	\$ 118,421	
DI	D Dome District									
	Apartments, Inc.	City of St. Petersburg	2022 Jan	-	0%	Yes	1, 2, 5, 11	-	9,000	
128	PL 128 Place, Inc.	City of St. Petersburg	2023 Sep	-	0%	Yes	1, 2, 5	62,000	62,000	
CF	B Clam Bayou Apartments,									
	Inc.	Synovus Bank	2023 Sep	-	0%	Yes	1, 2	187,960	187,960	

Interest

Note 9 – Notes Payable (Continued)

Notes Payable (Continued)

Notes payable consist of the following at June 30 (continued):

					Interest,				
Entity	Property	Debt Holder	Maturity	Periodic Payment	per Annum	Forgiveness Provisions	Notes	2022	2021
PB	Palmetto Breeze	Dest Holder	waterity	1 dy Hent	7 tillium	TIOVESIONS	riotes	2022	2021
	Apartments, Inc.	Synovus Bank	2023 Sep	_	0%	Yes	1, 2	107,875	107,875
PAL	Clam Bayou Apts.	Synovus Bank	2023 Sep	-	0%	Yes	1	60,034	60,034
SUN	Sunset Point Apartments,	•	•						
	Inc.	City of Clearwater	2023 Sep	-	0%	Yes	1, 2, 8	346,451	346,451
PAL	Salt Creek	City of St. Petersburg	2024 Apr	-	0%	Yes	1, 2, 5	186,222	186,222
PAL	Salt Creek	City of St. Petersburg	2024 Apr	-	0%	Yes	1, 2, 6	129,093	129,093
PAL	Salt Creek	City of St. Petersburg	2024 Apr	-	0%	Yes	1, 2, 5	1,815	1,815
Boley	Grove Park Village	Synovus Bank	2024 Jul	-	0%	Yes	1, 2	117,377	117,377
Boley	Broadwater II	Synovus Bank	2027 Jan	-	0%	Yes	1, 2	154,535	154,535
Boley	Safe Haven	City of St. Petersburg	2027 Jan	-	0%	Yes	1, 5	433,812	433,812
PAL	Owls Nest	City of St. Petersburg	2027 Jan	-	0%	Yes	1, 6	12,000	12,000
CB	Clam Bayou Apartments,								
	Inc.	City of St. Petersburg	2027 Dec	-	0%	Yes	1, 2, 5	91,500	91,500
PB	Palmetto Breeze	G: 00 P . 1	2025		00/	**		02.000	02.000
	Apartments, Inc.	City of St. Petersburg	2027 Dec	-	0%	Yes	1, 2, 5	82,000	82,000
PAL	Clam Bayou Apts.	City of St. Petersburg	2028 Jun	-	0%	Yes	1, 5	399,294	399,294
TB	Twin Brooks Apartments,	G D 1	2020 G		00/	37	1.0	120,000	120.000
	Inc.	Synovus Bank	2028 Sep	-	0%	Yes	1, 2	120,000	120,000
AA	Arlington Avenue	City of St. Detambase	2030 Jun	_	0%	Yes	1 2 5	500,000	500,000
Dolov	Apartments, Inc. Broadwater II	City of St. Petersburg	2030 Jun 2031 Jan	-	0%	Yes	1, 2, 5 1, 2, 5	500,000 238,144	238,144
Boley PAL	Bayou Pass Apts.	City of St. Petersburg City of St. Petersburg	2031 Jan 2031 Jan	-	0%	Yes	1, 2, 3	111,000	111,000
BP	Broadwater Place, Inc.	City of St. Petersburg	2031 Jan 2033 Sep	-	0%	Yes	1, 2, 5	170,000	170,000
CHP	Community Housing of	U.S. Department of	2033 Зер	-	070	105	1, 2, 3	170,000	170,000
CIII	Pinellas County, Inc.	Housing and Urban							
	r menus county, me.	Development ("HUD")	2033 Oct	_	0%	Yes	1, 9	423,500	423,500
PAL	Broadwater III	City of St. Petersburg	2033 Oct	_	0%	Yes	1, 5	500,000	500,000
FLA	Forest Lane Apartments,	,					-,-	,	,
	Inc.	HUD	2035 May	_	0%	Yes	1, 9	1,259,100	1,259,100
FMA	Forest Meadows						-, -	-,,	-,,
	Apartments, Inc.	HUD	2035 Jun	-	0%	Yes	1, 9	935,400	935,400
PAL	Ranch at Pinellas	Florida Housing Finance							
		Corp. ("FHFC")	2035 Jul	-	0%		1	3,766,273	3,766,273
PAL	Ranch at Pinellas	FHFC	2035 Jul	-	0%	Yes	1, 2	211,887	211,887
PAL	Evergreen Village	FHFC	2035 Nov	-	0%		1	3,933,377	3,933,377
PAL	Evergreen Village	FHFC	2035 Nov	-	0%		1, 2	235,300	235,300
Boley	Mastry Apartments	City of St. Petersburg	2035 Dec	-	0%	Yes	1, 5	268,965	268,965
Boley	Safe Haven	Pinellas County	2036 May	-	0%	Yes	1, 2, 5	325,000	325,000
Boley	Grove Park Village	Pinellas County	2036 Apr	-	0%	Yes	1, 2, 5	510,748	510,748
PAL	Poynter Preserves	Pinellas County	2036 Nov	-	0%	Yes	1, 5	1,175,000	1,175,000
PAL	Butterfly Grove	FHFC	2037 Apr	-	0%		1	3,807,598	1,678,567
PAL	Butterfly Grove	FHFC	2037 Apr	-	0%	Yes	1, 2	214,318	94,475
Boley	Mid-County Safe Haven	Pinellas County	2037 May	-	0%	Yes	1, 5	2,135,880	2,135,880
Boley	Grove Park Village	Pinellas County	2038 Oct	-	0%	Yes	1, 2	302,000	302,000
PAL	Poynter Preserves	City of St. Petersburg	2039 Jan	-	0%	Yes	1, 5	965,790	965,790
PAL	Poynter Preserves III	Pinellas County	2039 Jul	-	0%	Yes	1, 5	479,296	479,296
PAL	Poynter Preserves III	Housing Finance							
		Authority of Pinellas	2020 1 1		00/	37		204 (21	204 (21
DAT	C - 1- C 1-	County ("HFAPC")	2039 Jul	0.022	0%	Yes	1	384,631	384,631
PAL	Salt Creek	FHFC	2039 Sep	9,823	0%		1	176,820	186,643
SP	Shady Pines Apartments,	HUD	2020 5	_	00/	Von	1.0	455,000	455,000
Boley	Inc. Covert Apartments	City of Clearwater	2039 Sep 2039 Dec	232	0% 0%	Yes	1, 9 4	455,000 48,771	455,000 51,558
LT	Laurel Trace Apartments,	City of Cicalwater	2039 DCC	232	U/0		7	70,//1	31,330
ы	Inc.	Pinellas County	2040 Sep	_	0%	Yes	1, 2, 5	140,000	140,000
PAL	Poynter Preserves III	City of St. Petersburg	2040 Sep 2040 Sep	-	0%	Yes	1, 2, 3	481,093	481,093
Boley	Burlington Gardens	City of St. Petersburg	2040 Sep 2041 Mar	-	0%	Yes	1, 5	1,567,925	1,567,925
Doicy	Darmigton Galuciis	Chy of Di. I cicisoung	2071 IVIAI	-	0/0	105	1, 0	1,501,925	1,501,945

Note 9 – Notes Payable (Continued)

Notes Payable (Continued)

Notes payable consist of the following at June 30 (continued):

				Periodic	Interest, per	Forgiveness			
Entity	Property	Debt Holder	Maturity	Payment	Annum	Provisions	Notes	2022	2021
DD	Dome District								
	Apartments, Inc.	HUD	2041 May	-	0%	Yes	1, 9	1,061,100	1,061,100
PAL	Butterfly Grove	City of St. Petersburg	2041 Jul	-	0%	Yes	1, 2	73,048	73,048
LW	Lake Winds Apartments,								
	Inc.	HUD	2042 Apr	-	0%	Yes	1, 9	865,100	865,100
128 PL	128 Place, Inc.	HUD	2043 May	-	0%	Yes	1, 9	1,128,600	1,128,600
Boley	Fountainview	City of St. Petersburg	2043 Jun	-	0%	Yes	1, 6	870,073	870,073
PB	Palmetto Breeze								
	Apartments, Inc.	HUD	2045 May	-	0%	Yes	1, 9	809,448	809,448
PAL	Broadwater IV	City of St. Petersburg	2045 Aug	-	0%	Yes	1, 5	110,000	110,000
CB	Clam Bayou Apartments,								
	Inc.	FHFC	2046 Sep	-	0%		1, 2	184,130	184,130
CB	Clam Bayou Apartments,								
	Inc.	HUD	2047 Jan	-	0%	Yes	1, 9	1,110,000	1,110,000
PCH	Pinellas County Housing,								
	Inc.	Walker & Dunlop, Inc.	2048 Jan	8,232	2.65%		1, 4, 10	1,663,256	1,708,125
PAL	Ranch at Pinellas	Pinellas County	2048 May	11,545	0%	Yes	1, 2, 3, 6	376,910	400,000
PAL	Ranch Phase II	Pinellas County	2049 Jul	-	0%	Yes	1, 7	926,696	926,696
PAL	Ranch Phase II	HFAPC	2049 Jul	-	0%		1, 2	300,000	300,000
TB	Twin Brooks Apartments,								
	Inc.	HUD	2049 Sep	-	0%	Yes	1, 9	1,404,900	1,404,900
PAL	Twin Brooks Apts. II & III								
		City of St. Petersburg	2049 Dec	-	0%	Yes	1, 5	1,641,199	1,641,199
TB	Twin Brooks Apartments,								
	Inc.	City of St. Petersburg	2049 Dec	-	0%	Yes	1, 2, 5	191,667	191,667
AA	Arlington Avenue								
	Apartments, Inc.	HUD	2050 Apr	-	0%	Yes	1, 9	1,878,600	1,878,600
PAL	Butterfly Grove	Pinellas County	2050 Jun	-	0%	Yes	1, 2, 7	469,621	469,621
LT	Laurel Trace Apartments,								
	Inc.	HUD	2052 May	-	0%	Yes	1, 9	1,167,600	1,167,600
BP	Broadwater Place, Inc.	HUD	2052 Sep	-	0%	Yes	1, 9	1,702,427	1,702,427
PAL	Evergreen Village	Pinellas County	2052 Sep	1,710	1%		1, 2, 3, 5	545,410	545,410
SUN	Sunset Point Apartments,	•	•						
	Inc.	HUD	2053 May	-	0%	Yes	1, 9	1,796,900	1,796,900
			•						
								48,491,469	46,450,585
	Less unamortized loan costs	S						(585,586)	(476,883)
								\$47,905,883	\$45,973,702

