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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except 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 07-01-2010 and ending 06-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
BRIDGEWAY CENTER INC

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
137 HOSPITAL DRIVE NE

City or town, state or country, and ZIP + 4
FORT WALTON BEACH, FL 32548

D Employer identification number
59-1278085

E Telephone number
(850) 833-7500

G Gross receipts $ 13,010,284

F Name and address of principal officer
DANIEL COBBS
137 HOSPITAL DRIVE NE
FORT WALTON BEACH, FL 32548

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status ☑ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW BRIDGEWAYCENTER ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1966 | **M** State of legal domicile FL

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SEE FORM 990 PAGE 2 AND SCHEDULE O PAGE 4 FOR MORE DETAILS

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	8
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	8
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	323
6	Total number of volunteers (estimate if necessary)	**6**	38
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue	**8** Contributions and grants (Part VIII, line 1h)	7,171,853	7,822,417
	9 Program service revenue (Part VIII, line 2g)	5,548,466	5,089,432
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	17,060	13,390
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	131,149	85,045
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	12,868,528	13,010,284
Expenses	**13** Grants and similar amounts paid (Part IX, column (A), lines 1–3)	56,090	184,662
	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)	8,210,842	8,641,850
	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)	4,136,848	4,112,925
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	12,403,780	12,939,437
	19 Revenue less expenses Subtract line 18 from line 12	464,748	70,847

		Beginning of Current Year	End of Year
Net Assets or Fund Balances	**20** Total assets (Part X, line 16)	7,302,205	7,113,847
	21 Total liabilities (Part X, line 26)	3,121,209	2,862,004
	22 Net assets or fund balances Subtract line 21 from line 20	4,180,996	4,251,843

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

****** | 2012-03-06
Signature of officer | Date

DANIEL COBBS MPA, FACHE, CEO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
BRUCE A NUNNALLY	BRUCE A NUNNALLY			

Firm's name ▶ CARR RIGGS & INGRAM LLC | Firm's EIN ▶

Firm's address ▶ 500 GRAND BOULEVARD SUITE 210
MIRAMAR BEACH, FL 32550 | Phone no ▶ (850) 837-3141

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

TO CREATE OPTIMAL CUSTOMER EXPERIENCE WITH COMPASSIONATE DELIVERY OF QUALITY SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the 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 $ 9,485,171 including grants of $ 184,662) (Revenue $ 3,647,534)

BRIDGEWAY CENTER, INC PROVIDES CO-OCCURING BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE) INPATIENT AND OUTPATIENT TREATMENT SERVICES TO ADULTS AND CHILDREN

4b (Code) (Expenses $ 1,051,578 including grants of $ 0) (Revenue $ 67,473)

BRIDGEWAY CENTER, INC SENIOR SERVICES PROGRAM HELPS SENIORS REMAIN HEALTHY AND INDEPENDENT THROUGH SUPPORTIVE SERVICES, MEALS DELIVERY, AND GERONTOLOGICAL COUNSELING

4c (Code) (Expenses $ 494,265 including grants of $ 0) (Revenue $ 452,130)

BRIDGEWAY CENTER, INC JUDICIAL SERVICES PROGRAM PROVIDES STATE-CERTIFIED DRIVING LESSONS, DRIVER IMPROVEMENT, DUI COURSES, TRAFFIC AND MISDEMEANOR SUPERVISION, AND WORTHLESS CHECK DIVERSIONARY PROGRAM FOR THE STATE ATTORNEY'S OFFICE OF OKALOOSA COUNTY

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ including grants of $) (Revenue $ 1,007,340)

4e **Total program service expenses** ▶ $ 11,031,014

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**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		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		
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? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f		No
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		No
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**		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		No
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
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** ☑ **No**			
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	25		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c** Yes	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	323		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b** Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**	No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**	No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**	No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**	No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**	
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**	No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			**6b**	
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?			**7a**	No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**	No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**7h**	
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			**8**	
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?			**9a**	
b	Did the organization make a distribution to a donor, donor advisor, or related person?			**9b**	
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**			
c	Enter the amount of reserves on hand	**13c**			
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**	No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**	

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	8		
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		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DANIEL COBBS MPA FACHE CEO
137 HOSPITAL DRIVE NE
FORT WALTON BEACH, FL 32548
(850) 833-7500

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (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	Former			
(1) JOYCE KISER BOARD CHAIRPERSON	2 50	X		X				0	0	0
(2) WALTER J JACK BURKETT BOARD 1ST VICE CHAIR/CHAIR ELECT	2 50	X		X				0	0	0
(3) SHIRLEY T SAM PERMAN RN BS BOARD 2ND VICE CHAIR	1 90	X		X				0	0	0
(4) SUSAN REED MS BOARD TREASURER	2 20	X		X				0	0	0
(5) BARBARA PALMGREN EDD BOARD SECRETARY	1 90	X		X				0	0	0
(6) DOUGLAS R BURGESS BOARD TRUSTEE	1 40	X						0	0	0
(7) JON MORRIS BOARD TRUSTEE	2 30	X						0	0	0
(8) KEITH R KULOW MD FAAP BOARD TRUSTEE	1 60	X						0	0	0
(9) DANIEL COBBS MPA FACHE CHIEF EXECUTIVE OFFICER	66 60			X				155,357	0	38,500
(10) PHILLIP LOVE PHD CHFP CHIEF FINANCIAL OFFICER	69 70			X				89,602	0	6,634
(11) LARRY MUNDY MCSE CHIEF INFORMATION OFFICER	43 20			X				82,915	0	6,950
(12) LARRY MCFARLAND LMHC SPHR HUMAN RESOURCES OFFICER	51 00			X				79,670	0	6,631
(13) SIKANDAR KHAN MD MEDICAL DIRECTOR	40 00				X	X		194,488	0	26,500

