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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
2011
Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 07-01-2011 and ending 06-30-2012

- 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 \$ 11,453,532

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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities SEE FORM 990 PAGE 2 AND SCHEDULE O FOR MORE DETAILS		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	9
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5	288
	6 Total number of volunteers (estimate if necessary)	6	27
	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	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	7,822,417	6,991,678
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,089,432	4,225,584
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,390	-10,981
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	85,045	227,492
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	13,010,284	11,433,773
	14 Benefits paid to or for members (Part IX, column (A), line 4)	184,662	200,361
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0	0
	16a Professional fundraising fees (Part IX, column (A), line 11e)	8,641,850	8,042,553
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ ⁰	0	0
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,112,925	3,407,700
	18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	12,939,437	11,650,614
19 Revenue less expenses Subtract line 18 from line 12	70,847	-216,841	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)	7,113,847	6,992,077
	22 Net assets or fund balances Subtract line 21 from line 20	2,862,004	2,957,075

Part II Signature Block

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

Sign Here

 Signature of officer

2013-02-04
 Date

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

Paid Preparer's Use Only

Preparer's signature ▶ BRUCE A NUNNALLY Date

Check if self-employed

Preparer's taxpayer identification number (see instructions) P00286841

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ CARR RIGGS & INGRAM LLC
 500 GRAND BOULEVARD SUITE 210
 MIRAMAR BEACH, FL 32550

EIN ▶ 72-1396621
 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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 \$ 9,385,211 including grants of \$ 121,418) (Revenue \$ 3,853,845)

BRIDGEWAY CENTER, INC PROVIDES CO-OCCURRING BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE) INPATIENT/OUTPATIENT TREATMENT SERVICES TO ADULTS AND CHILDREN, RESIDENTIAL GROUP HOME, RESIDENTIAL SUPERVISED APARTMENTS, RECOVERY CENTERS, BAKER ACT ON-CALL TRAUMA RECOVERY LICENSED COUNSELORS, MOBILE IN-HOME BEHAVIORAL SERVICES (SUPPORTIVE HOUSING), AND EMPLOYEE ASSISTANCE PROGRAMS

4b (Code) (Expenses \$ 324,283 including grants of \$ 79,231) (Revenue \$ 256,666)

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

4c (Code) (Expenses \$ 350,415 including grants of \$) (Revenue \$ 322,806)

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)

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

4e Total program service expenses \$ 10,059,909

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i> <input checked="" type="checkbox"/>	Yes	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? <input checked="" type="checkbox"/>	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		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? <i>If "Yes," complete Schedule C, Part II.</i>		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? <i>If "Yes," complete Schedule C, Part III.</i>		No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part II.</i> <input checked="" type="checkbox"/>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IV.</i> <input checked="" type="checkbox"/>	Yes	
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i> <input checked="" type="checkbox"/>		No
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i> <input checked="" type="checkbox"/>	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? <i>If "Yes," complete Schedule D, Part VII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part VIII.</i> <input checked="" type="checkbox"/>		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? <i>If "Yes," complete Schedule D, Part IX.</i> <input checked="" type="checkbox"/>		No
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>	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)? <i>If "Yes," complete Schedule D, Part X.</i> <input checked="" type="checkbox"/>		No
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i> <input checked="" type="checkbox"/>	Yes	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i> <input checked="" type="checkbox"/>		No
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Part I.</i>		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? <i>If "Yes," complete Schedule F, Part II and IV.</i>		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? <i>If "Yes," complete Schedule F, Part III and IV.</i>		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? <i>If "Yes," complete Schedule G, Part I.</i>		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? <i>If "Yes," complete Schedule G, Part II.</i>		No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. All Form 990 filers that operated one or more hospitals must attach audited financial statements.		

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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i>	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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	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? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	34		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	35a		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 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

Table with columns for question number, question text, and Yes/No columns. Rows include questions 1a through 14b regarding Form 1096, W-2G forms, employee reporting, foreign accounts, and charitable trusts.