Notes

^{1 -} Collateralized by real property and assignment of rents. Default provisions apply.

^{2 -} Subordinate to other debt on the same property.

^{3 -} Annual payments include principal and interest at the noted annual rate.

^{4 -} Monthly payments include principal and interest at the noted annual rate.

⁵ - Under the Home Investment Partnerships Program ("HOME").

^{6 -} Under the Community Development Block Grants/Entitlement Grants ("CDBG") program.

^{7 -} Under the State Housing Initiatives Partnership Program ("SHIP")

^{8 -} Under the Neighborhood Stabilization Program.

^{9 -} Under HUD's Section 811 Capital Advance Program.

^{10 -} Under HUD's Section 202 Direct Loan Program.

^{11 -} Forgiven during the year ended June 30, 2022.

Note 9 – Notes Payable (Continued)

Notes Payable (Continued)

Maturities of notes payable are as follows:

			Mo	ortgages with		
		Principal	F	orgiveness		
	Pa	yments Due]	Provisions	Total	
Years ending June 30:						_
2023	\$	71,937	\$	-	\$	71,937
2024		73,173		893,490		966,663
2025		74,442		117,377		191,819
2026		75,745		-		75,745
2027		77,083		788,307		865,390
Thereafter		14,393,050		31,926,865		46,319,915
	\$	14,765,430	\$	33,726,039		48,491,469
Less unamortized loan costs						(585,586)
					\$	47,905,883

Loan Costs

Loan costs consist of the following at June 30:

	 2022	 2021
Loan costs	\$ 745,962	\$ 625,895
Less accumulated amortization	 (160,376)	 (149,012)
	\$ 585,586	\$ 476,883

Interest expense related to amortization of loan costs was approximately \$31,000 and \$24,000 for the years ended June 30, 2022 and 2021, respectively. Future amortization of loan costs is expected to be approximately \$20,000 each year through maturity of the related notes payable in 2053.

Accrued Interest

Prior to Salt Creek's refinancing in 2016, the terms of the previous loan included accrued 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 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 10 – Line of Credit

Boley has an unsecured \$2 million line of credit with Centennial Bank. No amounts were outstanding under the line of credit at June 30, 2022 and 2021. Borrowings under the line of credit carry a variable interest rate, subject to change based on the daily Wall Street Journal ("WSJ") prime rate, but no less than 4%. The interest rate on the line of credit at June 30, 2022 and 2021, was 4.75% and 4.0%, respectively. This line of credit is payable on demand, secured by the administration building, and matures September 2024.

Note 11 – Net Assets

Net Assets Without Donor Restrictions

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

	 2022	 2021
Board designated	\$ 211,769	\$ 215,315
Operating surplus	 9,745,538	 10,574,252
	\$ 9,957,307	\$ 10,789,567

The board of directors has designated certain cash to be used for certain incentive compensation payments.

Net Assets With Donor Restrictions

Net assets with donor restrictions consist of the following at June 30:

	2022	2021
Discounts on below market-rate mortgages - Interest contributed based on the difference between the fair value of mortgages using market interest rates and the stated rate. Each year, interest expense is recognized and the mortgage		
liability is increased (accreted).	\$ -	\$ 2,277
Contributed use of land - The remainder of a 20-year below market-rate lease on real property that was contributed to the Organization under an agreement for a one time \$20 payment. Each year rent expense and contributed use of land revenue		
are recognized.	 150,976	 159,029
	\$ 150,976	\$ 161,306

Note 11 – Net Assets (Continued)

Net Assets Released from Donor Restrictions

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

	 2022	 2021
Accretion of loan discounts	\$ 2,277	\$ 2,453
Rent expense on original lease agreement	-	2,307
Rent expense on extended lease agreement	17,643	5,146
Other	 	 132,010
	\$ 19,920	\$ 141,916

Note 12 – Thrift Store Revenue

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

	 2022		2021
Contributions - donated goods	\$ 72,577	\$	65,146
Sales and other	 485,709		435,977
	\$ 558,286	\$	501,123

Note 13 – Other Revenue

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

	2022	 2021
Consulting	\$ 42,282	\$ 45,204
Developer fees	-	61,524
Food stamp revenue	13,220	30,209
Interest, dividends, and discounts earned	174,476	150,091
Maintenance revenue	4,358	4,964
Management fees revenue	70,478	70,924
Medicare	299,930	39,575
Research study participation	97,663	427,257
Special events, net of direct expenses of \$20,064	36,406	34,289
Youth programs, private sector	191,437	153,295
Other	13,258	80,984
	\$ 943,508	\$ 1,098,316

Note 14 – 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. Boley 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 the employee's compensation received during the plan year. Contributions for the years ended June 30, 2022 and 2021, were approximately \$131,000 and \$139,000, respectively.

Note 15 – 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, 2022 and 2021, was approximately \$217,000 and \$221,000, respectively.

Approximate future minimum lease payments are as follows:

Years ending June 30:	
2023	\$ 165,000
2024	 62,000
	\$ 227,000

Note 16 – Related Party Transactions

Boley-PAR, Inc

Boley-PAR, Inc. provides management and other administrative services to its members under a management services agreement. The services provided under the agreement include access center, medical records, human resources, finance/accounting, electronic health record development/management, information technology, property management, and support services. The services are provided by staff that are 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, 2022 and 2021, Boley provided employee leasing services at a cost of approximately \$1,413,000 and \$1,491,000, respectively, to Boley-PAR, Inc. and incurred management fees of approximately \$1,417,000 and \$1,495,000, respectively, to Boley PAR, Inc. for management/administrative services received. These amounts are reported as employee leasing contract and management fees, respectively, in the statements of functional expenses.

Certain staff are shared with members of Boley-PAR, Inc. Included in the consolidated statement of functional expenses for the years ended June 30, 2022 and 2021, is approximately \$275,000 and \$333,000, respectively, of shared staff costs. These amounts are reported as shared staff in the statements of functional expenses.

Included in accounts receivable at June 30, 2022 and 2021 is approximately \$80 and \$12,900, respectively, owed from Boley-PAR, Inc.

Solutions for Administrative Services, Inc. – Included in accounts payable at June 30, 2022 and 2021 is approximately \$214,000 and \$202,000, respectively, owed to SAS for operating expenses.

Note 16 – Related Party Transactions (Continued)

Sub-contract Awards – Boley sub-contracts awards to PAL to provide Continuum of Care services to certain tenants of PAL's properties. For the years ended June 30, 2022 and 2021, approximately \$583,000 and \$463,000, respectively, were sub-contracted by Boley to PAL for providing these services. Amounts are eliminated in consolidation.

Insurance – Boley carries a master insurance policy on all of the properties that they own and manage. Boley allocates insurance premiums based on information provided by the insurance company.

Note 17 - Concentrations, Commitments, and Contingencies

Concentration of credit risk – From time to time, the Organization may maintain cash balances that exceed federal insurance limits. The Organization has not experienced any losses on such accounts and does not believe it is exposed to any significant credit risk on cash and other deposits.

Concentration in funding sources – The Organization receives a substantial amount of support from federal, state, and local grantor agencies for its programs. If this support were to be reduced or eliminated, it could affect the operation of the supported programs. As of June 30, 2022 and 2021, approximately 76% and 65%, respectively, of total support and revenues are from these grants.

Grantors – The Organization is subject to federal, state, and local audits to determine compliance with grant funding requirements. In the event that expenditures would be disallowed, repayment could be required. Government grants and certain debt that has been deemed forgiven require the fulfillment of certain conditions as set forth by applicable laws, rules, and regulations, and within the grant agreements. Failure to fulfill the conditions could result in the return of funds to the grantor.