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	Former			
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								602,032	0	85,215

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 ▶ 2

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**		No
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**	Yes	
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**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

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

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns . . 1a					
	b Membership dues 1b					
	c Fundraising events 1c					
	d Related organizations . . . 1d					
	e Government grants (contributions) 1e	7,197,326				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	625,091				
	g Noncash contributions included in lines 1a-1f $	244,436				
	h **Total.** Add lines 1a-1f . . . . . ▶		7,822,417			
Program Service Revenue		Business Code				
	2a MEDICARE/MEDICAID PAYM	624100	3,661,458	3,661,458		
	b FIRST AND THIRD PARTIE	624100	819,212	819,212		
	c CONTRACTS WITH LOCAL G	624100	468,036	468,036		
	d CLIENT FEES/PROBATION	624100	125,401	125,401		
	e PROGRAM SERVICE RENTAL	532000	15,325	15,325		
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		5,089,432			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		13,390			13,390
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a 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) . . . . . ▶					
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER INCOME	900099	85,045	85,045		
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		85,045			
	12 **Total revenue.** See Instructions . . . ▶		13,010,284	5,174,477	0	13,390

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				
2 Grants and other assistance to individuals in the U S See Part IV, line 22	184,662	184,662		
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	913,680		913,680	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,427,664	6,325,615	102,049	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	167,468	140,861	26,607	
9 Other employee benefits	639,195	537,643	101,552	
10 Payroll taxes	493,843	415,382	78,461	
a Fees for services (non-employees) Management				
b Legal				
c Accounting	58,500	27,570	30,930	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	143,808	67,775	76,033	
12 Advertising and promotion	68,191	68,191		
13 Office expenses	452,256	358,597	93,659	
14 Information technology	156,445	132,328	24,117	
15 Royalties				
16 Occupancy	565,497	450,559	114,938	
17 Travel	130,359	113,627	16,732	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	80,656		80,656	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	193,820	193,820		
23 Insurance	256,140	254,219	1,921	
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 SUBCONTRACTED SERVICES	598,261	488,036	110,225	
b BAD DEBT EXPENSE	299,267	280,593	18,674	
c FOOD SERVICES	273,489	261,565	11,924	
d MEDICAL & PHARMACY	259,100	256,926	2,174	
e UTILITIES	207,470	165,302	42,168	
f All other expenses	369,666	307,743	61,923	
25 **Total functional expenses.** Add lines 1 through 24f	12,939,437	11,031,014	1,908,423	0
26 **Joint costs.** Check here ▶ ☐ 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	1,009,291	1	509,167
	2	Savings and temporary cash investments	1,122,609	2	1,245,330
	3	Pledges and grants receivable, net	546,883	3	632,911
	4	Accounts receivable, net	188,322	4	131,642
	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) Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use	8,488	8	6,586
	9	Prepaid expenses and deferred charges	432,832	9	406,066
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D* — 10a: 7,018,323			
	b	Less accumulated depreciation — 10b: 2,886,704	3,955,872	10c	4,131,619
	11	Investments—publicly traded securities		11	
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	37,908	15	50,526
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,302,205	16	7,113,847
Liabilities	17	Accounts payable and accrued expenses	938,720	17	906,820
	18	Grants payable		18	
	19	Deferred revenue	9,326	19	6,632
	20	Tax-exempt bond liabilities	1,921,016	20	1,821,538
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*	55,366	21	26,685
	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	8,332	23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	188,449	25	100,329
	26	**Total liabilities.** Add lines 17 through 25	3,121,209	26	2,862,004
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets	4,180,996	27	4,251,843
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	4,180,996	33	4,251,843
	34	Total liabilities and net assets/fund balances	7,302,205	34	7,113,847

Part XI Reconcilliation 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	13,010,284
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,939,437
3	Revenue less expenses Subtract line 2 from line 1	3	70,847
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	4,180,996
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0
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	4,251,843

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☑

			Yes	No
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? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
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 separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ **Attach to Form 990 or Form 990-EZ.** ▶ **See separate instructions.**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEWAY CENTER INC

Employer identification number
59-1278085

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?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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 ")	8,122,098	8,386,152	6,683,496	7,171,853	7,822,417	38,186,016
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	8,122,098	8,386,152	6,683,496	7,171,853	7,822,417	38,186,016
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public Support.** Subtract line 5 from line 4						38,186,016

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	8,122,098	8,386,152	6,683,496	7,171,853	7,822,417	38,186,016
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	46,379	41,082	8,218	17,060	13,390	126,129
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)	103,846	87,644	148,796	131,149	85,045	556,480
11 **Total support** (Add lines 7 through 10)						38,868,625

12	Gross receipts from related activities, etc (See instructions)	12	25,880,778

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	98 240 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	98 330 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

17a **10%-facts-and-circumstances test—2010.** If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

b **10%-facts-and-circumstances test—2009.** If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts and circumstances" test The organization qualifies as a publicly supported organization ▶☐

18 **Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶☐

Part III **Support Schedule for Organizations Described in 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 ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(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
16	Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