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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 50	X		X				0	0	0
(4) BARBARA PALMGREN EDD BOARD SECRETARY	1 90	X		X				0	0	0
(5) DOUGLAS R BURGESS BOARD TREASURER	1 50	X		X				0	0	0
(6) SUSAN REED MS BOARD TRUSTEE	1 50	X						0	0	0
(7) JON MORRIS BOARD TRUSTEE	2 30	X						0	0	0
(8) BETSY THOMAS BOARD TRUSTEE	1 50	X						0	0	0
(9) LES CHAMBERS BOARD TRUSTEE	1 50	X						0	0	0
(10) DANIEL COBBS MPA FACHE CHIEF EXECUTIVE OFFICER	66 60			X				153,433	0	43,719
(11) PHILLIP LOVE PHD CHFP CHIEF FINANCIAL OFFICER	69 70			X				86,217	0	3,616
(12) LARRY MUNDY MCSE CHIEF INFORMATION OFFICER	43 20			X				81,099	0	1,950
(13) LARRY MCFARLAND LMHC SPHR HUMAN RESOURCES OFFICER	51 00			X				82,836	0	1,744
(14) SIKANDAR KHAN MD MEDICAL DIRECTOR	40 00				X			208,227	0	21,904
(15) MARA J FIORENTINO PSYCHIATRIST	40 00					X		129,952	0	0

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

(A) Name and Title	(B) Average hours per week per week for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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)	741,764	0	72,933

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶** 3

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
LOURDES QUIRAY PO BOX 1030 FORT WALTON BEACH, FL 32549	PSYCHIATRIC SERVICES	209,048

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

Part VIII Statement of Revenue

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	6,426,876				
	f	All other contributions, gifts, grants, and similar amounts not included above 1f	564,802				
	g	Noncash contributions included in lines 1a-1f \$ <u>216,621</u>					
	h	Total. Add lines 1a-1f	6,991,678				
Program Service Revenue			Business Code				
	2a	MEDICARE/MEDICAID PAYM	624100	3,328,317	3,328,317		
	b	FIRST AND THIRD PARTIE	624100	827,204	827,204		
	c	CLIENT FEES/PROBATION	624100	61,506	61,506		
	d	PROGRAM SERVICE RENTAL	532000	8,557	8,557		
	e						
	f	All other program service revenue					
g	Total. Add lines 2a-2f		4,225,584				
Other Revenue	3	Investment income (including dividends, interest and other similar amounts)		8,778		8,778	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6a	(i) Real		(ii) Personal			
		b	Gross rents				
		c	Less rental expenses				
		d	Net rental income or (loss)				
	7a	(i) Securities		(ii) Other			
		b	Gross amount from sales of assets other than inventory		19,759		
		c	Less cost or other basis and sales expenses		-19,759		
		d	Net gain or (loss)		-19,759	-19,759	
	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	227,492	227,492			
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d		227,492				
12	Total revenue. See Instructions		11,433,773	4,433,317	0	8,778	

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)

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	200,361	200,361		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	672,715		672,715	
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	6,272,860	6,005,216	267,644	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	3,960	3,567	393	
9	Other employee benefits	644,128	580,209	63,919	
10	Payroll taxes	448,890	404,345	44,545	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	57,500	42,934	14,566	
d	Lobbying				
e	Professional fundraising See Part IV, line 17				
f	Investment management fees				
g	Other	132,314	98,797	33,517	
12	Advertising and promotion				
13	Office expenses	384,570	289,501	95,069	
14	Information technology	167,927	144,043	23,884	
15	Royalties				
16	Occupancy	461,425	340,735	120,690	
17	Travel	94,538	81,724	12,814	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	76,468		76,468	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	211,259	211,259		
23	Insurance	252,110	246,719	5,391	
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	581,837	562,494	19,343	
b	MEDICAL & PHARMACY	229,030	226,454	2,576	
c	UTILITIES	211,778	156,386	55,392	
d	BAD DEBT EXPENSE	209,451	194,606	14,845	
e					
f	All other expenses	337,493	270,559	66,934	
25	Total functional expenses. Add lines 1 through 24f	11,650,614	10,059,909	1,590,705	0
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	704,612	1	725,700
	2 Savings and temporary cash investments	1,049,885	2	821,310
	3 Pledges and grants receivable, net	632,911	3	491,062
	4 Accounts receivable, net	131,642	4	207,657
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	6,586	8	3,430
	9 Prepaid expenses and deferred charges	406,066	9	316,731
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,777,195		
	b Less accumulated depreciation	2,488,962	4,131,619	10c 4,288,233
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11		12	101,190
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	50,526	15	36,764
16 Total assets. Add lines 1 through 15 (must equal line 34)	7,113,847	16	6,992,077	
Liabilities	17 Accounts payable and accrued expenses	906,820	17	762,128
	18 Grants payable		18	
	19 Deferred revenue	6,632	19	
	20 Tax-exempt bond liabilities	1,821,538	20	2,118,456
	21 Escrow or custodial account liability Complete Part IV of Schedule D	26,685	21	46,925
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	100,329	25	29,566
	26 Total liabilities. Add lines 17 through 25	2,862,004	26	2,957,075
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,251,843	27	4,035,002
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	4,251,843	33	4,035,002	
34 Total liabilities and net assets/fund balances	7,113,847	34	6,992,077	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	11,433,773
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,650,614
3	Revenue less expenses Subtract line 2 from line 1	3	-216,841
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,251,843
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	4,035,002