Examination by grantor agencies – PAL is required under various loan and regulatory agreements and federal and local grant funding agreements to operate Bayou Pass, Broadwater III, Broadwater IV, Butterfly Grove, Clam Bayou, Evergreen Village, Owl's Nest, Poynter Preserves, Poynter Preserves III, Ranch at Pinellas, Ranch Phase II, Salt Creek, and Twin Brooks II & III as qualified low-income projects, as well as to 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 accumulating to approximately \$16 million through June 30, 2022 and 2021. These capital advances 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. Failure to keep the HUD projects available for low-income people with chronic mental illness would result in repayment of the entire capital advance amount, plus interest since the date of the first advance.

The HUD projects operate in a heavily regulated environment. The operation of the projects is 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 the change.

Note 17 – Concentrations, Commitments, and Contingencies (Continued)

Property acquired with grant funding – A substantial amount of the Organization's property has been acquired with grant funds and 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.

Note 18 – Subsequent Events

The Organization has evaluated subsequent events through March 31, 2023, the date which the financial statements were available to be issued. No events have occurred subsequent to the statement of financial position date and through March 31, 2023, except as disclosed in Notes 1, 8, and 10, that would require adjustment to, or disclosure in, the financial statements.



BOLEY CENTERS, INC. AND AFFILIATES Schedule of Expenditures of Federal Awards Year Ended June 30, 2022

Federal Agency	A			
Direct Funding/Pass-Through Entity Cluster Name:	Assistance	Identifying	Federal	Transfers to
Guster Name: Federal Program	Listing Number	Information	Expenditures	Subrecipients
U.S. Department of Agriculture				
Passed through the State of Florida Department of Elder Affairs				
Child Nutrition Cluster:				
National School Lunch Program (NSLP)	10.555	Y7030	\$ 64,621	\$ -
Subtotal Child Nutrition Cluster			64,621	
Total U.S. Department of Agriculture			64,621	
U.S. Department of Housing and Urban Development				
Passed through the City of St. Petersburg, Florida CDBG-Entitlement Grants Cluster:				
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-20-MC-12-0017	58,577	
Subtotal CDBG-Entitlement Grants Cluster			2,496,575	
Direct award				
Shelter Plus Care	14.238	FL0353L4H021809	250,720	-
Shelter Plus Care	14.238	FL0353L4H021910	68,990	
Subtotal 14.238			319,710	
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	M-20-MC-12-0220	254,286	
Subtotal 14.239			4,166,835	-
Passed through the City of Tampa, Florida				
Housing Opportunities for Persons with AIDS	14.241	FY20/PY21	273,548	-
Housing Opportunities for Persons with AIDS	14.241	FY21/PY22	816,515	-
Subtotal 14.241			1,090,063	
Direct award				
Continuum of Care Program	14.267	FL0038L4H021912	231,475	-
Continuum of Care Program	14.267	FL0038L4H022013	614,585	-
Continuum of Care Program	14.267	FL0352L4H022011	416,941	127,505
Continuum of Care Program	14.267	FL0352L4H022112	209,826	69,107
Continuum of Care Program	14.267	FL0036L4H022013	541,186	187,744
Continuum of Care Program	14.267	FL0036L4H022114	219,492	110,431
Continuum of Care Program	14.267	FL0448L4H022008	36,873	48,376
Continuum of Care Program	14.267	FL0448L4H022109	32,143	40,052
Subtotal 14.267			2,302,521	583,215

Read accompanying notes to schedule of expenditures of federal awards.

BOLEY CENTERS, INC. AND AFFILIATES Schedule of Expenditures of Federal Awards (Continued) Year Ended June 30, 2022

Federal Agency				
Direct Funding/Pass-Through Entity Cluster Name:	Assistance	Identifying	Federal	Transfers to
Federal Program	Listing Number	Information	Expenditures	Subrecipients
1 Cuciai i logiaiii	Number	momation	Expenditures	Subtecipients
U.S. Department of Housing and Urban Development (Continued) Direct award				
Housing Voucher Cluster:				
Mainstream Voucher Program (MV)	14.879	Various	1,640,868	_
Subtotal Housing Voucher Cluster	11.075	various	1,640,868	
Total U.S. Department of Housing and Urban Development			12,016,572	583,215
Total C.S. Department of Housing and Orban Development			12,010,372	363,213
U.S. Department of Labor				
Direct award				
Homeless Veterans' Reintegration Program	17.805	HV-33275-19-60-5-12	279,178	
Subtotal 17.805			279,178	
Total U.S. Department of Labor			279,178	
US Department of Treasurer				
U.S. Department of Treasury Passed through Florida Housing Finance Corporation				
COVID-19 - Coronavirus Relief Fund	21.019	N/A	130,894	_
Subtotal 21.019			130,894	
Passed through the City of St. Petersburg, Florida				
COVID-19 - Emergency Rental Assistance Program	21.023	ERA0133	254,286	
Subtotal 21.023			254,286	
Total U.S. Department of Treasury			385,180	
U.S. Department of Veterans Affairs				
Direct award				
VA Homeless Providers Grant and Per Diem Program	64.024	09-706-FL	228,004	-
Subtotal 64.024			228,004	-
Passed through the Society of St. Vincent de Paul South Pinellas, In VA Supportive Services for Veteran Families Program	ic. 64.033	N/A	5,000	
VA Supportive Services for Veteran Families Program	64.033	N/A N/A	3,000 447,927	_
Subtotal 64.033	01.055	1071	452,927	
Total U.S. Department of Veterans Affairs			680,931	
U.S. Department of Education				
Passed through Florida Department of Education				
Rehabilitation Services - Vocational Rehabilitation Grants to States	84.126	VR5066	180,872	-
Rehabilitation Services - Vocational Rehabilitation Grants to States	84.126	N/A	19,176	
Subtotal 84.126			200,048	
Down J. J. C				
Passed through Syracuse University				
Research and Development Programs Cluster: National Institute on Disability and Rehabilitation Research	84.133	29103-04524-S04	8,966	_
Subtotal Research and Development Programs Cluster	04.133	27103-0432 4- 304	8,966	
1 0				
Total U.S. Department of Education			209,014	

Read accompanying notes to schedule of expenditures of federal awards.

BOLEY CENTERS, INC. AND AFFILIATES Schedule of Expenditures of Federal Awards (Continued) Year Ended June 30, 2022

Federal Agency Direct Funding/Pass-Through Entity Cluster Name: Federal Program	Assistance Listing Number	Identifying Information	Federal Expenditures	Transfers to Subrecipients
U.S. Department of Health and Human Services Passed through Central Florida Behavioral Health Network, Inc.				
477 Cluster: Temporary Assistance for Needy Families (TANF) Subtotal 477 Cluster	93.558	AMH/QG003-21	125,270 125,270	
Passed through Central Florida Behavioral Health Network, Inc. Block Grants for Community Mental Health Services Subtotal 93.958	93.958	AMH/QG003-21	1,197,499 1,197,499	
Total U.S. Department of Health and Human Services			1,322,769	
Total Expenditures of Federal Awards			\$ 14,958,265	\$ 583,215

^{*} Represents the balance of a capital advance or loan from previous years plus new loans during the current year, if any, for which the Federal government imposes continuing compliance requirements.

BOLEY CENTERS, INC. AND AFFILIATES Notes to Schedule of Expenditures of Federal Awards Year Ended June 30, 2022

Note 1 – Summary of Significant Accounting Policies

The accompanying schedule of expenditures of federal awards includes the federal grant activities of Boley Centers, Inc. ("Boley") for the year ended June 30, 2022. The information in this schedule is presented in accordance with the requirements of 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, it is not intended to and does not present the financial position, changes in net assets, or cash flows of Boley.

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 are limited as to reimbursement.

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 2 – Indirect Costs

Boley has elected not to use the 10% de minimis cost rate allowed by the Uniform Guidance.

Note 3 – Loans

Boley has the following loan balances:

				Additional	
				Loan	
Assistance		Original		Funding/	
Listing		Loan	Balance at	(Payments/	Balance at
Number	Description	Amount	July 1, 2021	Forgiveness)	June 30, 2022
14.218	CDBG-Entitlement Grants Clu	ster: Community I	Development Blo	ck Grants/Entitle	ement Grants
	Burlington Gardens	\$ 1,567,925	\$ 1,567,925	\$ -	\$ 1,567,925
	Fountain View	870,073	870,073	-	870,073
14.239	Home Investment Partnerships	Program			
	Grove Park Village	687,500	510,748	-	510,748
	Mid-County Safe Haven	2,135,880	2,135,880	-	2,135,880
	Safe Haven	325,000	325,000	-	325,000
	Broadwater II	238,144	238,144	-	238,144
	Mastry Apartments	268,965	268,965	-	268,965
	Safe Haven	433,812	433,812		433,812
		\$ 6,527,299	\$ 6,350,547	\$ -	\$ 6,350,547

BOLEY CENTERS, INC. AND AFFILIATES Notes to Schedule of Expenditures of Federal Awards Year Ended June 30, 2022

Note 4 – 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, 2022, Boley obtained the required amount of matching funds.

Note 5 – Contingency

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



INDEPENDENT AUDITORS' 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

To the 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 (a nonprofit organization), which comprise the consolidated statement of financial position as of June 30, 2022, and the related consolidated statements of activities and change in net assets, functional expenses, and cash flows for the year then ended, and the related notes to the consolidated financial statements (collectively, "financial statements"), and have issued our report thereon dated March 31, 2023.

Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered Boley Centers, Inc. and affiliates' internal control over financial reporting ("internal control") as a basis for designing audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the 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 or significant deficiencies may exist that were not identified.

INDEPENDENT AUDITORS' 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 (Continued)

Report on Compliance and Other Matters

As part of obtaining reasonable assurance about whether Boley Centers, Inc. and affiliates' financial statements are free of material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the financial statements. 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*.

Purpose of 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 the entity's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering the entity's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Prida, Guida & Perez, P.A.

Frida Gaida & Peroz

Tampa, Florida March 31, 2023

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE FOR EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE

TAMPA, FLORIDA 33602

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

Report on Compliance for Each Major Federal Program

Opinion on Each Major Federal Program

We have audited Boley Centers, Inc.'s compliance with the types of compliance requirements identified as subject to audit 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, 2022. Boley Centers, Inc.'s major federal programs are identified in the summary of auditors' 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 affiliated entities listed in the table below, which expended \$26,863,208 in federal awards that are not included in Boley Centers, Inc.'s schedule of expenditures of federal awards for the year ended June 30, 2022. Our compliance audit, described below, did not include the compliance or operations of the entities listed in the table below because Boley Centers, Inc. engaged us to perform and report on separate financial and compliance audits of those entities.

		Fed	eral Awards
Entity	Audit Report Date	I	Expended
128 Place, Inc.	September 28, 2022	\$	1,224,654
Arlington Avenue Apartments, Inc.	September 28, 2022		2,409,848
Broadwater Place, Inc.	September 28, 2022		1,907,712
Clam Bayou Apartments, Inc.	September 28, 2022		1,241,350
Dome District Apartments, Inc.	September 28, 2022		1,121,681
Forest Lane Apartments, Inc.	September 28, 2022		1,311,775
Forest Meadows Apartments, Inc.	September 28, 2022		989,326
Lake Winds Apartments, Inc.	September 28, 2022		905,337
Laurel Trace, Inc.	September 28, 2022		1,333,377
Palmetto Breeze Apartments, Inc.	September 28, 2022		927,836
Pinellas Affordable Living, Inc.	March 28, 2023		7,752,704
Pinellas County Housing, Inc.	September 28, 2022		1,898,642
Sunset Point Apartments, Inc.	September 28, 2022		2,194,162
Twin Brooks Apartments, Inc.	September 28, 2022		1,644,804
		\$	26,863,208

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE (Continued)

Opinion on Each Major Federal Program (Continued)

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, 2022.

Basis for Opinion on Each Major Federal Program

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 Title 2 U.S. *Code of Federal Regulations* Part 200, *Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards* ("Uniform Guidance"). Our responsibilities under those standards and the Uniform Guidance are further described in the Auditors' Responsibilities for the Audit of Compliance section of our report.

We are required to be independent of Boley Centers, Inc. and to meet our other ethical responsibilities, in accordance with relevant ethical requirements relating to our audit. We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our opinion on compliance for each major federal program. Our audit does not provide a legal determination of Boley Centers, Inc.'s compliance with the compliance requirements referred to above.

Responsibilities of Management for Compliance

Management is responsible for compliance with the requirements referred to above and for the design, implementation, and maintenance of effective internal control over compliance with the requirements of laws, statutes, regulations, rules, and provisions of contracts or grant agreements applicable to Boley Centers, Inc.'s federal programs.

Auditors' Responsibilities for the Audit of Compliance

Our objectives are to obtain reasonable assurance about whether material noncompliance with the compliance requirements referred to above occurred, whether due to fraud or error, and express an opinion on Boley Centers, Inc.'s compliance based on our audit. Reasonable assurance is a high level of assurance but is not absolute assurance and therefore is not a guarantee that an audit conducted in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance will always detect material noncompliance when it exists. The risk of not detecting material noncompliance resulting from fraud is higher than for that resulting from error, as fraud may involve collusion, forgery, intentional omissions, misrepresentations, or the override of internal control. Noncompliance with the compliance requirements referred to above is considered material if there is a substantial likelihood that, individually or in the aggregate, it would influence the judgment made by a reasonable user of the report on compliance about Boley Centers, Inc.'s compliance with the requirements of each major federal program as a whole.

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE (Continued)

Auditors' Responsibilities for the Audit of Compliance (Continued)

In performing an audit in accordance with generally accepted auditing standards, *Government Auditing Standards*, and the Uniform Guidance, we:

- Exercise professional judgment and maintain professional skepticism throughout the audit.
- Identify and assess the risks of material noncompliance, whether due to fraud or error, and design and perform audit procedures responsive to those risks. Such procedures include examining, on a test basis, evidence regarding Boley Centers, Inc.'s compliance with the compliance requirements referred to above and performing such other procedures as we considered necessary in the circumstances.
- Obtain an understanding of Boley Centers, Inc.'s internal control over compliance relevant to the audit in order to design audit procedures that are appropriate in the circumstances 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 Boley Centers, Inc.'s internal control over compliance. Accordingly, no such opinion is expressed.

We are required to communicate with those charged with governance regarding, among other matters, the planned scope and timing of the audit and any significant deficiencies and material weaknesses in internal control over compliance that we identified during the audit.

Report on 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 Auditors' Responsibilities for the Audit of Compliance section above and was not designed to identify all deficiencies in internal control over compliance that might be material weaknesses or significant deficiencies in internal control over compliance. Given these limitations, during our audit we did not identify any deficiencies in internal control over compliance that we consider to be material weaknesses, as defined above. However, material weaknesses or significant deficiencies in internal control over compliance may exist that were not identified.

Our audit was not designed for the purpose of expressing an opinion on the effectiveness of internal control over compliance. Accordingly, no such opinion is expressed.

INDEPENDENT AUDITORS' REPORT ON COMPLIANCE ON EACH MAJOR PROGRAM AND ON INTERNAL CONTROL OVER COMPLIANCE REQUIRED BY THE UNIFORM GUIDANCE (Continued)

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.

Prida, Guida & Perez, P.A.

Frida Gaida & Peroz

Tampa, Florida March 31, 2023

BOLEY CENTERS, INC. Schedule of Findings and Questioned Costs Year Ended June 30, 2022

SECTION 1 - SUMMARY OF AUDITORS' RESULTS

Financial Statements

Type of auditors' report is statements were prepared in	sued on whether the financial n accordance with GAAP			<u>Unmodified</u>
Internal control over the fi Material weakness(es Significant deficiency Noncompliance mater) identified?	:	yes yes yes	$\begin{array}{c} X \\ X \\ X \\ \end{array} \begin{array}{c} \text{no} \\ \text{none reported} \\ \text{no} \end{array}$
Federal Award Program	s			
Type of auditors' report is programs	sued on compliance for major			<u>Unmodified</u>
Internal control over major Material weakness(es Significant deficiency) identified?		yes yes	$\frac{X}{X}$ no none reported
-	ed that are required to be reported <i>CFR Section 200.516(a)</i> ?	:	yes	X no
Identification of major pro	grams:			
<u>Number</u> 14.218 14.267 14.879 21.023 93.958	Name of Federal Program/Clus CDBG-Entitlement Grants Clu Continuum of Care Program Housing Voucher Cluster Emergency Rental Assistance I Block Grants for Community M	ster Program	th S	ervices
Dollar threshold used to di B federal programs	stinguish between type A and type			<u>\$750,000</u>
Auditee qualified as low-ri	isk auditee?		yes	X no
SECTION 2 – FINANCI	AL STATEMENT FINDINGS			

No matters were reported for the year ended June 30, 2022.

SECTION 3 – FEDERAL AWARD FINDINGS AND QUESTIONED COSTS

No matters were reported for the year ended June 30, 2022.

BOLEY CENTERS, INC. Summary Schedule of Prior Audit Findings Year Ended June 30, 2022

Finding No. 2021-001 - Financial Close Process

Material Weakness

Finding summary: While performing 2021 audit procedures, we noted that the Organization did not perform an effective close of the 2020 year end which also resulted in an ineffective close of the 2021 year end. We also noted that several accounts (including cash, investments, accounts receivable, prepaid expenses, fixed assets, liabilities, expense allocations, and intercompany accounts) were not reconciled during the year. The result was several adjustments to the financial statements. Several of the key closing activities that were not performed are as follows:

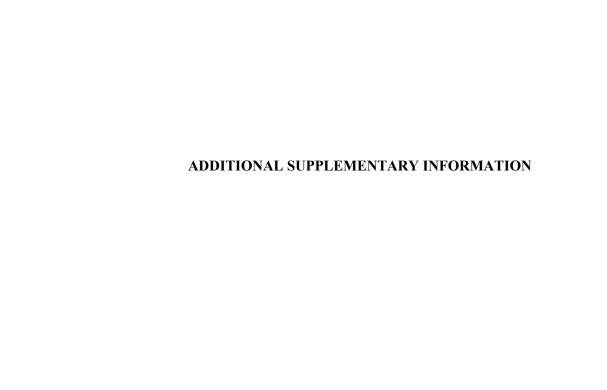
- Bank reconciliations for 4 accounts were not completed.
- Investment accounts were not reconciled to the general ledger. Activities within the investment accounts were not accounted for properly.
- Several accounts receivable accounts were misstated due to payments being misapplied, activity not being updated, and reconciliations not being performed.
- Prepaid expenses were not updated for current year activities.
- Fixed assets subsidiary ledger provided to support the account balances was not reconciled to the general ledger. Significant differences exist between the subsidiary ledger and the general ledger.
- Accrued vacation was not updated with current year activity.
- Intercompany accounts were not reconciled.
- Expense allocation accounts were not closed.
- Transactions between the foundations and Boley Centers were not accounted for properly.

