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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
2012
Open to Public Inspection

A For the 2012 calendar year, or tax year beginning 07-01-2012, 2012, and ending 06-30-2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	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 F Name and address of principal officer DANIEL COBBS 137 HOSPITAL DRIVE NE FORT WALTON BEACH, FL 32548	D Employer identification number 59-1278085 E Telephone number (850) 833-7500 G Gross receipts \$ 10,407,087 H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number
I Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW BRIDGEWAYCENTER ORG		
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> 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 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		10
4	Number of independent voting members of the governing body (Part VI, line 1b)	4		10
5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5		253
6	Total number of volunteers (estimate if necessary)	6		8
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)	6,991,678		6,166,085
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,225,584		4,161,969
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-10,981		-3,546
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	227,492		75,509
		11,433,773		10,400,017
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	200,361		52,001
	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)	8,042,553		7,276,915
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0		0
	b Total fundraising expenses (Part IX, column (D), line 25) \rightarrow 0			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,407,700		2,947,497
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,650,614		10,276,413	
19 Revenue less expenses Subtract line 18 from line 12	-216,841		123,604	
Net Assets or Fund Balances		Beginning of Current Year		End of Year
	20 Total assets (Part X, line 16)	6,992,077		6,769,838
	21 Total liabilities (Part X, line 26)	2,957,075		2,611,232
22 Net assets or fund balances Subtract line 21 from line 20	4,035,002		4,158,606	

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	2014-05-02 Date			
	DANIEL COBBS MPA, FACHE, CEO Type or print name and title				
Paid Preparer Use Only	Pnnt/Type preparer's name BRUCE A NUNNALLY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00286841
	Firm's name \rightarrow CARR RIGGS & INGRAM LLC	Firm's EIN \rightarrow 72-1396621		Phone no (850) 837-3141	
	Firm's address \rightarrow 500 GRAND BOULEVARD SUITE 210 MIRAMAR BEACH, FL 32550				

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 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 \$ 7,234,155 including grants of \$ 52,001) (Revenue \$ 2,398,687)
 BRIDGEWAY CENTER, INC PROVIDES CO-OCCURRING BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE) INPATIENT AND OUTPATIENT TREATMENT SERVICES TO ADULTS AND CHILDREN

4b (Code) (Expenses \$ 343,475 including grants of \$) (Revenue \$ 403,393)
 BRIDGEWAY CENTER, INC JUDICIAL AND EDUCATIONAL 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

4c (Code) (Expenses \$ 1,164,764 including grants of \$) (Revenue \$ 1,431,852)
 BRIDGEWAY CENTER, INC PROVIDES A VARIETY OF EDUCATIONAL AND PERSONAL CARE SERVICES TO SUPPORT THE ABOVE TWO MAIN PROGRAMS

4d Other program services (Describe in Schedule O)
 (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 8,742,394

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)?		No
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 for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <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 and XII</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 and XII 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, Parts I and IV</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 United States? <i>If "Yes," complete Schedule F, Parts 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 United States? <i>If "Yes," complete Schedule F, Parts 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 (see instructions)</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 hospital facilities? <i>If "Yes," complete Schedule H</i>		No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules *(continued)*

<p>21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> </p>	<p>21</p>	<p>No</p>
<p>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> </p>	<p>22</p>	<p>Yes</p>
<p>23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> </p>	<p>23</p>	<p>Yes</p>
<p>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 lines 24b through 24d and complete Schedule K. If "No," go to line 25</i> </p>	<p>24a</p>	<p>Yes</p>
<p>b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?</p>	<p>24b</p>	<p>No</p>
<p>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?</p>	<p>24c</p>	<p>No</p>
<p>d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?</p>	<p>24d</p>	<p>No</p>
<p>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></p>	<p>25a</p>	<p>No</p>
<p>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></p>	<p>25b</p>	<p>No</p>
<p>26 Was a loan to or by a current or former officer, director, trustee, key employee, highest 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></p>	<p>26</p>	<p>No</p>
<p>27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i></p>	<p>27</p>	<p>No</p>
<p>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)</p>		
<p>a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28a</p>	<p>No</p>
<p>b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28b</p>	<p>No</p>
<p>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? <i>If "Yes," complete Schedule L, Part IV</i></p>	<p>28c</p>	<p>No</p>
<p>29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> </p>	<p>29</p>	<p>Yes</p>
<p>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> </p>	<p>30</p>	<p>No</p>
<p>31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i></p>	<p>31</p>	<p>No</p>
<p>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></p>	<p>32</p>	<p>No</p>
<p>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></p>	<p>33</p>	<p>No</p>
<p>34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i></p>	<p>34</p>	<p>No</p>
<p>35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p>35a</p>	<p>No</p>
<p>b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i></p>	<p>35b</p>	
<p>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></p>	<p>36</p>	<p>No</p>
<p>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></p>	<p>37</p>	<p>No</p>
<p>38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O</p>	<p>38</p>	<p>Yes</p>

