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Form 990

## Return of Organization Exempt From Income Tax

Department of the Treasury  
Internal Revenue Service

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)**

► The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2010

**Open to Public  
Inspection**

**A For the 2010 calendar year, or tax year beginning JUL 1, 2010 and ending JUN 30, 2011**

<b>B</b> <input type="checkbox"/> Check if applicable  <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization  <b>BRIDGEWAY FOUNDATION</b>		<b>D</b> Employer identification number  <b>37-1030683</b>		
	<b>Doing Business As</b>				
	Number and street (or P.O. box if mail is not delivered to street address) <b>2323 N. WINDISH DRIVE</b>		Room/suite		
	City or town, state or country, and ZIP + 4 <b>GALESBURG, IL 61401</b>				
	<b>F</b> Name and address of principal officer <b>JAMES STARNES</b> <b>SAME AS C ABOVE</b>				<b>G</b> Gross receipts \$ <b>7,041,356.</b>
					<b>H(a)</b> Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
					<b>H(b)</b> Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)
<b>I</b> Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( )◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527					
<b>J</b> Website: ► <b>N/A</b>					
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►			<b>L</b> Year of formation: <b>1977</b> <b>M</b> State of legal domicile: <b>IL</b>		

## Part I Summary

- | Activities & Governance   |   | <b>HOLD TITLE TO PROPERTY TO LEASE<br/>TO OTHER AFFILIATED EXEMPT ORGANIZATIONS AND PROVIDING MANAGEMENT</b> |             |             |
|---|---|--|-------------|-------------|
| 1   | Briefly describe the organization's mission or most significant activities  |  |             |             |
| 2   | Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. |  |             |             |
| 3   | Number of voting members of the governing body (Part VI, line 1a)   |  |             |             |
| 4   | Number of independent voting members of the governing body (Part VI, line 1b)   |  |             |             |
| 5   | Total number of individuals employed in calendar year 2010 (Part V, line 2a)  |  |             |             |
| 6   | Total number of volunteers (estimate if necessary)  |  |             |             |
| 7a  | Total unrelated business revenue from Part VIII, column (C), line 12  |  |             |             |
| b   | Net unrelated business taxable income from Form 990-T, line 34  |  |             |             |
|   |   | 3  | 8           |             |
|   |   | 4  | 7           |             |
|   |   | 5  | 0           |             |
|   |   | 6  | 0           |             |
|   |   | 7a   | 0.          |             |
|   |   | 7b   | 0.          |             |
| Revenue   |   | Prior Year   |             |             |
| 8 Contributions and grants (Part VIII, line 1h)                                       |   | 50,000.  | 380,809.    |             |
| 9 Program service revenue (Part VIII, line 2g)  |   | 4,474,675.   | 4,062,027.  |             |
| 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)                      |   | 142,625.   | 54,485.     |             |
| 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)           |   | 15,581.  | 642.        |             |
| 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) |   | 4,682,881.   | 4,497,963.  |             |
| 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)                   |   | 738,028.   | 751,546.    |             |
| 14 Benefits paid to or for members (Part IX, column (A), line 4)                      |   | 0.   | 0.          |             |
| 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)  |   | 0.   | 0.          |             |
| 16a Professional fundraising fees (Part IX, column (A), line 11e)                     |   | 0.   | 0.          |             |
| b Total fundraising expenses (Part IX, column (D), line 25) ► 0.                      |   |  |             |             |
| 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)                       |   | 2,809,851.   | 3,177,479.  |             |
| 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)           |   | 3,547,879.   | 3,929,025.  |             |
| 19 Revenue less expenses. Subtract line 18 from line 12                               |   | 1,135,002.   | 568,938.    |             |
|   |   | Beginning of Current Year  | End of Year |             |
| 20  | Total assets (Part X, line 16)  |  | 17,831,065. | 12,902,537. |
| 21  | Total liabilities (Part X, line 26)   |  | 5,679,190.  | 5,539,913.  |
| 22  | Net assets or fund balances Subtract line 21 from line 20   |  | 12,151,875. | 7,362,624.  |

**Part II Signature Block**

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

Sign Here	 <b>JAMES STARNES</b>	1/13/12 Date
	<b>JAMES STARNES, PRESIDENT</b> <small>Type or print name and title</small>	

Paid	Print/Type preparer's name <b>SAMUEL A. CIGELNIK</b>	Preparer's signature 	Date <u>1/13/12</u>	Check <input type="checkbox"/> if self-employed	PTIN
Preparer	Firm's name ► <b>CLIFTONLARSONALLEN LLP</b>			Firm's EIN ►	
Use Only	Firm's address ► <b>301 S.W. ADAMS STREET, BOX 1835 PEORIA, IL 61656-1835</b>			Phone no. <b>(309) 671-4500</b>	

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

### Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission**

HOLD TITLE TO PROPERTY TO LEASE TO OTHER AFFILIATED EXEMPT  
ORGANIZATIONS AND PROVIDING MANAGEMENT AND ACCOUNTING SERVICES TO  
THESE OTHER ORGANIZATIONS.

- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

Yes  No

- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these new services on Schedule C.

Yes  No

1. Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.

Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

- 4a (Code \_\_\_\_\_) (Expenses \$ 3,805,614. including grants of \$ 751,546. ) (Revenue \$ 4,062,669. )

- 4a (Code                   ) (Expenses \$ 3,805,614. including grants of \$ 751,546. ) (Revenue \$ 4,062,669. )  
HOLDING OF TITLE TO PROPERTY TO LEASE TO OTHER AFFILIATED EXEMPT  
ORGANIZATIONS AND PROVIDING MANAGEMENT AND ACCOUNTING SERVICES TO THESE  
OTHER ORGANIZATIONS.

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- 4b (Code ) (Expenses \$) including grants of \$ ) (Revenue \$ )

- 4c (Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )

- 4d Other program services (Describe in Schedule O)**

(Expenses \$ including grants of \$ ) (Revenue \$ )

- 4e Total program service expenses ► 3,805,614.

## Part IV Checklist of Required Schedules

	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	<input checked="" type="checkbox"/>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input checked="" type="checkbox"/>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	<input checked="" type="checkbox"/>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input checked="" type="checkbox"/>
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	<input checked="" type="checkbox"/>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input checked="" type="checkbox"/>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input checked="" type="checkbox"/>
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	<input checked="" type="checkbox"/>
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input checked="" type="checkbox"/>
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable <ul style="list-style-type: none"> <li>a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part VIII</i></li> <li>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? <i>If "Yes," complete Schedule D, Part IX</i></li> <li>e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i></li> <li>f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i></li> </ul>	<input checked="" type="checkbox"/>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	<input checked="" type="checkbox"/>
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>	<input checked="" type="checkbox"/>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input checked="" type="checkbox"/>
14a	Did the organization maintain an office, employees, or agents outside of the United States?  b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV</i>	<input checked="" type="checkbox"/>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	<input checked="" type="checkbox"/>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	<input checked="" type="checkbox"/>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input checked="" type="checkbox"/>
20a	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>	<input checked="" type="checkbox"/>
20b	<b>b</b> If "Yes" to line 20a, did the organization attach its audited financial statements to this return? <b>Note.</b> Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	

## Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	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 25	24a	X
a	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	X
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	X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	X
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions).	28a	X
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	32	X
If "Yes," complete Schedule N, Part I		33	X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	34	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	35	X
34	Was the organization related to any tax-exempt or taxable entity?	36	X
If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1		37	X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	38	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
			Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		
<b>Note.</b> All Form 990 filers are required to complete Schedule O			

Form 990 (2010)

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	15		
1b	0		
1c	X		
2a	0		
2b			
3a	X		
3b			
4a	X		
5a	X		
5b	X		
5c			
6a	X		
6b			
7a	X		
7b			
7c	X		
7d			
7e	X		
7f	X		
7g			
7h			
8			
9a			
9b			
10a			
10b			
11a			
11b			
12a			
12b			
13a			
13b			
13c			
14a	X		
14b			

1a Enter the number reported in Box 3 of Form 1096. Enter 0 if not applicable

1b Enter the number of Forms W-2G included in line 1a. Enter 0 if not applicable

1c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

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

2b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)

3a Did the organization have unrelated business gross income of \$1,000 or more during the year?

3b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O

4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?

4b If "Yes," enter the name of the foreign country. ► See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts

5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?

5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?

5c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?

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?

6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?

7 **Organizations that may receive deductible contributions under section 170(c).**

7a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?

7b If "Yes," did the organization notify the donor of the value of the goods or services provided?

7c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?

7d If "Yes," indicate the number of Forms 8282 filed during the year

7e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

7g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?

7h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?

8 **Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?

9 **Sponsoring organizations maintaining donor advised funds.**

9a Did the organization make any taxable distributions under section 4966?

9b Did the organization make a distribution to a donor, donor advisor, or related person?