The Organization did provide updated documentation upon request, but the lack of a formal review and close process led to material audit adjustments to the general ledger for the year ending June 30, 2021.

Based on principles and guidance contained within the 2013 Internal Control – Integrated Framework as published by the Committee of Sponsoring Organizations of the Treadway Commission ("COSO"), management is responsible for the maintenance of internal controls over financial reporting with the objective that financial statements are accurate under generally accepted accounting principles.

The auditors recommended that the Organization establish procedures to ensure a formal closing process is completed monthly and that financial statements are prepared regularly (at least quarterly) and reviewed timely in order to identify potential misstatements. We recommend that the Organization review general ledger accounts to determine the balances are accurate; that schedules prepared support the general ledger balances; general ledger accounts be reviewed for completeness and accuracy; and that the Organization implement controls to require that any schedules that contain financial information be timely reviewed by a responsible official.

Status: The Organization hired a CFO during the year that has implemented processes for a formal accounting close. The CFO also continues to evaluate the Organization's accounting processes and is making improvements. The CFO has hired and is training a team with a focus on fiscal accountability. The 2022 audit marked significant improvement over the audits of the 2 prior years.



Supplementary Information for CFBHN Contract Actual Personnel Expenses Year Ended June 30, 2022

DOGWION TWO E	STAFF		Tot	al Agency					06 reatment			-	12 Services		
POSITION TITLE	NAME	# of FTE	D.S.D. (x)	D.S.D.	A	nnual Salary Cost	% of Time	D.S.D.	FTE	Salary	% of Time	D.S.D.	FTE		Salary
Administrative Support Staff		16.00		-	\$	20,453.57		-	-	\$ -		-	-	\$	-
Advance Registered Nurse Practitioner		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Case Manager		2.00		-	\$	28,922.26		-	-	\$ -		-	-	\$	-
Certified Peer Specialist		4.00		-	\$	86,235.91		-	-	\$ -		-	-	\$	-
Chief Executive Officer		1.00		-	\$	72,683.71		-	-	\$ -		-	-	\$	-
Chief Financial Officer		1.00		-	\$	46,161.83		-	-	\$ -		-	-	\$	-
Chief Information Officer		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Chief Operation Officer		1.00		-	\$	64,734.53		-	-	\$ -		-	-	\$	-
Degreed Staff (other) D.S.D.		35.00	X	35.00	\$	987,181.45	15%	5.25	-	\$ 148,077.22	1%	0.35	-	\$	9,871.81
Degreed Staff (other) Non- D.S.D.		1.00		-				-	-	\$ -		-	-	\$	-
Director		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Licensed Therapist D.S.D		1.00	X	1.00	\$	55,235.96		-	-	\$ -		-	-	\$	-
Licensed Therapist Non-D.S.D		1.00		-	\$	54,811.05	25%	-	0.25	\$ 13,702.76		-	-	\$	-
Manager		5.00		-	\$	258,543.95		-	-	\$ -		-	-	\$	-
Medical Director <u>D.S.D</u>		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Non-Degreed Staff (other) D.S.D.		6.00	X	6.00	\$	741,302.42		-	-	\$ -		-	-	\$	-
Non-Degreed Staff (other) Non-D.S.D.		0.00		-	\$	250,000.00		-	-	\$ -		-	-	\$	-
Non-SAMH Cost Center Staff		221.00		-	\$	3,736,096.50		-	-	\$ -		-	-	\$	-
Non-State Funded SAMH Cost Center Staff		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Physician Assistant		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Psychiatrist		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Registered Nurse		1.00		-	\$	52,599.21		-	-	\$ -		-	-	\$	-
Supervisor D.S.D.		3.00	X	3.00	\$	114,046.38		-	-	\$ -		-	-	\$	-
Supervisor Non-D.S.D.		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Therapist D.S.D.		4.00	X	4.00	\$	125,928.39		-	-	\$ -		-	-	\$	-
Therapist Non-D.S.D.		0.00		-	\$	-		-	-	\$ -		-	-	\$	-
Vice President		4.00		_	\$	294,747.73	18%	-	0.72	\$ 53,054.59	5%	-	0.20	\$	14,737.39
				_				-	-	\$ -		-	-	\$	-
				-				-	-	\$ -		-	-	\$	-
				-				-	-	\$ -		-	_	\$	-
				-				-	-	\$ -		_	-	\$	-
											1				
TOT. GRO	OSS FTE/S.	ALARIES =		307.00	\$	6,989,684.85			6.22	\$ 214,834.57			0.55	\$	24,609.20
	D.S.D.	. FTE only =		49.00		XXXXX	XXXX		5.25	XXXXXX	XXXX		0.35	X	XXXXX
	LAPSEFA	CTOR % =		XXXX		XXXXX	XXXX		XXXX		XXXX		XXXX		
less LAPSE A	MOUNT (D.	S.D. only) =		XXXX		XXXXX	XXXX		-	\$ -	XXXX		-	\$	-
TOTAL NET D.				XXXX		XXXXX	XXXX		5.25	\$ 214,834.57	XXXX		0.35	\$	24,609.20

Mental Health Substance Abuse 1009

100%

Supplementary Information for CFBHN Contract Actual Personnel Expenses (Continued)

Year Ended June 30, 2022

POSITION TITLE	STAFF	Total Agency			4 - Individual				19 tial Level II			2 Supported l	5 Employment	
POSITION TITLE	NAME	# of FTE	% of Time	D.S.D.	FTE	Salary	% of Time	D.S.D.	FTE	Salary	% of Time	D.S.D.	FTE	Salary
Administrative Support Staff	•	16.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Advance Registered Nurse Practitioner		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Case Manager		2.00		-	-	\$ -	25%	-	0.50	\$ 7,230.57		-	-	\$ -
Certified Peer Specialist		4.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Chief Executive Officer		1.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Chief Financial Officer		1.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Chief Information Officer		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Chief Operation Officer		1.00		-	-	\$ -		_	-	\$ -		-	_	\$ -
Degreed Staff (other) D.S.D.		35.00		-	-	\$ -	10%	3.50	-	\$ 98,718.15	1%	0.35	-	\$ 9,871.81
Degreed Staff (other) Non- D.S.D.		1.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Director		0.00		-	-	\$ -		_	-	\$ -		-	_	\$ -
Licensed Therapist D.S.D		1.00		-	-	\$ -		_	-	\$ -		-	_	\$ -
Licensed Therapist Non-D.S.D		1.00		_	_	\$ -	20%	_	0.20	\$ 10,962.21		-	_	\$ -
Manager		5.00		_	_	\$ -	15%	_	0.75	\$ 38,781.59		-	_	\$ -
Medical Director D.S.D		0.00		_	_	\$ -		_	_	\$ -		_	_	\$ -
Non-Degreed Staff (other) D.S.D.		6.00		_	_	\$ -	20%	1.20	_	\$ 148,260.48		-	_	\$ -
Non-Degreed Staff (other) Non-D.S.D.		0.00		_	-	\$ -	10%	_	_	\$ 25,000.00		-	_	\$ -
Non-SAMH Cost Center Staff		221.00		_	_	\$ -		_	_	\$ -		-	_	\$ -
Non-State Funded SAMH Cost Center Staff		0.00		_	-	\$ -		_	_	\$ -		-	_	\$ -
Physician Assistant		0.00		_	_	\$ -		_	_	\$ -		-	_	\$ -
Psychiatrist		0.00		_	_	\$ -		_	_	\$ -		-	_	\$ -
Registered Nurse		1.00		_	_	\$ -		_	_	\$ -		_	_	\$ -
Supervisor D.S.D.		3.00		_	_	\$ -	20%	0.60	_	\$ 22,809.28		-	_	\$ -
Supervisor Non-D.S.D.		0.00		_	_	\$ -	26%	_	_	\$ -		_	_	\$ -
Therapist D.S.D.		4.00	25%	1.00	_	\$ 31,482.10		_	_	\$ -		_	_	\$ -
Therapist Non-D.S.D.		0.00			_	\$ -		_	_	\$ -		_	_	\$ -
Vice President		4.00	12%	_	0.48	\$ 35,369.73	12%	_	0.48	\$ 35,369.73		_	_	\$ -
				_	-	\$ -		_	-	\$ -		_	_	\$ -
				_	_	\$ -		_	_	\$ -		_	_	\$ -
				_	_	\$ -		_	_	\$ -		_	_	\$ -
				-	-	\$ -		-	-	\$ -		_	-	\$ -
TOT. GRO	OSS FTE/ SAI				1.48	\$ 66,851.83				\$ 387,132.01				\$ 9,871.81
		TE only =			1.00	XXXXXX	XXXX		5.30	XXXXXX	XXXX		0.35	XXXXXX
	LAPSE FACT				XXXX		XXXX		XXXX		XXXX		XXXX	
less LAPSEA			XXXX			\$ -	XXXX		-	\$ -	XXXX		-	\$ -
TOTAL NEI D.	S.D. FTE/ SAI	LARIES =	XXXX		1.00	\$ 66,851.83	XXXX		5.30	\$ 387,132.01	XXXX		0.35	\$ 9,871.81