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

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to 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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following; 8a The governing body?; 8b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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, [X] Upon request, [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20 State the name, 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 (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 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 parts VII in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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) WALTER J JACK BURKETT BOARD CHAIRPERSON	3 70	X		X				0	0	0
(2) SHIRLEY T SAM PERMAN RN BS BOARD 1ST VICE CHAIR/CHAIR ELECT	1 00	X		X				0	0	0
(3) BARBARA PALMGREN EDD BOARD 2ND VICE CHAIR	1 50	X		X				0	0	0
(4) SUSAN REED MS BOARD SECRETARY	2 80	X		X				0	0	0
(5) DOUGLAS R BURGESS MPA BOARD TREASURER	2 30	X		X				0	0	0
(6) JOYCE KISER BS BOARD TRUSTEE	2 30	X						0	0	0
(7) JON MORRIS MS BOARD TRUSTEE	1 50	X						0	0	0
(8) BETSY THOMAS MPA BOARD TRUSTEE	3 20	X						0	0	0
(9) LESLIE LES CHAMBERS BPS BOARD TRUSTEE	1 00	X						0	0	0
(10) THOMAS L TOM DOWNEY BA BOARD TRUSTEE	3 20	X						0	0	0
(11) DANIEL COBBS MPA FACHE CHIEF EXECUTIVE OFFICER	56 70			X				131,666	0	35,152
(12) PHILLIP LOVE PHD CHFP CHIEF FINANCIAL OFFICER	59 50			X				81,314	0	3,409
(13) LARRY MUNDY MCSE CHIEF INFORMATION OFFICER	44 00			X				74,550	0	1,950
(14) LARRY MCFARLAND LMHC SPHR HUMAN RESOURCES OFFICER	42 50			X				78,162	0	1,644
(15) SIKANDAR KHAN MD MEDICAL DIRECTOR	52 00				X			201,297	0	22,000

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 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	5,520,195				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	645,890				
	g Noncash contributions included in lines 1a-1f \$	218,624				
	h Total. Add lines 1a-1f	6,166,085				
Program Service Revenue	Business Code					
	2a MEDICARE/MEDICAID PAYMENTS	624100	3,372,716	3,372,716		
	b FIRST AND THIRD PARTIES	624100	740,819	740,819		
	c CLIENT FEES	624100	48,434	48,434		
	d					
	e					
	f All other program service revenue					
g Total. Add lines 2a-2f		4,161,969				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,524		3,524	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6a Gross rents	(i) Real				
		(ii) Personal				
		b Less rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less cost or other basis and sales expenses		7,070		
		c Gain or (loss)		-7,070		
	d Net gain or (loss)		-7,070	-7,070		
	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	75,509	75,509			
b						
c						
d All other revenue						
e Total. Add lines 11a-11d		75,509				
12 Total revenue. See Instructions		10,400,017	4,230,408	0	3,524	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