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 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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?		No
b	Were the organization's financial statements audited by an independent accountant?	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	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 <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> 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?	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	Yes	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

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 **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

Part II Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	8,386,152	6,683,496	7,171,853	7,822,417	6,991,678	37,055,596
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	8,386,152	6,683,496	7,171,853	7,822,417	6,991,678	37,055,596
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						37,055,596

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,386,152	6,683,496	7,171,853	7,822,417	6,991,678	37,055,596
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	41,082	8,218	17,060	13,390	8,778	88,528
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV.) Do not include gain or loss from the sale of capital assets	87,644	148,796	131,149	85,045	207,733	660,367
11 Total support (Add lines 7 through 10)						37,804,491
12 Gross receipts from related activities, etc. (See instructions)					12	25,613,024

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 2011 (line 6 column (f) divided by line 11 column (f))	14	98.020 %
15 Public Support Percentage for 2010 Schedule A, Part II, line 14	15	98.240 %

16a 33 1/3% support test—2011. 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—2010.** 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—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12.)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2011.** 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—2010.** 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 explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Explanation

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2011

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990. See separate instructions.

Department of the Treasury Internal Revenue Service

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), 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?
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?

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, Protection of natural habitat, Preservation of open space, Preservation of an historically importantly land area, Preservation of a certified historic structure.

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

Table with 2 columns: Description, Held at the End of the Year. Rows 2a-2d: Total number of conservation easements, Total acreage restricted by conservation easements, Number of conservation easements on a certified historic structure included in (a), Number of conservation easements included in (c) acquired after 8/17/06.

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?

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)?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	1,790,202			1,790,202
b Buildings	1,661,706		931,816	729,890
c Leasehold improvements	2,248,503		1,050,502	1,198,001
d Equipment	717,416		506,644	210,772
e Other	359,368			359,368
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				4,288,233

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	3,245
OTHER LIABILITIES & RESERVES	26,321
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	29,566

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 (ASC 740)

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	11,433,773
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	11,650,614
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	-216,841
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	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	-216,841

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	11,508,716
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	74,943
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	74,943
3	Subtract line 2e from line 1	3	11,433,773
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	11,433,773

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

1	Total expenses and losses per audited financial statements	1	11,725,557
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	74,943
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	
e	Add lines 2a through 2d	2e	74,943
3	Subtract line 2e from line 1	3	11,650,614
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	11,650,614

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

Schedule I (Form 990)

OMB No 1545-0047

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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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?
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. Use Part IV and Schedule I-1 (Form 990) if additional space is needed.

Table with 8 columns: (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 listed in the line 1 table.
3 Enter total number of other organizations listed in the line 1 table.

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	439	200,361			

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)

Compensation Information

OMB No 1545-0047

2011

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
BRIDGEWAY CENTER INC

Employer identification number

59-1278085

Part I Questions Regarding Compensation

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

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

- | | |
|---|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax idemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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 or provision of all the expenses described above? If "No," complete Part III to explain

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?

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

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

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?

b Any related organization?

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?

b Any related organization?