10 **Section 501(c)(7) organizations.** Enter

10a Initiation fees and capital contributions included on Part VIII, line 12

10b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities

11 **Section 501(c)(12) organizations.** Enter

11a Gross income from members or shareholders

11b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)

12a **Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?

12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

13 **Section 501(c)(29) qualified nonprofit health insurance issuers.**

13a Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O

13b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

13c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

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

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

### Section A. Governing Body and Management

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

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

	Yes	No
10a	10a	X
b		
11a	10b	
b	11a	X
12a	12a	X
b		
c	12b	X
13	12c	X
14	13	X
15	14	X
a		
b	15a	X
If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	15b	X
16a	16a	X
b		
16b	16b	

### Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed ► <input checked="" type="checkbox"/>
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
	<input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► _____ <b>BRIDGEWAY, INC. - 309-344-2323</b> <b>2323 N. WINDISH DR, GALESBURG, IL 61401</b>

## **Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A)  $\frac{1}{2}$       (B)  $\frac{1}{3}$       (C)  $\frac{1}{4}$       (D)  $\frac{1}{5}$       (E)  $\frac{1}{6}$

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
1b Sub-total							0.	0.	0.
c Total from continuation sheets to Part VII, Section A							0.	0.	0.
d Total (add lines 1b and 1c)							0.	0.	0.
2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization							0		
3 Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual							3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual							4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person							5		X

---

**Section B. Independent Contractors**

- 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

The organization	None	(A)	(B)	(C)
		Name and business address	Description of services	Compensation

## Part VIII Statement of Revenue

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1 a Federated campaigns b Membership dues c Fundraising events d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a-1f \$ h Total. Add lines 1a-1f ►	1a 1b 1c 1d 50,000. 1e 1f 330,809. 380,809.			
Program Service Revenue	2 a SERVICE FEES b RENTAL INCOME c d e f All other program service revenue g Total. Add lines 2a-2f ►	Business Code 531310 531310 531310 531310 531310 531310 4062027.	2397359. 1664668. 1664668.		
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events ► 9 a Gross income from gaming activities See Part IV, line 19 b Less: direct expenses c Net income or (loss) from gaming activities ► 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory ► Miscellaneous Revenue 11 a OTHER INCOME b c d All other revenue e Total. Add lines 11a-11d ► 12 Total revenue. See instructions. ►	(i) Real 2,596,678. (ii) Personal 1,200. 2,543,393. 53,285. 53,285. 1,200. 54,485. 54,485. 54,485. 54,485. 54,485. 54,485.			

## Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	751,546.	751,546.		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees)				
a Management				
b Legal	6,820.	6,820.		
c Accounting	28,275.	28,275.		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	15,790.	15,790.		
12 Advertising and promotion				
13 Office expenses	8,287.	8,287.		
14 Information technology				
15 Royalties				
16 Occupancy	155,028.	155,028.		
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	247,411.	247,411.		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	329,665.	329,665.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.)				
a <b>SERVICE CONTRACTS</b>	1,993,528.	1,993,528.		
b <b>VEHICLE OPERATING COST</b>	320,149.	320,149.		
c <b>DUES &amp; SUBSCRIPTIONS</b>	34,486.	34,486.		
d <b>AMORTIZATION</b>	24,081.	24,081.		
e <b>BANK FEES</b>	8,734.	8,734.		
f All other expenses	5,225.	5,225.		
25 Total functional expenses. Add lines 1 through 24f	3,929,025.	3,805,614.	123,411.	0.
26 Joint costs Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

## Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	3,512,935.	1	1,708,356.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	114,871.	4	98,537.
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	53,086.	9	56,681.
	10a Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D	10,134,478.		
	b Less accumulated depreciation	4,715,892.	10c	5,418,586.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities See Part IV, line 11	3,071,339.	12	2,211,668.
	13 Investments - program-related See Part IV, line 11		13	
	14 Intangible assets	169,365.	14	145,284.
	15 Other assets See Part IV, line 11	1,576,970.	15	3,263,425.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	17,831,065.	16	12,902,537.
Liabilities	17 Accounts payable and accrued expenses	191,668.	17	220,874.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	5,487,522.	20	5,024,039.
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities Complete Part X of Schedule D	0.	25	295,000.
	26 Total liabilities. Add lines 17 through 25	5,679,190.	26	5,539,913.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ► <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	12,131,195.	27	7,341,656.
	28 Temporarily restricted net assets	20,680.	28	20,968.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ► <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	12,151,875.	33	7,362,624.
	34 Total liabilities and net assets/fund balances	17,831,065.	34	12,902,537.