Mental Health Substance Abuse 100%

100

100%

Indicate the percentage of salary that pertains to MH and SA for each CC. Enter the % for MH, SA will calculate automatically

Supplementary Information for CFBHN Contract Actual Personnel Expenses (Continued)

Year Ended June 30, 2022

Chief Executive Officer		STAFF	Total Agency			26 lousing/Living	·		Room &	37 Board Level I	I			B5 T Team	
Advance Registered Narse Pacisitorer 0,00	POSITION TITLE	NAME	# of FTE	% of Time	D.S.D.	FTE	Salary	% of Time	D.S.D.	FTE	Salary	% of Time	D.S.D.	FTE	Salary
Case Manager	Administrative Support Staff	•	16.00		-	-	\$ -		-	-	\$ -		-	- 1	\$ -
Certified Peer Specialist	Advance Registered Nurse Practitioner		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Chief Francial Officer	•		2.00		-	-	\$ -	75%	-	1.50	\$ 21,691.70		-	-	\$ -
Chief Prinancial Officer	Certified Peer Specialist		4.00	50%	-	2.00	\$ 43,117.96		-	-	\$ -	50%	-	2.00	\$ 43,117.96
Chief Information Officer	Chief Executive Officer		1.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Chief Operation Officer 1.00 Degreed Staff (other) D.S.D. Degreed Staff (other) D.S.D. Drector 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0	Chief Financial Officer		1.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Degreed Staff (other) D.B.D. 35.00 14% 4.90 -	Chief Information Officer		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Degreed Staff (other) Non-DS.D 1.00	Chief Operation Officer		1.00		-	-	\$ -		-	-	\$ -	20%	-	0.20	\$ 12,946.91
Decided Therapist D.S.D	Degreed Staff (other) D.S.D.		35.00	14%	4.90	-	\$ 138,205.40	40%	14.00	-	\$ 394,872.58	19%	6.65	-	\$ 187,564.48
Licensed Therapist D.S.D 1.00 1	Degreed Staff (other) Non- D.S.D.		1.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Licensed Therapist Non-DS D 1.00 15% - 0.15 \$ 8,221.66 35% - 0.35 \$ 19,183,87 \$ - \$ 5 - \$ Manager Manager 5.00 15% - 0.75 \$ 38,781.59 25% - 1.25 \$ 64,635.99 30% - 1.50 \$ 77,563.19 Manager Non-Degreed Staff (other) DS D Non-Staff (Degree DS D Non	Director		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Medical Director DSD	Licensed Therapist D.S.D		1.00		-	-	\$ -		-	-	\$ -	100%	1.00	-	\$ 55,235.96
Medical Director <u>DS.D.</u> 0.00	Licensed Therapist Non-D.S.D		1.00	15%	-	0.15	\$ 8,221.66	35%	-	0.35	\$ 19,183.87		-	-	\$ -
Non-Degreed Staff (other) D.S.D. 0.00 60% - - \$ - \$ \$ \$ \$ \$	Manager		5.00	15%	-	0.75	\$ 38,781.59	25%	-	1.25	\$ 64,635.99	30%	-	1.50	\$ 77,563.19
Non-Degreed Staff (other) Non-DS.D.	Medical Director D.S.D		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Non-SAMH Cost Center Staff 221.00	Non-Degreed Staff (other) D.S.D.		6.00		-	-	\$ -	80%	4.80	-	\$ 593,041.94		-	-	\$ -
Non-State Funded SAMH Cost Center Staff 0.00	Non-Degreed Staff (other) Non-D.S.D.		0.00	60%	-	-	\$ 150,000.00	30%	-	-	\$ 75,000.00		-	-	\$ -
Physician Assistant	Non-SAMH Cost Center Staff		221.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Psychiatrist	Non-State Funded SAMH Cost Center Staff		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Registered Nurse 1.00 - -	Physician Assistant		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Supervisor D.S.D. Supervisor Non-D.S.D. Supervis	Psychiatrist		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
Supervisor Non-D.S.D. 0.00	Registered Nurse		1.00		-	-	\$ -		-	-	\$ -	100%	-	1.00	\$ 52,599.21
Therapist D.S.D. 4.00 Therapist Non-D.S.D. 0.00 Vice President 4.00 Tot. Gross FTE/ Salaries D.S.D. FTE only = LAPSE FACTOR % = XXXX	Supervisor D.S.D.		3.00		-	-	\$ -	80%	2.40	-	\$ 91,237.10		-	-	\$ -
Therapist Non-D.S.D. Vice President 4.00 10% \$ -	Supervisor Non-D.S.D.		0.00		-	-	\$ -	40%	-	-	\$ -	34%	-	-	\$ -
Vice President 4.00 10% - 0.40 \$ 29,474.77 23% - 0.92 \$ 67,791.98 - - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - \$ - - \$ <	Therapist D.S.D.		4.00		-	-	\$ -		-	-	\$ -	75%	3.00	-	\$ 94,446.29
TOT. GROSS FTE/ SALARIES = D.S.D. FTE only = XXXX	Therapist Non-D.S.D.		0.00		-	-	\$ -		-	-	\$ -		-	-	\$ -
\$ \$	Vice President		4.00	10%	-	0.40	\$ 29,474.77	23%	-	0.92	\$ 67,791.98		-	-	\$ -
TOT. GROSS FTE/ SALARIES = 8.20 \$ 407,801.38					-	-	\$ -		-	-	\$ -		-	-	\$ -
TOT. GROSS FTE/ SALARIES = 8.20 \$ 407,801.38					-	-	\$ -		-	-	\$ -		-	-	\$ -
TOT. GROSS FTE / SALARIES = 8.20 \$ 407,801.38					-	-	\$ -		-	-	\$ -		-	-	\$ -
D.S.D. FTE only = XXXX XXXX 4.90 XXXXXX XXXX 21.20 XXXXXX XXXXX XXXXX 10.65 XXXXXXXX LAPSE FACTOR % = XXXX XX					-	-	\$ -		-	-	\$ -		-	-	\$ -
D.S.D. FTE only = XXXX XXXX 4.90 XXXXXX XXXX 21.20 XXXXXX XXXXX XXXXX 10.65 XXXXXXX LAPSE FACTOR % = XXXX XXXXX XXXX XXXX XXXX XX	TOT CPO	SS ETE / S /	AT ADIES –			8 20	\$ 407.801.38			25.22	\$ 1 227 455 16			15 25	\$ 523 474 00
LAPSE FACTOR % = XXXX XXXXX XXXXX XXXXX </td <td>101. 000</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>XXXX</td> <td></td> <td></td> <td>, , , ,</td> <td>XXXX</td> <td></td> <td></td> <td></td>	101. 000							XXXX			, , , ,	XXXX			
less LAPSE AMOUNT (D.S.D. only) = XXXX - \$ - XXXX - \$ - XXXX							MANA								MAMA
						-	\$								\$
TOTAL NET D.S.D. FTE / SALARIES = XXXX 4.90 \$ 407,801.38 XXXX 21.20 \$ 1,327,455.16 XXXX 10.65 \$ 523,474.00			• /	XXXX		4.90	•	XXXX		21.20	*	XXXX			

Mental Health Substance Abuse 100%

100%

100%

Indicate the percentage of salary that pertains to MH and SA for each CC. Enter the % for MH, SA will calculate automatically

Supplementary Information for CFBHN Contract Actual Personnel Expenses (Continued) Year Ended June 30, 2022