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

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, columns (D) and (E) for that individual

(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 MPA FACHE	(i)	153,433	0	0	43,719	0	197,152	193,857
	(ii)	0	0	0	0	0	0	0
(2) SIKANDAR KHAN MD	(i)	208,227	0	0	21,904	0	230,131	220,988
	(ii)	0	0	0	0	0	0	0

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)**

OMB No 1545-0047

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.**

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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 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			
	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 If 'Yes' to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If 'Yes' to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
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 Procedures To Undertake Corrective Action

Check the box if the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation is not available under applicable regulations Yes No

Part VI 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)

NonCash Contributions

OMB No 1545-0047

2011

Open to Public Inspection

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

Department of the Treasury Internal Revenue Service

Name of the organization BRIDGEWAY CENTER INC

Employer identification number 59-1278085

Part I Types of Property

Table with 4 columns: (a) Check if applicable, (b) Number of Contributions or items contributed, (c) Contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining contribution amounts. Rows include Art, Books, Cars, etc., with specific entries for Drugs and medical supplies and Christmas toys for children.

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

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 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?

Table with 3 columns: Question, Yes, No. Row 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?

Table with 3 columns: Question, Yes, No. Row 31: No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

Table with 3 columns: Question, Yes, No. Row 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

Table with 3 columns: Question, Yes, No. Row 33: No

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

2011

**Open to Public
Inspection**

Name of the organization
BRIDGEWAY CENTER INC

Employer identification number

59-1278085

Identifier	Return Reference	Explanation
CHANGES IN PROGRAM SERVICES	FORM 990, PART III, LINE 3	DURING FISCAL YEAR 2012, BRIDGEWAY CENTER, INC MADE THE DECISION TO CLOSE THE SENIOR SERVICES AND HUD SERVICES PROGRAMS FOR FINANCIAL REASONS THE CONTRACTS GOVERNING THOSE PROGRAMS WERE TRANSITIONED TO OTHER COMMUNITY NON-PROFIT ORGANIZATIONS

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	<p>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 CEOs 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 PERFORMANCE 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 PERFORMANCE. A WRITTEN LETTER WITH SIGNATORY APPROVAL FROM THE CHAIRPERSON OF THE HUMAN RESOURCES COMMITTEE IS FORWARDED TO THE CEO'S PERSONNEL FILE.</p> <p>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.</p>

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 ORIENTATION AND TRAINING 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) WAS FOUNDED IN 1966 AS AN INDEPENDENT NON-PROFIT BEHAVIORAL HEALTHCARE ORGANIZATION PROVIDING PSYCHOLOGICAL HEALTH, PSYCHIATRIC MEDICINE, RECOVERY, SUBSTANCE USE, AND DRIVING SCHOOL SERVICES TO THE GROWING COMMUNITIES OF OKALOOSA AND WALTON COUNTY WE 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) WE SERVE ALL OF OKALOOSA COUNTY AND ALSO PROVIDE INPATIENT SERVICES TO WALTON COUNTY, FLORIDA THERE ARE NINE (9) LOCATIONS AND 15 DISTINCT BUILDINGS BCI EMPLOYEES 33 MASTER'S LEVEL GRADUATES, TWO STAFF MEMBERS WITH PH D LEVEL CREDENTIALS, SIX PHYSICIANS (MD'S), AND FOUR ADVANCED REGISTERED NURSE PRACTITIONERS FOR A TOTAL OF 200 FULL AND PART TIME EMPLOYEES