Form 990 (2010)

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	4,497,963.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,929,025.
3	Revenue less expenses. Subtract line 2 from line 1	3	568,938.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	12,151,875.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,358,189.
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	7,362,624.

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII 

- 1 Accounting method used to prepare the Form 990.  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 b Were the organization's financial statements audited by an independent accountant?  
 c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both.  
 Separate basis  Consolidated basis  Both consolidated and separate basis
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?  
 b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		<input checked="" type="checkbox"/>
2b	<input checked="" type="checkbox"/>	
2c		<input checked="" type="checkbox"/>
3a		<input checked="" type="checkbox"/>
3b		

Form 990 (2010)

Department of the Treasury  
Internal Revenue Service

**Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.**

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

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**Name of the organization**

**Employer identification number**

37-1030683

## BRIDGEWAY FOUNDATION

37-1030683

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

**The organization is not a private foundation because it is:** (For lines 1 through 11, check only one box )

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

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

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

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

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

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

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

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

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

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

11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h
- a  Type I                    b  Type II                    c  Type III - Functionally integrated                    d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
- (ii) A family member of a person described in (i) above?
- (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)
- |          | Yes | No |
|----------|-----|----|
| 11g(i)   |     |    |
| 11g(ii)  |     |    |
| 11g(iii) |     |    |

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule A (Form 990 or 990-EZ) 2010**

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12 Gross receipts from related activities, etc (see instructions)</b>					<b>12</b>	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

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

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

Schedule A (Form 990 or 990-EZ) 2010

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")				50,000.	380,809.	430,809.
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	5,192,822.	5,620,168.	5,112,372.	4,474,675.	4,062,027.	24,462,064.
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	5,192,822.	5,620,168.	5,112,372.	4,524,675.	4,442,836.	24,892,873.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
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						0.
c Add lines 7a and 7b						0.
8 Public support (Subtract line 7c from line 6)						24,892,873.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	5,192,822.	5,620,168.	5,112,372.	4,524,675.	4,442,836.	24,892,873.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	601.	256.	1,681.	937.		3,475.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	601.	256.	1,681.	937.		3,475.
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	61,082.	44,822.	15,889.	15,581.	642.	138,016.
13 Total support (Add lines 9, 10c, 11, and 12)	5,254,505.	5,665,246.	5,129,942.	4,541,193.	4,443,478.	25,034,364.

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

15 Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	99.43	%
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	98.71	%

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

17 Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	.01	%
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	.04	%

19a 33 1/3% support tests - 2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► b 33 1/3% support tests - 2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ► 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ►

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

► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2010**Open to Public  
Inspection

Name of the organization

**BRIDGEWAY FOUNDATION**Employer identification number  
**37-1030683****Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No**Part II Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

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

- Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area  
 Protection of natural habitat  Preservation of a certified historic structure  
 Preservation of open space

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

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

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No

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

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

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

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

**Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

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

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

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

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

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other \_\_\_\_\_  
 c  Preservation for future generations

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

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

**Part IV** Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain the arrangement in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV.

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

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

2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ► \_\_\_\_\_ %

b Permanent endowment ► \_\_\_\_\_ %

c Term endowment ► \_\_\_\_\_ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by.

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		608,645.		608,645.
b Buildings		7,806,266.	3,186,946.	4,619,320.
c Leasehold improvements				
d Equipment	296,328.	277,157.		19,171.
e Other	1,423,239.	1,251,789.		171,450.

Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) ► 5,418,586.

Schedule D (Form 990) 2010

**Part VII Investments - Other Securities.** See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) INVESTMENTS	2,211,668.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ► 2,211,668.

**Part VIII Investments - Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		

Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ►

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

(a) Description	(b) Book value
(1) CASH HELD IN TRUST PER BOND AGREEMENT	1,187,884.
(2) NOTE RECEIVABLE - RELATED PARTY	1,500,000.
(3) RELATED PARTY RECEIVABLES	575,541.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 15 ) ►

3,263,425.

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

(a) Description of liability	(b) Amount
(1) Federal income taxes	
(2) RELATED PARTIES PAYABLES	295,000.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ►

295,000.

FIN 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under

2. FIN 48 (ASC 740)

032053  
12-20-10

Schedule D (Form 990) 2010

**Part XI Reconciliation of Change in Net Assets from Form 990 to Audited Financial Statements**

1	1	4,497,963.
2	2	3,929,025.
3	3	568,938.
4	4	211,229.
5	5	
6	6	
7	7	
8	8	-5,569,418.
9	9	-5,358,189.
10	10	-4,789,251.