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

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 ▶☐

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

Facts And Circumstances Test

Explanation

SCHEDULE A, PART II, LINE 10, EXPLANATION OF OTHER INCOME OTHER INCOME

Additional Data

Software ID:
Software Version:
EIN: 59-1278085
Name: BRIDGEWAY CENTER INC

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

4d. Other program services

(Code) (Expenses $ 0 including grants of $ 0) (Revenue $ 1,007,340)

BRIDGEWAY CENTER, INC (BCI) SERVES ITS CLIENTS THROUGH VARIOUS BEHAVIORAL MULTI-DISCIPLINARY TREATMENT SERVICES INTERVENTION, PREVENTION IN MULTIPLE CLIENT ACCESS LOCATIONS AS PART OF BRIDGEWAY CENTER, INC 'S ORGANIZATION'S EXEMPT PURPOSE TO BETTER SERVE ITS EXEMPT PURPOSE, BCI ESTABLISHED A "COMMUNITY BENEFIT PLAN REPORTING" SYSTEM TO ACHIEVE THE FOLLOWING GOALS 1 THE DEVELOPMENT OF A SYSTEM-WIDE FOCUS REGARDING COMMUNITY BENEFITS ROLES AND OBLIGATIONS 2 ACTIVE COLLABORATION WITH OTHER COMMUNITY ORGANIZATIONS IN REVIEWING THE NEEDS OF THE COMMUNITY WITH AN ONGOING APPROACH 3 THE WRITTEN "COMMUNITY BENEFIT PLAN" (CBP) STATES BCI'S HEALTHCARE OBJECTIVES IN SPECIFIC AND MEASURABLE TERMS IT IS PART OF BCI'S SPECIFIC PRIORITIES TO IMPROVE THE WELL-BEING OF RESIDENTS FOR THE OVERALL BENEFIT OF THE COMMUNITY 4 A FORMAL REPORTING AND MONTHLY MONITORING SYSTEM IS IN PLACE TO CONFIRM BCI IS ACCOMPLISHING ITS PLANNED RESULTS THE REPORT WILL BE PRESENTED TO THE BOARD OF TRUSTEES FOR REVIEW ON A REGULAR BASIS REPORTING TO OKALOOSA/WALTON COMMUNITIES WILL BE ACCOMPLISHED ANNUALLY THROUGH DIRECT MAIL AND VIA THE INTERNET, EMAIL, AS WELL AS BCI'S WEBSITE

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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 CENTER INC

Employer identification number
59-1278085

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

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

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

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)
☐ Preservation of land for public use (e g , recreation or pleasure)
☐ Preservation of an historically importantly land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

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

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

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

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

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

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

Part VI Investments—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	1,790,202			1,790,202
b Buildings	4,061,874		1,944,508	2,117,366
c Leasehold improvements				
d Equipment	956,152		942,196	13,956
e Other	210,095			210,095
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				4,131,619

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		
Total. *(Column (b) should equal Form 990, Part X, col (B) line 12)* ▶		

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

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

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

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ESCROW DEPOSITS	46,088
OTHER LIABILITIES & RESERVES	54,241
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	100,329

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	13,010,284
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,939,437
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	70,847
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	0
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	70,847

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

1	Total revenue, gains, and other support per audited financial statements			1	13,184,210
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	173,926		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	173,926
3	Subtract line **2e** from line **1**			3	13,010,284
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	13,010,284

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

1	Total expenses and losses per audited financial statements			1	13,113,363
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	173,926		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	173,926
3	Subtract line **2e** from line **1**			3	12,939,437
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	0
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	12,939,437

Part XIV Supplemental Information

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

Identifier	Return Reference	Explanation
	PART IV, LINE 2B	ESCROW LIABILITY ARRANGEMENT EXPLANATION THE ORGANIZATION MANAGES FUNDS FOR THOSE CLIENTS WHO ARE INCAPABLE OF DOING SO DUE TO SEVERE AND PERSISTENT MENTAL ILLNESS AND RESIDE IN A HOUSING PROGRAM FOR WHICH THE ORGANIZATION IS THE PAYEE

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990**

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEWAY CENTER INC

Employer identification number
59-1278085

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? . . . ☑ Yes ☐ No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations . . . ▶

3 Enter total number of other organizations . . . ▶

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CARE & SUBSTANCE	483	184,662			

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

Identifier	Return Reference	Explanation

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEWAY CENTER INC

Employer identification number
59-1278085

Part I Questions Regarding Compensation

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

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

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL COBBS	(i)	155,357	0	0	38,500	0	193,857	191,418
MPA FACHE	(ii)	0	0	0	0	0	0	0
(2) SIKANDAR KHAN	(i)	194,488	0	0	26,500	0	220,988	226,915
MD	(ii)	0	0	0	0	0	0	0
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation

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Schedule K (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEWAY CENTER INC

Employer identification number
59-1278085

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) Pool financing	
							Yes	No	Yes	No	Yes	No
A	BANK OF AMERICA INDUSTRIAL DEVELOPMENT	94-1687665		11-01-2007	2,149,025	FACILITIES		X		X		X