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE O, BCI'S 2011/12 OPERATING PERFORMANCE	<p>WE ARE CONTINUING TO ADAPT BRIDGEWAY CENTER, INC AS A TEAM WE ARE COMMITTED TO MOVING FORWARD WHATEVER THE CHALLENGES, TO OFFER BETTER CHOICES TO CLIENTS BY ALLOWING THEM TO BUILD BETTER LIVES FOR THEMSELVES AND THEIR FAMILIES IN 2011/2012, BRIDGEWAY CENTER, INC REMAINED ON POINT AND ON MISSION IN A SLOW-GROWTH ECONOMY WITH UNEMPLOYMENT AVERAGING 8.3%, WE CONTINUED TO FIND WAYS TO HELP OUR CLIENTS AND THEIR FAMILIES SPECIFICALLY, WE ARE ABLE TO ASSIST IN THE FOLLOWING WAYS 1 WE RE-DESIGNED OUR PHONE-BASED APPOINTMENT SYSTEM TO ENABLE IMPROVED CLIENT ACCESS 2 WE INITIATED A ONE-DAY A WEEK "WALK-IN" CLINIC FOR CLIENTS WHO MISSED THEIR APPOINTMENT EARLIER IN THE WEEK 3 WE INVESTED IN OUR TEAM WITH A PREFERENCE FOR INTERNAL PROMOTIONS OF 31 EMPLOYEES 4 WE CONTINUED TO STREAMLINE FOR GREATER EFFICIENCY WITH ANNUAL COST SAVINGS DESPITE THE CHALLENGES OF 2011/2012, BRIDGEWAY CENTER STAFF CONTINUES TO MEET QUALITY CUSTOMER EXPERIENCE STANDARDS AS MORE CLIENTS TURNED TO BCI FOR SERVICES WE CONTINUED TO IMPROVE OUR DATABASE FOR ELECTRONIC HEALTH RECORDS TO COMPLY WITH EXISTING DOCUMENTATION AND NEW REGULATIONS TAKING EFFECT THROUGHOUT 2012 - 2015 OUR CONSERVATIVE FINANCIAL MANAGEMENT AND THE RESULTING STRENGTH HELPED BCI FULFILL ITS COMMITMENTS TO OKALOOSA COMMUNITIES AS A PUBLIC SAFETY NET PROVIDER FOR PSYCHOLOGICAL HEALTH CARE IN THE INTEREST OF PREPARING FOR "MANAGED CARE READINESS", BRIDGEWAY CENTER, INC (BCI) HAS BEEN STREAMLINING OUR ORGANIZATIONAL STRUCTURE THROUGH ATTRITION THESE CHANGES HAVE RESULTED IN A TOTAL REDUCTION OF 55 POSITIONS SINCE 2000 WHICH RESULTED IN AN OVERALL REDUCTION OF 23% OF THE TOTAL WORKFORCE OVER THE PAST 12 MONTHS BRIDGEWAY CENTER'S TEAM PERFORMANCE IS COMMENDABLE CONSIDERING SOME OF THE CHALLENGES WE HAVE ENCOUNTERED DURING THIS PERIOD THERE IS, AND WILL ALWAYS BE, UNEXPECTED NEWS - GOOD AND BAD SINCE THE FOUNDING OF BRIDGEWAY CENTER, INC IN 1966, BCI HAS REMAINED FOCUSED ON ITS LONG-TERM OBJECTIVES, "TO SERVE FAMILIES AND PROTECT CHILDREN BY IMPROVING THEIR PSYCHOLOGICAL HEALTH FOR LIFE. " WE USE A BALANCED APPROACH TO GIVE VALUABLE, COST-EFFECTIVE TREATMENT WITH TALENTED PSYCHOLOGICAL AND PSYCHIATRIC MEDICINE PROFESSIONALS STATE OF FLORIDA CONTRACT REIMBURSEMENT CUTS AND HEALTH REFORM WITH HMO PAYMENT CUTS (\$145,000 IN 2011/2012) WAS A CHALLENGE FACED BY BCI BCI UTILIZES A SOUND BUSINESS PLAN TO FOCUS ON OFFERING BETTER ACCESS AND BETTER CHOICES FOR CHILD/ADOLESCENTS