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	1	4,709,192.
2		
a	2a	211,229.
b	2b	
c	2c	
d	2d	
e	2e	211,229.
3	3	4,497,963.
4		
a	4a	
b	4b	
c	4c	0.
5	5	4,497,963.

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

1	1	3,929,025.
2		
a	2a	
b	2b	
c	2c	
d	2d	
e	2e	0.
3	3	3,929,025.
4		
a	4a	
b	4b	
c	4c	0.
5	5	3,929,025.

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information

**TRANSFER FROM BRIDGEWAY FOUNDATION TO BRIDGEWAY PROPERTIES IN THE AMOUNT**

OF \$5,569,418.



**Part III Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22  
 Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

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

**SCHEDULE I, PART I, LINE 2: QUARTERLY STATEMENTS ARE KEPT ON RECORD FOR THE ANNUAL MCPT CONTRACT GRANT. THIS GRANT IS GIVEN AS REIMBURSEMENT FOR ONLY ELIGIBLE EXPENSES.**

**THE ANNUAL DONATED FUNDS INITIATIVE IS A STRAIGHT 25% MATCH FROM BRIDGEWAY FOUNDATION TO THE MONTHLY AMOUNT BRIDGEWAY, INC. RECEIVES FROM THE DFI FUNDS FROM THE STATE. THE DFI REQUIRES THAT BRIDGEWAY, INC. ACQUIRE A 25% MATCH TO THE FUNDS THEY RECEIVE. BRIDGEWAY FOUNDATION FULFILLS THAT REQUIREMENT**

## Part IV Supplemental Information

USE OF FUNDS TO OTHER ORGANIZATIONS ARE GENERAL DONATIONS WITH NO MONITORING OF THEIR USE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: BRIDGEWAY INC

(H) PURPOSE OF GRANT OR ASSISTANCE: REQUIRED % W/ MCPT TRANSPORTATION CONTRACT AND DONATED FUNDS INITIATIVE 25% MATCH AND MISCELLANEOUS DONATIONS.

**SCHEDULE K**  
 (Form 990)  
 Department of the Treasury  
 Internal Revenue Service

► Complete if the organization answered "Yes" to Form 990, Part IV, line 2a. Provide descriptions, explanations, and any additional information in Part V.  
 ► Attach to Form 990.  
 ► See separate instructions.

OMB No. 1545-0047  
**2010**  
 Open to Public  
 Inspection

Name of the organization

**BRIDGEWAY FOUNDATION**

**SEE PART V FOR COLUMN (F) CONTINUATIONS**

Part I	Bond Issues	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased (h) On behalf of issuer	(i) Pooled financing
		ILLINOIS FINANCE AUTHORITY	86-109196745200BM39		12/19/06	1980000	ACQUISITION OF LAND AND BUILDING	X	X
		ILLINOIS FINANCE AUTHORITY	86-109196745200B4N5		06/27/07	2895000	ACQUISITION OF LAND AND CONSTRUC	X	X
		THE COUNTY OF KNOX, ILLINOIS	37-6001167	NONE	06/01/06	1280000	ACQUISITION, CONSTRUCTION, EQU	X	X
	D								
	Part II	Proceeds							
								A	B
								1,980,000.	2,895,000.
									1,280,000.
								C	D

1	Amount of bonds retired	1,980,000.	2,895,000.	1,280,000.
2	Amount of bonds legally defeased			
3	Total proceeds of issue	270,915.	397,105.	
4	Gross proceeds in reserve funds			
5	Capitalized interest from proceeds			
6	Proceeds in refunding escrows			
7	Issuance costs from proceeds	89,000.	138,714.	
8	Credit enhancement from proceeds			
9	Working capital expenditures from proceeds	1,014,692.	1,517,811.	
10	Capital expenditures from proceeds	605,393.	798,085.	1,280,000.
11	Other spent proceeds			
12	Other unspent proceeds		43,285.	
13	Year of substantial completion	2006	2007	2007
14	Were the bonds issued as part of a current refunding issue?	Yes	No	Yes
15	Were the bonds issued as part of an advance refunding issue?		X	X
16	Has the final allocation of proceeds been made?		X	X
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X	X

**Part III Private Business Use**

1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?	Yes	No	Yes	No	Yes	No	D
2	Are there any lease arrangements that may result in private business use of bond-financed property?		X		X		X	