DOGETION THE E	STAFF	Total Agency			State-funded Cost Centers				n-SAMH ınded Services			Total Non-SA	AMH Cost Cer	iters
POSITION TITLE	NAME	# of FTE	% of Time	D.S.D.	FTE	Salary	% of Time	D.S.D.	FTE	Salary	% of Time	D.S.D.	FTE	Salary
Administrative Support Staff		16.00	0%	-	-	\$ -		-	-	\$ -	0%	-	-	\$ -
Advance Registered Nurse Practitioner		0.00	0%	-	-	\$ -		-	-	\$ -	0%	-	-	\$ -
Case Manager		2.00	100%	-	2.00	\$ 28,922.26		-	-	\$ -	0%	-	-	\$ -
Certified Peer Specialist		4.00	100%	-	4.00	\$ 86,235.91		-	-	\$ -	0%	-	-	\$ -
Chief Executive Officer		1.00	0%	-	-	\$ -		-	-	\$ -	0%	-	-	\$ -
Chief Financial Officer		1.00	0%	-	-	\$ -		-	-	\$ -	0%	-	-	\$ -
Chief Information Officer		0.00	0%	-	-	\$ -		-	-	\$ -	0%	-	-	\$ -
Chief Operation Officer		1.00	20%	-	0.20	\$ 12,946.91	20%	-	0.20	\$ 12,946.91	20%	-	0.20	\$ 12,946.91
Degreed Staff (other) D.S.D.		35.00	100%	35.00	-	\$ 987,181.45		-	-	\$ -	0%	-	-	\$ -
Degreed Staff (other) Non- D.S.D.		1.00	0%	-	-	\$ -		-	-	\$ -	0%	-	-	\$ -
Director		0.00	0%	-	-	\$ -		-	-	\$ -	0%	-	-	\$ -
Licensed Therapist D.S.D		1.00	100%	1.00	-	\$ 55,235.96		-	-	\$ -	0%	-	-	\$ -
Licensed Therapist Non-D.S.D		1.00	95%	-	0.95	\$ 52,070.50		-	-	\$ -	0%	-	-	\$ -
Manager		5.00	85%	-	4.25	\$ 219,762.36	15%	-	0.75	\$ 38,781.59	15%	-	0.75	\$ 38,781.59
Medical Director D.S.D		0.00	0%	-	_	\$ -		-	-	\$ -	0%	-	-	\$ -
Non-Degreed Staff (other) D.S.D.		6.00	100%	6.00	-	\$ 741,302.42		-	-	\$ -	0%	-	-	\$ -
Non-Degreed Staff (other) Non-D.S.D.		0.00	100%	-	_	\$ 250,000.00		-	-	\$ -	0%	-	-	\$ -
Non-SAMH Cost Center Staff		221.00	0%	-	_	\$ -	100%	-	221.00	\$ 3,736,096.50	100%	-	221.00	\$ 3,736,096.50
Non-State Funded SAMH Cost Center Staff		0.00	0%	-	-	\$ -		-	-	\$ -	0%	-	-	\$ -
Physician Assistant		0.00	0%	-	_	\$ -		-	-	\$ -	0%	-	-	\$ -
Psychiatrist		0.00	0%	-	_	\$ -		-	-	\$ -	0%	-	-	\$ -
Registered Nurse		1.00	100%	_	1.00	\$ 52,599.21		_	_	\$ -	0%	_	-	\$ -
Supervisor D.S.D.		3.00	100%	3.00	_	\$ 114,046.38		-	_	\$ -	0%	-	-	\$ -
Supervisor Non-D.S.D.		0.00	100%	_	_	\$ -		-	_	\$ -	0%	-	-	\$ -
Therapist D.S.D.		4.00	100%	4.00	_	\$ 125,928.39		-	_	\$ -	0%	-	-	\$ -
Therapist Non-D.S.D.		0.00	0%	_	_	\$ -		-	_	\$ -	0%	-	-	\$ -
Vice President		4.00	80%	_	3.20	\$ 235,798.18		_	_	\$ -	0%	_	_	\$ -
			0%	_	_	\$ -		-	_	\$ -	0%	-	-	\$ -
			0%	_	_	\$ -		-	_	\$ -	0%	-	-	\$ -
			0%	-	_	\$ -		-	_	\$ -	0%		_	\$ -
			0%	-	_	\$ -		-	_	\$ -	0%		_	\$ -
TOT. GRO	OSS FTE/S	ALARIES =			64.60	\$ 2,962,029.93			221.95	\$ 3,787,825.00			221.95	\$ 3,787,825.00
	D.S.D	. FTE only =	XXXX		49.00	XXXXXX	XXXX		- 1	XXXXXX	XXXX		-	XXXXXX
		CTOR % =			XXXX		XXXX		XXXX		XXXX		XXXX	
less LAPSEA	MOUNT (D.	S.D. only) =	XXXX		-	\$ -	XXXX		-	s -	XXXX		_	\$ -
TOTAL NET D.	,		XXXX		49.00	\$ 2,962,029.93	XXXX		-	\$ 3,787,825.00	XXXX		-	\$ 3,787,825.00

Mental Health Substance Abuse

Indicate the percentage of salary that pertains to MH and SA for each CC. Enter the % for MH, SA will calculate automatically

Supplementary Information for CFBHN Contract Actual Personnel Expenses (Continued) Year Ended June 30, 2022

DOGENON THE P	STAFF	Total Agency		Admir	nistration					TOTALS				PR	OOF	
POSITION TITLE	NAME	# of FTE	% of Time		FTE		Salary	% of Time	D.S.D.	FTE		Salary	% of Time	# of FTE		Salary
Administrative Support Staff		16.00	100%		16.00	\$	20,453.57	100%	-	16.00	\$	20,453.57	0%	-	\$	-
Advance Registered Nurse Practitioner		0.00			-	\$	-	0%	-	-	\$	-	100%	-	\$	-
Case Manager		2.00			-	\$	-	100%	-	2.00	\$	28,922.27	0%	-	\$	(0.01)
Certified Peer Specialist		4.00			-	\$	-	100%	-	4.00	\$	86,235.92	0%	-	\$	(0.01)
Chief Executive Officer		1.00	100%		1.00	\$	72,683.71	100%	-	1.00	\$	72,683.71	0%	-	\$	-
Chief Financial Officer		1.00	100%		1.00	\$	46,161.83	100%	-	1.00	\$	46,161.83	0%	-	\$	-
Chief Information Officer		0.00			-	\$	-	0%	-	-	\$	-	100%	-	\$	-
Chief Operation Officer		1.00	60%		0.60	\$	38,840.72	100%	-	1.00	\$	64,734.54	0%	-	\$	(0.01)
Degreed Staff (other) D.S.D.		35.00			-	\$	-	100%	35.00	-	\$	987,181.45	0%	_	\$	· - 1
Degreed Staff (other) Non- D.S.D.		1.00			-	\$	-	0%	-	-	\$	-	100%	1.00	\$	-
Director		0.00	100%		-	\$	-	100%	-	-	\$	-	0%	_	\$	-
Licensed Therapist D.S.D		1.00			-	\$	-	100%	1.00	-	\$	55,235.96	0%	_	\$	-
Licensed Therapist Non-D.S.D		1.00	5%		0.05	\$	2,740.55	100%	-	1.00	\$	54,811.05	0%	-	\$	-
Manager		5.00			_	\$	_	100%	-	5.00	\$	258,543.95	0%	-	\$	-
Medical Director D.S.D		0.00			_	\$	_	0%	-	-	\$	_	100%	-	\$	-
Non-Degreed Staff (other) D.S.D.		6.00			_	\$	_	100%	6.00	-	\$	741,302.42	0%	-	\$	-
Non-Degreed Staff (other) Non-D.S.D.		0.00			_	\$	_	100%	-	-	\$	250,000.00	0%	-	\$	-
Non-SAMH Cost Center Staff		221.00			_	\$	_	100%	-	221.00	\$	3,736,096.50	0%	-	\$	-
Non-State Funded SAMH Cost Center Staff		0.00			_	\$	_	0%	_	_	\$	-	100%	_	\$	_
Physician Assistant		0.00			_	\$	_	0%	-	-	\$	_	100%	-	\$	-
Psychiatrist		0.00			_	\$	_	0%	_	_	\$	_	100%	_	\$	_
Registered Nurse		1.00			_	\$	_	100%	_	1.00	\$	52,599.21	0%	_	\$	_
Supervisor D.S.D.		3.00			_	\$	_	100%	3.00	_	\$	114,046.38	0%	_	\$	_
Supervisor Non-D.S.D.		0.00			_	\$	_	100%	_	_	\$	-	0%	_	\$	_
Therapist D.S.D.		4.00			_	\$	_	100%	4.00	_	\$	125,928.39	0%	_	\$	_
Therapist Non-D.S.D.		0.00			_	\$	_	0%	_	_	\$	_	100%	_	\$	_
Vice President		4.00	20%		0.80	\$	58,949.55	100%	_	4.00	\$	294,747.74	0%	_	\$	(0.01)
					-	\$	-	0%	_	-	\$	-, ,,, ,,,,	100%	_	\$	-
					_	\$	_	0%	_	_	\$	_	100%	_	\$	_
					_	\$	_	0%	_	_	\$	_	100%	_	\$	_
					_	\$	_	0%	_	_	\$	_	100%	_	\$	_
						*		4.1			*				*	
TOT. GRO	OSS FTE/S	ALARIES =			19.45	\$	239,829.93			306.00	\$	6,989,684.89		1.00	\$	-
	D.S.D	. FTE only =	XXXX		XXXX		XXXXXX	XXXX		49.00		XXXXXX				
	LAPSEFA	CTOR % =	XXXX		XXXX			XXXX		XXXX						
less LAPSEA	MOUNT (D	.S.D. only) =	XXXX		XXXX	\$	-	XXXX		-	\$	-				
TOTAL NET D.					XXXX	\$	239,829.93	XXXX		49.00	\$	6,989,685				

Mental Health Substance Abuse

BOLEY CENTERS, INC. Supplementary Information for CFBHN Contract Actual Operating Revenue & Expenses