PSYCHIATRY BRIDGEWAY CENTER'S PRIVATE PRACTICE CLINIC IS SO UNDSIDE WELLNESS CONSULTANTS (SWC) SWC'S BRAND IS A MODERNIZED AND TRENDIER OUTPATIENT THERAPEUTIC ENVIRONMENT WE ARE BALANCING RESOURCES AND AVAILABILITY BY BUILDING BCI'S PROVIDERS' CAPACITY IN OUTPATIENT SERVICES WITH MEDICAID, MEDICARE, DEPARTMENT OF CORRECTIONS, FEDERAL PROBATION, VETERAN'S ADMINISTRATION (VA), AND COMMERCIAL INSURANCE CARRIERS IN THE FISCAL YEAR ENDING IN JUNE 2012, BCI PROVIDED 312,578 CLIENT SERVICES BCI CONCLUDED THE ELECTRONIC HEALTH RECORD (EHR) SOFTWARE SELECTION PROCESS WITH A RECOMMENDATION TO PURCHASE PSYCHCONSULT PROVIDER SOFTWARE FROM ASKESIS DEVELOPMENT GROUP A SUBSIDIARY OF THE UNIVERSITY OF PENNSYLVANIA MEDICAL CENTER (UPMC) THE BOARD OF TRUSTEES APPROVED THIS INVESTMENT IN BCI'S INFRASTRUCTURE OUR NEW EHR IS A STRATEGIC CAPITAL PURCHASE THAT WILL SERVE AS A PREDICTIVE MODELING SYSTEM TO PROVIDE EARLY WARNING TO MAINTAIN A BCI REVENUE CAPACITY STANDARD AND REGULATORY STANDARDS WE HAVE REVOLUTIONIZED OUR PAYROLL COST STRUCTURE THAT WAS DIMINISHING AT OUR REVENUE MARGINS EFFICIENCY WAS ACHIEVED WHILE ENHANCING QUALITY AND CLIENT ACCESS LEADERSHIP TACTICS WERE IMPLEMENTED IN OCTOBER 2011 TO REBALANCE BCI'S (END OF YEAR JUNE 2012) BUDGET BCI PROVIDED 4720.5 HOURS OF ROUTINE AND SPECIALTY TRAINING DURING FY 2012 THE AVERAGE TOTAL HOURS OF TRAINING IN 2011/2012, ENDING JUNE 30, 2012, WAS 25.24 HOURS PER EMPLOYEE IN SEPTEMBER 2011, BCI RECEIVED A THREE-YEAR ACCREDITATION FROM THE COMMISSION FOR ACCREDITATION OF REHABILITATION FACILITIES (CARF) THIS REPRESENTS THE HIGHEST LEVEL OF ACHIEVEMENT THAT CAN BE AWARDED TO AN ORGANIZATION A THREE-YEAR ACCREDITATION DEMONSTRATES THAT AN AGENCY HAS DEMONSTRATED TO A TEAM OF SURVEYORS DURING A THREE-DAY ON SITE REVIEW THAT IT'S PROGRAMS AND SERVICES ARE OF THE HIGHEST QUALITY WITH MEASURABLE AND ACCOUNTABLE STANDARDS THIS IS OUR SIXTH CONSECUTIVE THREE-YEAR ACCREDITATION SINCE 1996 BRIDGEWAY CENTER, INC PROVIDES A CONTINUUM OF SERVICES IN BEHAVIORAL AND PSYCHIATRIC MEDICINE, RECOVERY, AND DRIVING SCHOOL SERVICES IN MULTIPLE SETTINGS TO INCLUDE 1 24X7X365 FACE TO FACE CRISIS EVALUATION AND EMERGENCY SERVICES AND ASSISTANCE 2 24X7X365 RAPE CRISIS CENTER (RCC) FOR VICTIMS OF SEXUAL VIOLENCE 3 24X7X365 CRISIS HOTLINE (CHL) ASSISTANCE AND REFERRAL FOR COUNSELING AND ADVOCACY SUPPORT 4 24X7X365 INPATIENT SERVICES COMBINED CRITICAL MENTAL HEALTH (CRISIS STABILIZATION UNIT) AND SUBSTANCE ABUSE (DETOX) UNIT WHICH ALLOWS FOR THE PROVISION OF CO-OCCURRING</p>