## Schedule K (Form 990) 2010 BRIDGEWAY FOUNDATION

37-1030683

Page 2

## Part III Private Business Use (Continued)

	A	B	C	D
3a Are there any management or service contracts that may result in private business use of bond-financed property?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
b Are there any research agreements that may result in private business use of bond-financed property?			X <input type="checkbox"/>	X <input type="checkbox"/>
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?		X <input type="checkbox"/>		X <input type="checkbox"/>
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government	►	%	%	%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government	►	%	%	%
6 Total of lines 4 and 5		%	%	%
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?		X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>

## Part IV Arbitrage

	A	B	C	D
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2 Is the bond issue a variable rate issue?		X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>
3a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>
b Name of provider				
c Term of hedge				
d Was the hedge superintegrated?				
e Was the hedge terminated?				
4a Were gross proceeds invested in a GIC?		X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>
b Name of provider				
c Term of GIC				
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?				
5 Were any gross proceeds invested beyond an available temporary period?		X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>
6 Did the bond issue qualify for an exception to rebate?		X <input type="checkbox"/>	X <input type="checkbox"/>	X <input type="checkbox"/>

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K

## SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: ILLINOIS FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

ACQUISITION OF LAND AND BUILDINGS AND RENOVATION OF BUILDINGS

Part V Supplemental Information. Complete this part to provide additional information for responses to questions on Schedule K.

(A) ISSUER NAME: ILLINOIS FINANCE AUTHORITY

(F) DESCRIPTION OF PURPOSE:

ACQUISITION OF LAND AND CONSTRUCTION OF BUILDING

(A) ISSUER NAME: THE COUNTY OF KNOX, ILLINOIS

(F) DESCRIPTION OF PURPOSE:

ACQUISITION, CONSTRUCTION, EQUIPPING, AND IMPROVEMENT OF BUILDING

**SCHEDULE L**  
(Form 990 or 990-EZ)

## **Transactions With Interested Persons**

OMB No 1545-0047

**2010**

## Open To Public Inspection

Department of the Treasury  
Internal Revenue Service

---

**Name of the organization**

# BRIDGEWAY FOUNDATION

**Employer identification number**  
**37-1030683**

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

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

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

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958

8

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

► \$

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

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

Total ► \$

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

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

**LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.**

**Schedule L (Form 990 or 990-EZ) 2010**

## BRIDGEWAY FOUNDATION

37-1030683

**Schedule L (Form 990 or 990-EZ) 2010**

Page 2

## Part IV | Business Transactions Involving Interested Persons.

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

Part V Supplemental Information

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

SCH L. PART IV. BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: ORGANIZATIONS LISTED IN PART D BELOW

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICERS OF THIS ORGANIZATION ARE OFFICERS OF ORGANIZATIONS LISTED BELOW

(D) DESCRIPTION OF TRANSACTION: THE AMOUNT OWED FROM OTHER ORGANIZATIONS

TO THIS ORGANIZATION FOR VARIOUS SERVICES AT 6/30/11:

<u>BRIDGEWAY PROPERTIES</u>	\$1,510,000
<u>BRIDGEWAY, INC.</u>	\$ 120,862
<u>ILLINOIS GROWTH ENTERPRISES</u>	\$ 371,026
<u>BRIDGEWAY HOMES 02, NFP</u>	\$ 15,566
<u>BRIDGEWAY KEWANEE 04, NFP</u>	\$ 57,385
<u>BRIDGEWAY HOUSING</u>	\$ 55
<u>BRIDGEWAY SANDBURG</u>	\$ 78
<u>BRIDGEWAY MCKINLEY</u>	\$ 569
<b>TOTAL</b>	<b>\$2,075,541</b>

THIS ORGANIZATION DONATED \$153,013 TO BRIDGEWAY, INC. AND \$595,000 TO BRIDGEWAY TRAINING SERVICES DURING THE YEAR ENDED 6/30/11.

THIS ORGANIZATION INCURRED \$1,992,128 IN MANAGEMENT FEE EXPENSE PAID TO  
HUMAN SERVICE PROFESSIONALS, LLC.

**Part V Supplemental Information**

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

(A) NAME OF PERSON: ORGANIZATIONS LISTED IN PART D BELOW

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

OFFICERS OF THIS ORGANIZATION ARE OFFICERS OF ORGANIZATIONS LISTED BELOW

(D) DESCRIPTION OF TRANSACTION: THIS ORGANIZATION RECEIVED INCOME FROM

THE FOLLOWING ORGANIZATIONS FOR TRANSPORTATION AND LEASING SERVICES:

BRIDGEWAY, INC \$2,978,319

BRIDGEWAY TRAINING SERVICES, NFP \$ 354,100

TOTAL \$3,332,419

THIS ORGANIZATION RECEIVED \$50,000 OF CONTRIBUTION INCOME FROM BRIDGEWAY, INC. DURING THE YEAR-ENDED 6/30/2011.