Check if Schedule O contains a response 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	52,001	52,001		
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	574,184		574,184	
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	5,683,126	5,385,007	298,119	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	573,154	523,800	49,354	
10	Payroll taxes	446,451	408,008	38,443	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	65,545	44,543	21,002	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	90,500	61,502	28,998	
12	Advertising and promotion				
13	Office expenses	321,891	240,147	81,744	
14	Information technology	147,559	126,012	21,547	
15	Royalties				
16	Occupancy	147,881	67,153	80,728	
17	Travel	107,597	86,641	20,956	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	85,200		85,200	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	230,741	230,741		
23	Insurance	262,644	256,319	6,325	
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a	SUBCONTRACTED SERVICES	635,021	606,825	28,196	
b	MEDICAL & PHARMACY	255,591	253,994	1,597	
c	UTILITIES	186,757	84,807	101,950	
d	BAD DEBT EXPENSE	170,052	131,570	38,482	
e	All other expenses	240,518	183,324	57,194	
25	Total functional expenses. Add lines 1 through 24e	10,276,413	8,742,394	1,534,019	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	725,700	1	1,133,989
	2 Savings and temporary cash investments	821,310	2	701,231
	3 Pledges and grants receivable, net	491,062	3	189,637
	4 Accounts receivable, net	207,657	4	158,872
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	3,430	8	3,356
	9 Prepaid expenses and deferred charges	316,731	9	346,010
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 6,679,480		
	b Less accumulated depreciation	10b 2,568,150	4,288,233	10c 4,111,330
	11 Investments—publicly traded securities		11	
	12 Investments—other securities See Part IV, line 11	101,190	12	81,090
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	36,764	15	44,323
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,992,077	16	6,769,838	
Liabilities	17 Accounts payable and accrued expenses	762,128	17	568,597
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	2,118,456	20	1,923,168
	21 Escrow or custodial account liability Complete Part IV of Schedule D	50,170	21	21,294
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		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	26,321	25	98,173
	26 Total liabilities. Add lines 17 through 25	2,957,075	26	2,611,232
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	4,035,002	27	4,158,606
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), 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	4,035,002	33	4,158,606	
34 Total liabilities and net assets/fund balances	6,992,077	34	6,769,838	

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	10,400,017
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,276,413
3	Revenue less expenses Subtract line 2 from line 1	3	123,604
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,035,002
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	4,158,606

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? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
2b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
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	
3b 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

OMB No 1545-0047

2012

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.

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 - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 (ii) A family member of a person described in (i) above?
 (iii) A 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

(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 monetary support
			Yes	No	Yes	No	Yes	No	
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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	6,683,496	7,171,853	7,822,417	6,991,678	6,166,085	34,835,529
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	6,683,496	7,171,853	7,822,417	6,991,678	6,166,085	34,835,529
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						34,835,529

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7 Amounts from line 4	6,683,496	7,171,853	7,822,417	6,991,678	6,166,085	34,835,529
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,218	17,060	13,390	8,778	3,524	50,970
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.)	148,796	131,149	85,045	207,733	68,439	641,162
11 Total support (Add lines 7 through 10)						35,527,661

12 Gross receipts from related activities, etc (see instructions) **12** 25,108,214

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 2012 (line 6, column (f) divided by line 11, column (f)) **14** 98.050%

15 Public support percentage for 2011 Schedule A, Part II, line 14 **15** 98.000%

16a 33 1/3% support test—2012. 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—2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2012. 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—2011. 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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(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 2012 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2011 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2011 Schedule A, Part III, line 17	18	

- 19a 33 1/3% support tests—2012.** 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—2011.** 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.** 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 D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2012

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 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 3 columns: (a) Donor advised funds, (b) Funds and other accounts, and a column for questions 1-6 regarding donor information and fund usage.

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

Form for Part II containing questions 1-9 about conservation easements, including a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, and 2d.

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.

Form for Part III containing questions 1a, 1b, and 2 regarding the reporting of art and historical treasures, including revenue and asset amounts.

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

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

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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 XIII and complete the following table

	Amount
1c	
1d	
1e	
1f	

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

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

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

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

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as

- a** Board designated or quasi-endowment ▶
 - b** Permanent endowment ▶
 - c** Temporarily restricted endowment ▶
- The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

Part VI Land, Buildings, and Equipment. 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		884,802	776,904
c Leasehold improvements	2,155,868		1,147,926	1,007,942
d Equipment	1,032,510		535,422	497,088
e Other	39,194			39,194
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,111,330

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) must 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) must equal Form 990, Part X, col (B) line 13.)		