Part II Proceeds

		A	B	C	D
1	Amount of bonds retired				
2	Amount of bonds legally defeased				
3	Total proceeds of issue	2,200,000			
4	Gross proceeds in reserve funds				
5	Capitalized interest from proceeds				
6	Proceeds in refunding escrow				
7	Issuance costs from proceeds	42,430			
8	Credit enhancement from proceeds				
9	Working capital expenditures from proceeds				
10	Capital expenditures from proceeds	2,157,570			
11	Other spent proceeds				
12	Other unspent proceeds				
13	Year of substantial completion	2007			

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
14	Were the bonds issued as part of a current refunding issue?		X						
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?		X						
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?		X						

Part III Private Business Use

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

Part III Private Business Use *(Continued)*

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
3a	Are there any management or service contracts that may result in private business use?		X						
b	Are there any research agreements that may result in private business use of bond-financed property?		X						
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						
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						

Part IV Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
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?		X						
2	Is the bond issue a variable rate issue?		X						
3a	Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was a hedge terminated?								
4a	Were gross proceeds invested in a GIC?		X						
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						
6	Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

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

Identifier	Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEWAY CENTER INC

Employer identification number
59-1278085

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial	X	2	36,000	CURRENT MARKET RATE
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	X	5	208,436	WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (_____)				
26 Other ▶(_____)				
27 Other ▶(_____)				
28 Other ▶ (_____)				

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

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	**30a**		No
b If "Yes," describe the arrangement in Part II			
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	**31**		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	**32a**		No
b If "Yes," describe in Part II			
33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
BRIDGEWAY CENTER INC

Employer identification number
59-1278085

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		ORGANIZATION'S PROCESS USED TO REVIEW FORM 990 - THE BOARD OF TRUSTEES MEETS WITH THE CHIEF EXECUTIVE OFFICER, THE HUMAN RESOURCES OFFICER AND THE CHIEF FINANCIAL OFFICER TO REVIEW THE FORM 990 PRIOR TO SUBMITTAL TO THE INTERNAL REVENUE SERVICE

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ENFORCEMENT OF CONFLICTS POLICY - ALL OFFICERS, EMPLOYEES, ASSOCIATES, VOLUNTEERS, AND STUDENTS ARE COVERED UNDER THE POLICY THE HUMAN RESOURCE PROGRAM WILL INVESTIGATE ALL ALLEGATIONS OF VIOLATIONS PROPORTIONATE DISCIPLINARY ACTION WILL BE TAKEN INCLUDING DISMISSAL BASED UPON THE FACT FINDING OF THE DUE DILIGENCE INVESTIGATION(S)

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION PROCESS FOR TOP OFFICIAL - THE CHAIRPERSON OF THE HUMAN RESOURCES (HR) COMMITTEE REQUESTS THE CHIEF EXECUTIVE OFFICER (CEO) TO PROVIDE A WRITTEN ASSESSMENT OF THE ORGANIZATION'S PERFORMANCE AND ACHIEVEMENTS FOR THE FISCAL YEAR THE CEO PROVIDES HIS WRITTEN INPUT THE HR COMMITTEE CHAIR ASKS THE HR OFFICER TO SECURE INFORMATION FROM THE FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH CONCERNING SALARIES AND COMPENSATION ELEMENTS FOR CEO'S OF COMMUNITY MENTAL HEALTH CENTERS SIMILAR IN GEOGRAPHIC AREAS AND SIZE OF THE ORGANIZATION IN THE STATE OF FLORIDA THE HR COMMITTEE WILL REVIEW THE BOARD OF TRUSTEES ORGANIZATIONAL PERFORMANCE EVALUATION RATING AND FORMULATE THE AGGREGATE RATING THE HR COMMITTEE UTILIZES THE CEO COMPENSATION STANDARD OPERATING PROCEDURE TO PREPARE A PROPOSAL RECOMMENDATION FOR THE BOARD OF TRUSTEES THE HUMAN RESOURCES COMMITTEE AND OTHER BOARD MEMBERS WILL REVIEW THE RESULTS ACCOMPLISHED ON THE CEO PERFORMANCE EVALUATION RATING FORM AND INDEPENDENTLY ASSESS THE CEO'S PERFORMANCE THE COMMITTEE WILL RECOMMEND MERIT COMPENSATION AND/OR PAY FOR PERFORMANCE VARIABLE PAY TO BE PRESENTED TO THE BOARD FOR CONSIDERATION ALONG WITH A WRITTEN COVER LETTER OF EVALUATION TO ACCOMPANY THE CEO PEFORMANCE EVALUATION RATING FORM THE BOARD OF TRUSTEES WILL MEET IN CLOSED EXECUTIVE SESSION WHERE THE BOARD WILL VOTE FOR FINAL RESOLUTION OF THE AMOUNT OF THE CEO'S COMPENSATION BASED UPON THE PREVIOUS FISCAL YEAR'S ORGANIZATIONAL PEFORMANCE A WRITTEN LETTER WITH SIGNATORY APPROVAL FROM THE CHAIRPERSON OF THE HUMAN RESOURCES COMMITTEE IS FORWARDED TO THE CEO'S PERSONNEL FILE FORM 990, PART VI, SECTION B, LINE 15B (COMPENSATION PROCESS FOR OFFICERS) - THE ORGANIZATION ESTABLISHES SALARY RANGES FOR ASSOCIATES CLASSIFICATIONS BY REVIEWING THE BASE RANGE SALARY FOR COMPETITIVE POSITIONS WITHIN THE BEHAVIORAL HEALTH CARE INDUSTRY BY SIZE AND GEOGRAPHICAL AREA THE ORGANIZATION UTILIZES SURVEY DATA OF ORGANIZATIONS WHICH ARE APPROXIMATELY THE SAME SIZE OF ORGANIZATION, WHICH IS COLLECTED AND DISSEMINATED BY THE FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	GOVERNING DOCUMENTS DISCLOSURE EXPLANATION - THE ORGANIZATION MAKES AVAILABLE TO THE PUBLIC UPON REQUEST ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS THESE GOVERNING DOCUMENTS INCLUDE (1) BOARD OF TRUSTEES BY-LAWS (2) ARTICLES OF INCORPORATION (3) BOARD OF TRUSTEES TRAINING AND REFERENCE MANUAL (4) BOARD TRUSTEE JOB STANDARDS (5) BOARD OF TRUSTEES CHAIRPERSON JOB STANDARDS (6) BOARD TRUSTEE CODE OF ETHICS (7) BOARD TRUSTEE CONFLICT OF INTEREST QUESTIONNAIRE (8) BOARD TRUSTEE RELATED PARTY QUESTIONNAIRE (9) BOARD OF TRUSTEES CORPORATE RESOLUTION FOR SIGNATORY APPROVAL OF CONTRACTS (10) BOARD OF TRUSTEES CORPORATE CRITERIA AND RATING SHEET FOR PERFORMANCE EVALUATION OF THE CHIEF EXECUTIVE OFFICER