DURING THE YEAR ENDED 6/30/11 THIS ORGANIZATION HAS A NOTE PAYABLE DUE TO BRIDGEWAY TRAINING SERVICES, NFP OF \$295,000.

DURING THE YEAR ENDED 6/30/10 THIS ORGANIZATION ISSUED A NOTE RECEIVABLE TO BRIDGEWAY TRAINING SERVICES, NFP WITH AN ORIGINAL FACE AMOUNT OF \$37,217. FINAL PAYMENT WAS RECEIVED IN JUNE 2011. THE BALANCE OF THIS NOTE RECEIVABLE AT 6/30/11 WAS \$0.

## Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

**2010**  
Open to Public  
Inspection

Name of the organization

BRIDGEWAY FOUNDATION

Employer identification number  
37-1030683

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

AND ACCOUNTING SERVICES TO THESE OTHER ORGANIZATIONS.

FORM 990, PART VI, SECTION A, LINE 3: DAILY MANAGEMENT SERVICES ARE  
PERFORMED BY HUMAN SERVICE PROFESSIONALS, LLC.

FORM 990, PART VI, SECTION A, LINE 8B: DUE TO THE SIZE OF THE BOARD, THERE  
ARE NO COMMITTEES.

FORM 990, PART VI, SECTION B, LINE 11: THE FORM IS REVIEWED BY THE  
TREASURER AND PRESIDENT BEFORE SIGNATURE. THE RETURN IS APPROVED BY THE  
BOARD PRIOR TO OR AFTER FILING DEPENDING UPON TIMING.

FORM 990, PART VI, SECTION B, LINE 12C: ALL BOARD MEMBERS GO THROUGH  
INDEPENDENCE TRAINING AND ARE REQUIRED TO REPORT ANY CONFLICTS TO THE  
BOARD.

FORM 990, PART VI, SECTION C, LINE 19: DOCUMENTS ARE AVAILABLE UPON  
WRITTEN REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

<u>NET UNREALIZED GAINS ON INVESTMENTS:</u>	<u>211,229.</u>
<u>TRANSFER FROM BRIDGEWAY FOUNDATION TO BRIDGEWAY PROPERTIES</u>	<u>-5,569,418.</u>
<u>TOTAL TO FORM 990, PART XI, LINE 5</u>	<u>-5,358,189.</u>

### SCHEDULE K, PART 1

Name of the organization

BRIDGEWAY FOUNDATION

Employer identification number

37-1030683

POOLED BONDS ISSUEDTHE BORROWER WAS ONE OF SEVERAL IN A POOLED BORROWING.2006 SERIES:CUSIPS:

45200B M39

45200B M47

45200B M62

45200B M96

45200B N20

2007 SERIES:CUSIPS:

45200B 4N5

45200B 4P0

45200B 4Q8

45200B 4R6

45200B 4S4

45200B 4T2

45200B 4U9

45200B 4V7

FORM 990, PART IV, LINE 12ATHE ORGANIZATION WAS INCLUDED IN A CONSOLIDATED FINANCIAL STATEMENT.

## Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

הנִזְקָנָה

BB TIDGEWAY FOUNDATION

Part | Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990 Part IV line 33.)

Part

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?
BRIDGEWAY, INC. - 37-0984175	2323 N. WINDISH DRIVE	DIVERSIFIED SERVICES TO NEEDY	ILLINOIS	501(C)(3)		X
GALESBURG, IL 61401	BRIDGEWAY TRAINING SERVICES, NFP -	EMPLOYMENT TRAINING SERVICES TO DISABLED & DISADVANTAGED	ILLINOIS	501(C)(3)		X
GALESBURG, IL 61401	337-1121014, 2323 N. WINDISH DRIVE		ILLINOIS	501(C)(3)		X
4CERC REHABILITATION, INC. - 36-3558388	2323 N. WINDISH DRIVE	HOUSING TO ELDERLY AND DISABLED	ILLINOIS	501(C)(3)	7	X
GALESBURG, IL 61401	2323 N. WINDISH DRIVE	HOUSING TO LOW-INCOME AND DISABLING	ILLINOIS	501(C)(3)	7	X