Year	Ended	June	30,	2022
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PART I: ACTUAL FUNDING SOURCES & REVENUES	6	12	14	19	25	26	28	37	B5			Non-SAMH			
	Day	Medical	Outpatient -	Residential	Supported	Supported	Incidental	Room & Board	FACT Team			Other Funded			
IA. STATE SAMH FUNDING	Treatment	Services	Individual	Level II	Employment	Housing/Living	Expenses	Level II	TACT Team			Services			
(1) Central Florida Behavioral Health Network MH000	484,079 484,079	55,391 55,391	22,959 22,959	803,166 737,152	125,270	738,636 738,636	611,276 347,975	1,827,757 1,827,757	573,618	5,242,152 4,213,949	5,242,152			5,242,152 4,213,949	
MH001 MH009	484,079	55,391	22,959	737,152		738,636	347,975	1,827,757		2,564,909 1,649,040				2,564,909 1,649,040	
МН072 МН073 МН076 МН0FT МНАТВ МНDRF				66,014	125,270		75,672 73,382 100,159 14,088		573,618	66,014 75,672 73,382 673,777 125,270 14,088				66,014 75,672 73,382 673,777 125,270 14,088	
IB. OTHER GOVT. FUNDING (1) Other State Agency Funding (2) Medicaid (3) Local Government (4) Federal Grants and Contracts	532,506	84,518	15,789	1,757		119,804		106,081 9,540	509,284	1,369,739 9,540	1,369,739 9,540	311,968 3,622,071 6,021,585	311,968 3,622,071 6,021,585	1,681,707 3,631,611 6,021,585	
(4) Federal Grants and Contracts (5) In-kind from local government only TOTAL GOVERNMENT FUNDING =	532,506	84,518	15,789	1,757	-	119,804	-	115,621	509,284	1,379,279	1,379,279	9,955,624	9,955,624	11,334,903	
IC. ALL OTHER REVENUES (1) 1st & 2nd Party Payments															
(2) 3rd Party Payments (except Medicare) (3) Medicare										-	-		-	÷	
(4) Contributions and Donations (5) Other (6) In-kind		12,235		178,705				152,787		331,492 12,235	331,492 12,235	1,678,803 266,805	1,678,803 266,805	2,010,295 279,040	
TOTAL ALL OTHER REVENUES =	-	12,235	-	178,705	-	-	-	152,787	-	343,727	343,727	1,945,608	1,945,608	2,289,335	
TOTAL ACTUAL FUNDING =	1,016,585	152,144	38,748	983,628	125,270	858,440	611,276	2,096,165	1,082,902	6,965,158	6,965,158	11,901,232	11,901,232	18,866,390	
PART II: ACTUAL EXPENSES															
	06 Day	12 Medical	14 Outpatient -	19	25	26	28	37	B5			Non-SAMH			
	Treatment	Services													

BOLEY CENTERS, INC. Supplementary Information for CFBHN Contract Agency Capacity Report Year Ended June 30, 2022

		_		# Direct	Service	Minimum	Operating Budget	Approved	Unit of	Maximum	Minimum
#	Covered Services	Propos	ed Rate	Service FTE Allocation	Capacity/Dos ages	Required Service Level	Allocation	Rate	Measure	Units	Units
01	Assessment			-	-	-	-		Direct	2080	1252
02	Case Management			-	=	-	-		Direct	2080	1252
03	Cris is Stabilization				=	-	-		Day-100	365	365
04	Crisis Support/Emergency			-	=	-	-		Direct-100	2080	2080
05	Day Care			-	=	-	-		Direct	2080	1252
06	Day Treatment	\$	77.37	5.25	10,920.00	6,573.00	508,578		Direct	2080	1252
07	Drop-In/Self-Help Centers			-	-	-	-		Non-Direct	2080	1430
08	In-Home and On-Site			-	-	-	-		Direct	2080	1252
10	Intensive Case Management			-	-	-	-		Direct	2080	1252
11	Intervention - Individual			-	-	-	-		Direct	2080	1252
42	Intervention - Group								Direct	2080	1252
12	Medical Services	\$	404.78	0.35	728.00	438.20	177,374		Direct	2080	1252
13	Medication-Assisted Treatment						-		Dosage	#N/A	#N/A
14	Outpatient - Individual	\$	71.01	1.00	2,080.00	1,252.00	88,902		Direct	2080	1252
35	Outpatient - Group	\$	17.75						Direct	2080	1252
15	Outreach			-	-	-	Ē		Non-Direct	2080	1430
18	Residential Level I				-	-	-		Day-85	365	310
19	Residential Level II	\$	240.04	12.00	4,380.00	3,720.00	892,939		Day-85	365	310
20	Residential Level III				-	-	-		Day-85	365	310
21	Residential Level IV				-	-	-		Day-85	365	310
24	Substance Abuse Detox				-	-	-		Day-100	365	365
25	Supported Employment	\$	298.46	0.35	728.00	438.20	130,784		Direct	2080	1252
26	Supported Housing/Living	\$	128.09	4.90	10,192.00	6,134.80	785,827		Direct	2080	1252
27	TASC			-	-	-	-		Direct	2080	1252
28	Incidental Expenses	\$	50.00			12,225.52	611,276				
29	Aftercare - Individual			-	-	-	-		Direct	2080	1252
43	Aftercare - Group								Direct	2080	1252
30	Information & Referral			-	-	-	-		Direct	2080	1252
37	Room & Board Level II	\$	133.14	48.00	17,520.00	14,880.00	1,981,168		Day-85	365	310
38	Room & Board Level III				-	-	-		Day-85	365	310
39	Short-Term Residential TX				-	-	-		Day-100	365	365
40	Mental Health Clubhouse Services			-	-	-	-		Clubhouse	2080	1768
44	CCST - Individual			-	-	-	-		Direct	2080	1252
46	Recovery Support - Individual			-	-	-	-		Direct	2080	1252
47	Recovery Support - Group								Direct	2080	1252
48	Indicated Prevention			-	-	-	-		Direct	2080	1252
49	Selective Prevention			-	-	-	-		Non-Direct	2080	1430
50	Universal Direct Prevention			-	-	-	-		Non-Direct	2080	1430
51	Universal Indirect Prevention			-	-	-	-		Non-Direct	2080	1430
A1	BNET						-				
A2	FIT						-				
A5	First Episode Team						-				
A6	Self-Directed Care						-				
Α7	Federal Project Grant						-				
В1	Network Evaluation and Development						-				
В3	Cost Reimbursement						-				
В4	CAT						-				
B5	FACT Team	\$	192.54		5,200.00	5,096.00	981,200		FACT	N/A	N/A
В6	Provider Proviso Projects				•						
C0	Other Bundled Projects						-				
	(use for CC that is not listed)						_				
	(use for CC that is not listed)						-				
	(use for CC that is not listed)						_				
	(use for CC that is not listed)										
	(use for CC that is not listed)						=				



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 6/1/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

		INSURER F:					
		INSURER E :					
St. Petersburg FL 33713		INSURER D: Philadelphia Indemnity Ins Co	18058				
Boley Centers, Inc. 445 31st St. No.		INSURER c : Star Insurance Company	18023				
INSURED	BOLEYCE002	INSURER B: Technology Insurance Company, Inc.	42376				
		INSURER A: AmeriTrust Ins. Co.	10665				
		INSURER(S) AFFORDING COVERAGE	NAIC#				
Saint Petersburg FL 33701		E-MAIL ADDRESS: certificates@w3ins.com					
Wallace Welch & Willingham, In 300 1st Ave. So., 5th Floor	C.		FAX (A/C, No): 727-521-2902				
PRODUCER		CONTACT NAME:					

COVERAGES CERTIFICATE NUMBER: 1834034978 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR		ADDL SUBI		POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMIT	s
А	X COMMERCIAL GENERAL LIABILITY CLAIMS-MADE X OCCUR		FITGL336582023	6/1/2023	6/1/2024	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence)	\$ 1,000,000 \$ 1,000,000
						MED EXP (Any one person)	\$ 10,000
						PERSONAL & ADV INJURY	\$ 1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:					GENERAL AGGREGATE	\$3,000,000
	X POLICY PRO- JECT LOC					PRODUCTS - COMP/OP AGG	\$3,000,000
	OTHER:						\$
Α	AUTOMOBILE LIABILITY		FITAU336582023	6/1/2023	6/1/2024	COMBINED SINGLE LIMIT (Ea accident)	\$ 1,000,000
	X ANY AUTO					BODILY INJURY (Per person)	\$
	OWNED SCHEDULED AUTOS					BODILY INJURY (Per accident)	\$
	X HIRED X NON-OWNED AUTOS ONLY					PROPERTY DAMAGE (Per accident)	\$
							\$
Α	UMBRELLA LIAB X OCCUR		FITXS336582023	6/1/2023	6/1/2024	EACH OCCURRENCE	\$4,000,000
	X EXCESS LIAB CLAIMS-MADE					AGGREGATE	\$ 4,000,000
	DED X RETENTION \$ 0						\$
С	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY		FITWC336582023	6/1/2023	6/1/2024	X PER OTH- STATUTE ER	
	ANYPROPRIETOR/PARTNER/EXECUTIVE N					E.L. EACH ACCIDENT	\$ 2,000,000
	(Mandatory in NH)					E.L. DISEASE - EA EMPLOYEE	\$ 2,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below					E.L. DISEASE - POLICY LIMIT	\$ 2,000,000
D B	D&O/EPLI Cyber Liability		PHSD1718506 TCL1726317	6/1/2023 6/1/2023	6/1/2024 6/1/2024	Limit/\$10,000 Ded Limit/\$5,000 Ded	\$1,000,000 \$1000000/\$1000000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

**Florida Insurance Trust/AmeriTrust Insurance Company Policy FITGL336582023 Additional Coverage:

Professional Liability (Occurrence): \$1,000,000 Each Claim/ \$3,000,000 General Aggregate/ No Deductible

Abuse & Molestation (Occurrence): \$1,000,000 Each Claim/ \$3,000,000 General Aggregate/ No Deductible

Employee Benefits Liability (Claims-Made/Retro Date 6/1/2014): \$1,000,000 Each Claim/ \$1,000,000 General Aggregate

*Excess Liability is over the General Liability and Automobile only/No Deductible

CERTIFICATE HOLDER	CANCELLATION				
Information Only	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.				
445 31st St N St Petersburg FL 33713	AUTHORIZED REPRESENTATIVE July 1 AUTHORIZED REPRESENTATIVE				

CANCELLATION

OFFICIOATE HOLDER