Identifier	Return Reference	Explanation
	FORM 990, PART XII, LINE 2C	THE ORGANIZATION DID NOT CHANGE ITS OVERSIGHT PROCESS OR SELECTION PROCESS DURING THE TAX YEAR

Identifier	Return Reference	Explanation
SUMMARY OF MOST SIGNIFICANT ACTIVITIES	FORM 990, PART I, LINE 1	BRIDGEWAY CENTER INC (BCI) IS A BEHAVIORAL HEALTH PROVIDER, AN EDUCATIONAL RESOURCE PROVIDER, A SENIOR SERVICES PROVIDER, AND A DRIVING SCHOOLS PROVIDER BCI OFFERS QUALITY, COMPREHENSIVE COUNSELING/THERAPY SERVICES TAILORED TO THE CULTURAL AND ECONOMIC DIVERSITY OF OUR CONSUMERS SINCE 1966, BCI HAS DEDICATED ITSELF TO PROVIDING PROFESSIONAL COUNSELING AND THERAPY EXPERIENCE WITH EXPERTISE TO HELP FAMILIES OF DIVERSE RACIAL, ETHNIC, AND ECONOMIC BACKGROUNDS WHO ARE STRUGGLING WITH MENTAL ILLNESS, SUBSTANCE ABUSE, EMOTIONAL TRAUMA, AND OTHER EFFECTS OF VIOLENCE (I E POST TRAUMATIC STRESS DISORDER - PTSD) BCI HAS CONTINUED TO DEVELOP SERVICES FOR PERSONS IN POVERTY BY FOCUSING ON THEIR INDIVIDUAL SKILLS TO BE MORE SUCCESSFUL IN THEIR LIVES THIS INCLUDES SPECIALIZED SERVICES FOR VICTIMS OF SEXUAL ASSAULT BCI'S CLIENTELE CONSISTS OF 49 2% ARE MALE, 50 8% ARE FEMALE, 78 8% LIVE BELOW THE FEDERAL POVERTY LINE AND WITH FAMILY OR SIGNIFICANT OTHERS 23% LIVE ALONE, 70 3% LIVE IN SUPPORTIVE HOUSING, SUCH AS HALFWAY HOUSES, NURSING HOMES, WITH FAMILIES, AND/OR THE COUNTY JAIL, AND 61 2% HAVE NO INCOME, 1 6% ARE HOMELESS, AND 5 1% HAVE UNKNOWN DOMICILES WITHIN THE PAST TWELVE (12) MONTHS, BCI HAS PROVIDED 295,000 SERVICES TO MEN, WOMEN, AND CHILDREN IN OKALOOSA COUNTY BCI HAS AN OPERATING BUDGET THAT EMPLOYS 234 ASSOCIATES FOR THIRTEEN (13) CONSECUTIVE YEARS, BCI HAS BEEN DESIGNATED A "LOW-RISK AUDITEE" BRIDGEWAY CENTER INC WAS AWARDED THE BEST LARGE EMPLOYER IN 2006 FOR OKALOOSA COUNTY BY THE WORKFORCE DEVELOPMENT/AGENCY FOR WORKFORCE INNOVATION (AWI) BRIDGEWAY CENTER INC 'S CLINICAL SERVICES PROVIDE BEHAVIORAL HEALTH SERVICES TO PERSONS IN THE COMMUNITY REGARDLESS OF THEIR ABILITY TO PAY THE TARGET POPULATION IS THOSE WITH MENTAL HEALTH AND/OR SUBSTANCE ABUSE CONCERNS WE SERVE ADULTS AND CHILDREN IN OUTPATIENT, INPATIENT, AND COMMUNITY-BASED SERVICES IN FISCAL YEAR 2010/2011, OVER EIGHTY-THREE (83) PRESENTATIONS REGARDING THE SERVICES AT BCI AS WELL AS EDUCATIONAL EVENTS COVERING DIFFERENT TOPICS WERE PROVIDED TO THE COMMUNITY AT NO COST IN ADDITION, BCI CLINICAL SERVICES STAFF SERVED ON GREATER THAN TWELVE (12) COMMUNITY COMMITTEES OR CONTINUUM