For Paperwork Reduction Act Notice see the Instructions for Form 990

## Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section 501(c)(3))	Direct controlling entity	Section 512(b)(13) controlled organization?
BRIDGEWAY HOMES 02 - 35-2196816 2323 N. WINDISH DRIVE GALESBURG, IL 61401	HOUSING TO ELDERLY AND DISABLED	ILLINOIS	501(C)(3)	7		X
MRC HOUSING, INC. - 37-1182243 2323 N. WINDISH DRIVE GALESBURG, IL 61401	HOUSING TO ELDERLY AND DISABLED	ILLINOIS	501(C)(3)	7		X
RESIDENTIAL FACILITIES CORPORATION - 36-3682153, 2323 N. WINDISH DRIVE, GALESBURG, IL 61401	HOUSING TO ELDERLY AND DISABLED	ILLINOIS	501(C)(3)	7		X
BRIDGEWAY KEWANEE 04 - 20-1093505 2323 N. WINDISH DRIVE GALESBURG, IL 61401	HOUSING TO ELDERLY AND DISABLED	ILLINOIS	501(C)(3)	7		X
BRIDGEWAY MCKINLEY, INC. - 37-1356635 2323 N. WINDISH DRIVE GALESBURG, IL 61401	HOUSING TO ELDERLY AND DISABLED	ILLINOIS	501(C)(3)	7		X
MIDWEST SPECIAL RECREATION ASSOCIATION - 37-1290554, 2323 N. WINDISH DRIVE, GALESBURG, IL 61401	RECREATIONAL PROGRAMS FOR DISABLED	ILLINOIS	501(C)(3)	7		X
BRIDGEWAY WORKFORCE OPPORTUNITIES NFP - 36-3806030, 2323 N. WINDISH DRIVE, GALESBURG, IL 61401	EMPLOYMENT TRAINING SERVICES TO DISABLED & DISADVANTAGED	ILLINOIS	501(C)(3)	7		X
BRIDGEWAY HOUSING, INC. - 37-1341741 2323 N. WINDISH DRIVE GALESBURG, IL 61401	HOUSING TO LOW-INCOME AND FURNISH SERVICES/FACILITIES TO OTHER ORGANIZATIONS	ILLINOIS	501(C)(3)	7		X
ILLINOIS GROWTH ENTERPRISES - 36-2694680 7200 CLINTON ROAD LOVES PARK, IL 61111	VOCATIONAL DEVELOPMENT & EMPLOYMENT TRAINING.	ILLINOIS	501(C)(3)	9		X

## Part III: Identification of Related Organizations Taxable as a Partner

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

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

**Part V Transactions With Related Organizations** (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, 35a, or 36 )

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

- 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity
  - b Gift, grant, or capital contribution to other organization(s)
  - c Gift, grant, or capital contribution from other organization(s)
  - d Loans or loan guarantees to or for other organization(s)
  - e Loans or loan guarantees by other organization(s)

f Sale of assets to other organization(s)

g Purchase of assets from other organization(s)

h Exchange of assets

i Lease of facilities, equipment, or other assets to other organization(s)

j Lease of facilities, equipment, or other assets from other organization(s)

k Performance of services or membership or fundraising solicitations for other organization(s)

l Performance of services or membership or fundraising solicitations by other organization(s)

m Sharing of facilities, equipment, mailing lists, or other assets

n Sharing of paid employees

o Reimbursement paid to other organization for expenses

p Reimbursement paid by other organization for expenses

q Other transfer of cash or property to other organization(s)

r Other transfer of cash or property from other organization(s)

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

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) BRIDGEWAY, INC.	D	120,862.	
(2) BRIDGEWAY TRAINING SERVICES, NFP	K	354,100.	
(3) BRIDGEWAY, INC.	I	1,534,416.	
(4) BRIDGEWAY, INC.	B	153,013.	
(5) BRIDGEWAY TRAINING SERVICES, NFP	B	595,000.	
(6) BRIDGEWAY KEWANEE 04, NFP	D	57,385.	

## Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-i)	(c) Amount involved	(d) Method of determining amount involved
(7) BRIDGEWAY, INC.	C	50,000.	
(8) BRIDGEWAY TRAINING SERVICES, NFP	E	295,000.	
(9) BRIDGEWAY, INC.	K	1,443,903.	
(10) ILLINOIS GROWTH ENTERPRISES	D	371,026.	
(11) BRIDGEWAY PROPERTIES	E	1,510,000.	
(12)			
(13)			
(14)			
(15)			
(16)			
(17)			
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			

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

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

Part VII Supplemental Information

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