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

(a) Description	(b) Book value
Total. (Column (b) must 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) Book value
Federal income taxes	
OTHER LIABILITIES & RESERVES	98,173
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	98,173

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

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

1	Total revenue, gains, and other support per audited financial statements	1	10,456,872
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	49,785
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII)	2d	
e	Add lines 2a through 2d	2e	49,785
3	Subtract line 2e from line 1	3	10,407,087
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	-7,070
c	Add lines 4a and 4b	4c	-7,070
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)	5	10,400,017

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

1	Total expenses and losses per audited financial statements	1	10,333,268
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	49,785
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII)	2d	7,070
e	Add lines 2a through 2d	2e	56,855
3	Subtract line 2e from line 1	3	10,276,413
4	Amounts included on Form 990, Part IX, line 25, but not on line 1 :		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)	5	10,276,413

Part XIII Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2, Part XI, lines 2d and 4b, and Part XII, 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
PART XI, LINE 4B - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FIXED ASSETS -7,070
PART XII, LINE 2D - OTHER ADJUSTMENTS		LOSS ON DISPOSAL OF FIXED ASSETS 7,070

Schedule I (Form 990)

OMB No 1545-0047

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

2012

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

Attach to Form 990

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. Part II can be duplicated 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.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CARE & SUBSTANCE	367	52,001			

Part IV Supplemental Information.

Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information

Identifier	Return Reference	Explanation
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Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2012

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

- 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 indemnification 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 of 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 filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <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 Regulations 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)?

	Yes	No
1b		
2		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
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) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DANIEL COBBS MPA FACHE CHIEF EXECUTIVE OFFICER	(i)	131,666	0	0	35,152	0	166,818	0
	(ii)	0	0	0	0	0	0	0
(2) SIKANDAR KHAN MD MEDICAL DIRECTOR	(i)	201,297	0	0	22,000	0	223,297	0
	(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, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. 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 Part VI.**

▶ **Attach to Form 990.** ▶ **See separate instructions.**

2012

**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 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 escrows								
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	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 of bond-financed property?		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 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						
4a Has the organization or the governmental issuer entered into a qualified 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?								

Part IV Arbitrage (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
5a Were gross proceeds invested in a guaranteed investment contract (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?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has 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?		X						

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

2012

Open to Public Inspection

Complete if the organizations 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) Noncash contribution amounts reported on Form 990, Part VIII, line 1g, (d) Method of determining noncash contribution amounts. Rows include Art, Books, Cars, Boats, Intellectual property, Securities, Real estate, Collectibles, Food inventory, Drugs, Taxidermy, Historical artifacts, Scientific specimens, Archeological artifacts, and Other (CHRISTMAS TOYS).

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

Table with 2 columns: Yes, No. Row 29: Yes=29, 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?

Table with 2 columns: Yes, No. Row 30a: Yes=, 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 2 columns: Yes, No. Row 31: Yes=, No=.

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

Table with 2 columns: Yes, No. Row 32a: Yes=, No=.

b If "Yes," describe in Part II

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

Table with 2 columns: Yes, No. Row 33: Yes=, No=.

Part III Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
NON REPORTING OF REVENUE	PART I, LINE 33	\$49,785 13 VOLUNTEER HOURS WAS NOT INCLUDED IN EITHER REVENUE OR EXPENSES

Schedule M (Form 990) (2012)

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

2012

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	THERE HAVE BEEN CHANGES IN STRUCTURE/OPERATIONS OF BCI PROGRAMS DURING THE LAST TWELVE MONTHS INPATIENT SERVICES (CRISIS STABILIZATION UNIT, DETOXIFICATION UNIT, EMERGENCY SERVICES, AND FOOD SERVICES) CLOSED OPERATIONS ON MAY 3, 2013 THE LEVEL II WILLOW WAY RESIDENTIAL GROUP HOME, LEVEL II SUPERVISED APARTMENTS, AND LEVEL V SATELLITE APARTMENTS WERE CLOSED EFFECTIVE DECEMBER 30, 2012 THE ABOVE RESTRUCTURING WAS NECESSARY FOR FINANCIAL SOUNDNESS DUE TO CONTRACT DOLLARS REMAINING AT THE SAME AMOUNT SINCE 1990