MEETINGS OVER THE PAST YEAR BRIDGEWAY CENTER INC DRIVING SCHOOLS HAS BEEN NATIONALLY ACCREDITED BY CARF FOR SEVEN (7) CONSECUTIVE YEARS THE DRIVING SCHOOLS HAS RECEIVED SUCCESSFUL DEPARTMENT OF HIGHWAY SAFETY AND MOTOR VEHICLES LICENSURE SURVEYS FOR THE PAST ELEVEN YEARS THE PROGRAM PROVIDED SERVICES TO 707 LEVEL I STUDENTS AND 381 LEVEL II STUDENTS OF THESE, 173 STUDENTS ENROLLED INTO THE CLASS VIA THE ONLINE ENROLLMENT PROCESS THERE WERE 57 NEW SPECIAL SUPERVISION SERVICES ENROLLMENTS THESE WERE 407 SPECIAL SUPERVISION SERVICES PERIODIC UPDATES CONDUCTED AS WELL AS 35 SPECIAL SUPERVISION SERVICES EVALUATIONS DUE TO VIOLATIONS OF THEIR IGNITION INTERLOCK DEVICE, 110 CLIENTS CAME TO THE PROGRAM FOR SESSIONS CONCERNING THEIR NON-COMPLIANCE THE PROGRAM PROVIDED 322 BEHIND THE WHEEL DRIVING LESSONS, TAUGHT 100 STUDENTS THE ADVANCED DRIVER IMPROVEMENT COURSE, TAUGHT 313 STUDENTS THE BASIC DRIVER IMPROVEMENT COURSE, AND 200 STUDENTS RECEIVED THE CASE COURSE AND SUBSTANCE ABUSE EVALUATION STAFF PROVIDED PRESENTATIONS CONCERNING THE PREVENTION OF DRIVING WHILE IMPAIRED OR UNDER THE INFLUENCE OF ALCOHOL OR DRUGS TO CRESTVIEW HIGH SCHOOL STUDENTS DRUG-FREE WORKPLACE TRAININGS TO LOCAL BUSINESSES WERE ALSO PRESENTED AS A PART OF BCI'S EMPLOYEE ASSISTANT PROGRAM AN OVERVIEW OF THE PROGRAM WAS ALSO PROVIDED TO THE BRIDGEWAY CENTER, INC BOARD OF TRUSTEES SENIOR SERVICES IN-HOME STAFF PROVIDED 35 CLIENT CONTACT HOURS IN 2010-2011 DURING THE TIME PERIOD OF JULY 1, 2010 THROUGH JUNE 30, 2011, THE PROGRAM PROVIDED 34,350 HOME DELIVERED MEALS, PROVIDED 11,267 MEAL SITE MEALS, AND COORDINATED 580 HOURS OF VOLUNTEER TIME THERE WERE 448 CLIENTS SERVED DURING THIS TIME WITH A TOTAL OF 52,734 SERVICES PROVIDED THE AVERAGE NUMBER OF SERVICES PROVIDED PER CLIENT IS 117 8 SENIOR SERVICES STAFF MADE NUMEROUS COMMUNITY PRESENTATIONS TO CIVIC GROUPS AND LOCAL MUNICIPALITIES SENIOR SERVICES HAD A BOOTH AT TWO SANTA ROSA MALL EVENTS AND ALSO AN EVENT AT THE UNITED METHODIST CHURCH IN SHALIMAR SENIOR SERVICES RECEIVED DONATIONS FROM MAJOR EMPLOYERS IN OKALOOSA COUNTY WE OFFER AN EXPERIENCED TEAM OF LOCAL PROFESSIONALS WHO TAKE THE TIME TO UNDERSTAND OUR CLIENTS' UNIQUE NEEDS TREATMENT SOLUTIONS VARY BY CLIENT WHAT IS CONSISTENT IS THE DEPTH OF OUR TALENT AND OUR COMMITMENT FOR CLIENT SERVICES EXCELLENCE WE CONTINUE TO DEVELOP OUR LEADERSHIP AND TALENT PIPELINE TO SUPPORT THE MISSION, VISION, AND VALUES OF BRIDGEWAY CENTER INC