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	FORM 990, SCHEDULE O, BCI'S 2011/12 OPERATING PERFORMANCE	<p>G SERVICES AT A SINGLE LOCATION 5 24X7X365 RESIDENTIAL REHABILITATION PROGRAM DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT SUPPORTIVE HOUSING PROGRAM, MENTAL HEALTH REHABILITATION GROUP HOME, SUPERVISED APARTMENTS WITH SUPPORT SERVICES AND SATELLITE APARTMENTS TO PROVIDE GRADUAL LEVELS OF REDUCED SUPERVISION 6 24X7X365 ON-CALL CHILD PROTECTIVE SERVICES FOR INTERVENTION AND IN-HOME ASSISTANCE 7 RECOVERY CENTER DAY PROGRAM PROVIDES COUNSELING, LIFE SKILLS AND SOCIAL REHABILITATION SERVICES 8 OUTPATIENT COUNSELING MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES FOR CHILDREN AND ADULTS AT MULTIPLE LOCATIONS UTILIZING EVIDENCE BASED PRACTICES AND SPECIFIC TREATMENT STRATEGIES SUCH AS PLAY AND PET THERAPY 9 FAMILY SUPPORT SERVICES REFERRALS DUE TO ALLEGATIONS OF ABUSE OR NEGLECT, ASSISTS IN KEEPING FAMILIES INTACT OR ASSISTING IN REUNITING FAMILIES WHILE MAINTAINING CHILD SAFETY AND WELFARE 10 COMMUNITY CASE MANAGEMENT CASE MANAGEMENT SERVICES FOR CHILDREN AND ADULTS IMPACTED BY MENTAL ILLNESS 11 PSYCHIATRIC PHYSICIAN SERVICES INCLUDING MEDICATION MANAGEMENT 12 PERMANENT SUPPORTIVE HOUSING FOR CHRONICALLY HOMELESS INDIVIDUALS</p> <p>WHAT IS BCI'S OUTLOOK? WE ARE IN OUR THIRD YEAR OF CASH FLOW RECOVERY AND IT IS A VERY CAUTIOUS RECOVERY WE ARE INVESTING FOR THE FUTURE AND WE ARE REDUCING OUR RISK BY INVESTING FOR THE FUTURE IN OUR INFRASTRUCTURE AND TECHNOLOGY FOR EXAMPLE IN 2011 WE SELECTED * INDUSTRIAL GENERATOR FOR HOSPITAL DRIVE * AIPHONE INTERCOM SYSTEM WITH FOUR STATIONS FOR INPATIENT SERVICES * BOLLARDS FOR GENERATOR AT HOSPITAL DRIVE * ROOF REPAIR AT HOSPITAL DRIVE * GREAT PLAINS ACCOUNTING SOFTWARE * MICROSOFT'S HYPER-V VIRTUAL TECHNOLOGIES - COMPUTER INFRASTRUCTURE CONTINGENCIES IN 2012 WE SELECTED * EMERGENCY SERVICES SECURE AREA (ESSA) RENOVATION * STARWIND SOFTWARE (PROVIDES "HIGH AVAILABILITY" SERVICES FOR DATA) * LEXAN NURSING STATION FOR INPATIENT SERVICES * ICE MAKER FOR WILLOW WAY PROPERTY</p> <p>WHAT IS BCI'S CORE VISION? WE THINK ABOUT OUR BUSINESS AS IMPROVING CONSUMERS/CUSTOMERS LIVES WITH PSYCHOLOGICAL HEALTH WE WANT LONG-TERM RELATIONSHIPS WITH OUR CONSUMERS WE GET TO KNOW THE HOLISTIC VIEW OF THEIR LIFE SITUATION IT IS EASIER TO DELIVER A SERVICE THEY NEED WHEN YOU ALREADY KNOW THE PERSON FROM RECEIVING ANOTHER BCI SERVICE THERE ARE SEVEN (7) SERVICE LINES AVAILABLE IN BOTH FT WALTON BEACH AND CRESTVIEW THEY ARE 1 CHILDREN AND ADULT OUTPATIENT PSYCHIATRIC MEDICATION MANAGEMENT SERVICE 2 CHILDREN AND ADULT OUTPATIENT SERVICES 3 CHILDREN AND ADULT CASE MANAGEMENT SERVICES 4 CHILDREN AND ADULT FAMILY SUPPORT SERVICES 5 CHILDREN AND ADULT FAMILY CARE UNIT SERVICES 6 ADULT RECOVERY CENTER SERVICES 7 ADULT GUEST SERVICES WITH SUPPORTIVE HOUSING AND RECOVERY CENTERS WE CONTINUE TO PROVIDE COMMUNITY BENEFIT BY SHARING INFORMATION WITH OTHER CIVIC ORGANIZATIONS AND REVIEWING THE NEEDS OF THE AREA FOR 2011/2012 BCI PROVIDED 15 OUTREACH PRESENTATIONS, FOUR (4) EMPLOYEE ASSISTANCE PROGRAM (EAP) PRESENTATIONS, AND CO-SPONSORED THE LAW ENFORCEMENT OFFICER OF THE YEAR WITH THE OKALOOSA COUNTY SHERIFF'S OFFICE BCI'S DEEMED PSYCHOLOGICAL HEALTH PROFESSIONALS VOLUNTEERED APPROXIMATELY 329 HOURS ON COMMUNITY EDUCATION AND AWARENESS FOR THE TREATMENT OF SUBSTANCE ABUSE/MENTAL HEALTH DISORDERS THIS BENEFITS OKALOOSA COUNTY RESIDENTS WITH BETTER PUBLIC SAFETY AND LESS COST TO TAXPAYERS</p>

Additional Data

Software ID:

Software Version:

EIN: 59-1278085

Name: BRIDGEWAY CENTER INC

Form 990, Special Condition Description:

Special Condition Description