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE O, BCI'S 2010/11 OPERATING PERFORMANCE	IN 2010/2011 OPERATIONAL CHANGES WERE MADE TO IMPROVE CAPACITY FOR EACH BCI POSITION THIS RESULTED IN THIRTY-SIX (36) POSITIONS DELETED THROUGH ATTRITION OF WHICH ELEVEN (11) WERE SUPERVISOR POSITIONS AN ADDITIONAL NINE (9) SUPERVISORS WERE RECLASSIFIED TO DIRECT SERVICES PROVIDERS OR ANALYST/SPECIALIST POSITIONS STRONG EXECUTION BY MANAGEMENT AMID DIFFICULT ECONOMIC CONDITIONS LED TO EXCELLENT OPERATING RESULTS THE TOP THREE (3) BRIDGEWAY CENTER PRIORITIES WERE ACHIEVED PRIORITY NUMBER ONE, "CREATING THE BEST CUSTOMER EXPERIENCE" IS AN ON-GOING CAMPAIGN THAT STARTS WITH CLIENT ACCESS REGISTRATION THIS PRIORITY HAS A SHORT- AND A LONG-TERM FOCUS SINCE IT IS PART OF BCI'S VISION STATEMENT FOR EXAMPLE, IN 2008/09 THE CENTRAL FRONT DESK AT HOSPITAL DRIVE WAS REDESIGNED AND RENOVATED FROM A TWO PERSON REGISTRATION AREA TO A FOUR PERSON REGISTRATION CAPACITY 1 IN 2010/11, THE FIRST PRIORITY, CUSTOMER DRIVEN EXPERIENCE, WAS ACHIEVED BY EXPANDING THE CLIENT/PATIENT ACCESS TO QUALITY CARE IN THE FOLLOWING WAYS (A) IMPLEMENTED SAME DAY, WALK-IN SCREENING ASSESSMENTS FOR FT WALTON BEACH AND CRESTVIEW LOCATIONS (B) DESIGNATED A SPECIFIC STAFF PERSON TO SERVE AS A TELEPHONE ACCESS REPRESENTATIVE AT THE HOSPITAL DRIVE LOCATION (C) IMPROVED CLIENT ACCESS FOR THE MEDICAL STAFF CLIENTS ARE NOW SCHEDULED DIRECTLY WITH MEDICAL STAFF FOR EVALUATION FOR MEDICATION MANAGEMENT (D) IMPLEMENTED PSYCHO-SOCIAL GROUPS IN THE INPATIENT UNIT (E) RE-DESIGNED CLOSED RECORDS IN BUILDING D AT SHELL AVENUE AS AN EMERGENCY SERVICES SECURE AREA FOR POST-DISCHARGE CLIENTS AWAITING TRANSPORTATION FOR PLACEMENT (F) ILLNESS MANAGEMENT/WELLNESS PROGRAM REQUIRED MORE ACTIVE INVOLVEMENT BY THE CLIENTS IN THEIR TREATMENT PLAN BY MAKING CHOICES TO DIRECT THEIR TREATMENT A RECOVERY PROGRAM MODULE IS UTILIZED WITH MOTIVATIONAL, EDUCATIONAL, AND COGNITIVE BEHAVIOR TECHNIQUES TO 1 SET AND ACHIEVE PERSONAL GOALS 2 SKILLS TO REDUCE RELAPSE BY COPING WITH STRESS SYMPTOMS 3 STRESS - VULNERABILITY MODEL IS USED 4 SOCIAL SUPPORTS ARE SET AND NURTURED 2 IN 2010/2011, THE SECOND PRIORITY, HUMAN RESOURCES ENGAGING THE WORKFORCE, WAS ACHIEVED BY (A) ENCOURAGING GREATER INDIVIDUAL ACCOUNTABILITY IN THEIR JOB COMPETENCY-BASED PERFORMANCE STANDARDS AND EVALUATIONS (B) IMPROVED THE CALIBER OF RECRUITMENT CANDIDATES FOR POSITIONS AT BCI WITH THE INTEGRATION OF EMOTIONAL, INTELLIGENT ASSESSMENT QUESTIONS BUILT INTO THE BEHAVIORAL COMPETENCY INSIGHT INTERVIEW PROCESS (C) STREAMLINED THE COORDINATION OF STAFF HEALTHCARE BENEFITS WITH ON-LINE ENROLLMENTS, BENEFITS ADMINISTRATION PROCESS, AND ADDED A MULTI-TIER DENTAL PLAN OPTION (D) CONSTRUCTED A TALENT PIPELINE FOR SUCCESSION PLANNING WITH CAREER LADDERS FOR INTERNAL PROMOTIONS TWENTY-SEVEN INDIVIDUALS RECEIVED INTERNAL PROMOTIONS IN 2010/2011 (E) COORDINATED ON-SITE MONTHLY RETIREMENT PLANNING SERVICE MEETING WITH AN INDEPENDENT FINANCIAL REPRESENTATIVE TO SERVE AS THE EMPLOYEES' CONSULTANT (F) DEVELOPED IMPLEMENTATION FOR A "PROMOTION IN PLACE" CAREER ADVANCEMENT SYSTEM WITH LEVELS OF COMPETENCY AND LEVELS OF JUDGMENT SKILLS TO ENHANCE EMPLOYEE RETENTION (G) PROVIDED 6,248 HOURS OF IN-SERVICES EDUCATION TRAINING TO BCI EMPLOYEES WHICH AVERAGE 31 HOURS A YEAR PER INDIVIDUAL EMPLOYEE 3 IN 2010/11 THE THIRD PRIORITY, CONTINUOUS QUALITY IMPROVEMENTS WAS ACHIEVED IN THE FOLLOWING AREAS KEY RESULTS AREAS (KRAS) FOR FINANCE AND ACCOUNTING (A) BCI RECEIVED A FAVORABLE UNQUALIFIED OPINION FROM THE INDEPENDENT AUDITOR'S REPORT WITH ZERO (0) FINDINGS FOR THIRTEEN (13) CONSECUTIVE YEARS BCI HAS BEEN DESIGNATED A "LOW-RISK AUDITEE" (B) CONTROLLED BCI'S OPERATING COSTS IN UNEMPLOYMENT INSURANCE AND WORKER'S COMPENSATION INSURANCE (C) REVIEWED LITERATURE AND USER DATA FOR BEST PRACTICE INNOVATIONS FOR ACCOUNTING/PAYROLL/HUMAN RESOURCES SOFTWARE COMPATIBLE WITH BCI'S OPERATING SYSTEM OBTAINED THREE WRITTEN QUOTES FROM THE VENDORS FOR MS DYNAMICS (GP) REFERENCES WERE OBTAINED FROM A USER OF MS DYNAMICS (GP) AND THE THREE DIFFERENT VENDORS WHO SELL THE MS DYNAMICS (GP) BCI ACCOMPLISHED A PANEL EVALUATION FOR FINAL SELECTION ON 08/31/10 (D) BCI UTILIZED GROUP PURCHASING TO REALIZE AN ANNUAL SAVINGS KRAS FOR INFORMATION TECHNOLOGY (A) COORDINATED THE DEVELOPMENT OF A VIRTUALIZED SERVER ENVIRONMENT AND THE MOVE TO MICROSOFT HYPERV IN A HIGH AVAILABILITY ENVIRONMENT (B) THE DEVELOPMENT OF AN ONLINE BACKUP SYSTEM THAT CAPTURES CURRENT DATA AT AN HOURLY INTERVAL AND STORES IT AT A SATELLITE LOCATION IN NORTH COUNTY PROVIDING US ADDITIONAL DATA SECURITY INFORMATION TECHNOLOGY HEADQUARTERS LOCATION IS IN SOUTH COUNTY (C) ASSISTED IN THE DEVELOPMENT OF INFORMATION TECHNOLOGY SERVICES REDBOOK THAT DETAIL OUT OUR INFRASTRUCTURE AND HOW TO RECOVER FROM DISASTER SITUATIONS (D) SUPPORTED THE DEVELOPMENT AND OPERATION OF A SCANNED MEDICAL RECORD SYSTEM FOR SUBSTANCE ABUSE SERVICES (WHICH IS 100% ELECTRONIC) KRAS FOR SAFETY, REGULATORY & QUALITY (A) INSTALLED COMMERCIAL GRADE GAS GENERATORS FOR HOSPITAL DRIVE LOCATION TO ENSURE 100% OPERATING TIME FOR OUR COMPUTER SYSTEMS IN LIEU OF A POWER FAILURE (B) NEW INTERCOM SYSTEM WAS INSTALLED IN THE EMERGENCY SERVICES/INPATIENT PROGRAM DEPARTMENTS (C) FORMULARY CONSOLIDATION COMPLETED TO STREAMLINE EASE OF USE (D) ALL MANUALS AND PLANS (18) WERE REVIEWED, REVISED, AND APPROVED BY BCI LEADERSHIP (E) CLOSED RECORDS MOVED TO LEASED LOCATION WITH ADDITIONAL SPACE PROVIDED REFERENCE CUSTOMER SERVICE EXPERIENCE, SECTION 1E (F) RECEIVED TRAINING AND IMPLEMENTED USE OF THE STATE OF FLORIDA DCF INCIDENT REPORTING ANALYSIS SYSTEM (IRAS) OVERALL, WE DEMONSTRATED STRONG OPERATING CHARACTERISTICS TO PRODUCE KEY RESULT AREAS OUR DISCIPLINE FOCUSED ON OUR TOP "3" PRIORITIES BCI POSITIONED ITSELF TO BENEFIT FOR THE FUTURE STATE GROWTH IN THE MANAGED CARE OF HEALTH MAINTENANCE ORGANIZATIONS SENTIMENT BY STATE LEGISLATORS OPERATING RESULTS AND STRATEGIC PLANNING REFLECT THAT BCI'S BUSINESS PLAN CONTINUES TO GAIN TRACTION ONE OF BRIDGEWAY CENTER INC 'S STRATEGIC INITIATIVES IS TO SEEK A HEALTH MAINTENANCE ORGANIZATION (HMO) TO PROVIDE BOTH MEDICAL AND BEHAVIORAL HEALTH SERVICES FOR PEOPLE WITH SERIOUS MENTAL ILLNESS WITH A GROUP OF 34 NON-PROFIT BEHAVIORAL HEALTHCARE PROVIDERS ASSOCIATION COVERING THE STATE OF FLORIDA BCI PURSUES OPPORTUNITIES FOR EXPANSION OF SERVICES THAT WOULD ALLOW BCI TO GENERATE INCREMENTAL FUNDS TO HELP MEET THE FINANCIAL BURDEN OF DELIVERY CARE TO INDIGENT CLIENTS, OVER AND ABOVE THE STATE OF FLORIDA TAX REVENUES AND FOR ALL CLIENTS ELIGIBLE FOR MEDICAID BCI IS COMMITTED TO ITS PUBLIC SERVICE MISSION BY PROVIDING PSYCHOLOGICAL HEALTH SERVICES CARE TO LOW INCOME PATIENTS/CLIENTS REGARDLESS OF THEIR ABILITY TO PAY WE ARE A DEDICATED TEAM WHO IS COMMITMENT-DRIVEN TO PROVIDE A POSITIVE CUSTOMER EXPERIENCE WITH QUALITY, INTEGRITY AND PROFESSIONALISM OVERALL, BCI AS A PSYCHOLOGICAL HEALTH SERVICES ORGANIZATION IS CONTINUING TO MOVE FORWARD BCI IS MOVING FORWARD WITH THE RIGHT COMBINATION OF STRATEGIC INTENT, COMMITMENT, TO ACHIEVE GOALS AND OBJECTIVES TO MEET CUSTOMER SAFETY, QUALITY, OUTCOMES, AND SERVICE FOR OKALOOSA AND WALTON COUNTIES' RESIDENTS