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
	FORM 990, PART I, LINE 1 INTRODUCTION & BENEFIT STATEMENT	BRIDGEWAY CENTER INC (BCI) IS A HIGH QUALITY, LOCAL NON-PROFIT, PSYCHOLOGICAL, PSYCHOSOCIAL, PSYCHIATRIC MEDICINE HEALTH CARE CENTER SERVING OKALOOSA CHILDREN, ADULTS, AND FAMILIES FOR OVER FORTY-FIVE (45) YEARS THIS INCLUDES THOSE WHO HAVE HISTORICALLY FACED BARRIERS TO QUALITY CARE. EACH BOARD OF TRUSTEE COMPLETES ANNUALLY A CONFLICT OF INTEREST AND RELATED PARTY QUESTIONNAIRE AND AN ETHICS STATEMENT. NO BUSINESS OR FINANCIAL TRANSACTIONS HAVE OCCURRED BETWEEN BCI AND OTHER ENTITIES OR BUSINESS OWNED OR CONTROLLED BY ANY MEMBER OF THE BOARD OF TRUSTEES. BCI PROVIDED UNCOMPENSATED CLIENT SERVICES OF APPROXIMATELY \$722,000 IN 2012/13. TOTAL CLIENT SERVICES CONTACTS WAS 146,388 FOR BOTH OUTPATIENT OFFICE VISITS AS WELL AS IN-HOME VISITS FOR INSURED CLIENTS AND UNINSURED CLIENTS. BCI SPECIALIZES IN THE TREATMENT AND PREVENTION OF SUBSTANCE ABUSE AND MENTAL HEALTH IN ALL COMMUNITIES IN OKALOOSA. THE BCI MEDICAL STAFF, CLINICAL STAFF AND ADMINISTRATIVE SUPPORT STAFF HELPS PEOPLE IN NEED TO HAVE A HEALTHIER, HAPPIER, AND MORE PRODUCTIVE LIFE. BRIDGEWAY CENTER INC STRENGTHENS OKALOOSA FAMILIES WITH SERVICES IN CRESTVIEW AND FORT WALTON BEACH. BRIDGEWAY CENTER, INC HAS BEEN NATIONALLY ACCREDITED SINCE 1996 AND HAS ACHIEVED A LOW RISK AUDITEE RATING BY INDEPENDENT EXTERNAL AUDITORS FOR THE LAST 15 YEARS ON ITS FINANCIAL STATEMENTS.

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE O BCI'S 2012/2013 OPERATING PERFORMANCE	<p>I ECONOMIC IMPACT THE CLOSE COLLABORATION BETWEEN BRIDGEWAY CENTER INC (BCI), THE STATE OF FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA) AND THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF) DEVELOPED A ROBUST SYSTEM OF CARE WHICH BCI IS THE MAJOR PROVIDER FOR UNINSURED CLIENTS AND MEDICAID CLIENTS FOR BEHAVIORAL HEALTH IN OKALOOSA COUNTY WITH APPROXIMATELY 145 STAFF, OUR PSYCHOLOGICAL HEALTH CENTER HAD APPROXIMATELY 21 SEPARATE CONTRACTS LAST FISCAL YEAR IN THE TWO PAST DECADES BCI REINVESTED APPROXIMATELY \$10 MILLION TO IMPROVE THE PATIENT-CARE ENVIRONMENT AT BCI'S 10 LOCATIONS IN OKALOOSA COUNTY BCI IS STRENGTHENING OKALOOSA FAMILIES WITH EVIDENCE BASED PRACTICES (EBPS) THAT ARE RESEARCH PROVEN TO ACHIEVE THE BEST CLIENT OUTCOMES I E, THINKING FOR CHANGE, PROJECT SUCCESS, NURTURING PARENTING, MOTIVATIONAL INTERVIEWING AND SOLUTION FOCUS THERAPY II LOOKING FORWARD OUR LEADERSHIP IN MEDICAL, CLINICAL AND SUPPORT SERVICES STAFF HAS A PROVEN RECORD OF IMPROVING CLIENT LIFE SKILLS, FISCAL RESPONSIBILITY, COMMUNITY ENGAGEMENT, AND A POSITIVE PATIENT/CLIENT EXPERIENCE BCI CONTINUES AS A VIBRANT AND RESPONSIVE BEHAVIORAL HEALTH SERVICES ORGANIZATION PAST HISTORY IS AN INDICATOR FOR THE FUTURE THIS MEANS BCI WILL CONTINUE TO PROVIDE NUMEROUS BENEFITS FOR OKALOOSA COMMUNITIES AND PSYCHOSOCIAL WELLNESS FOR MANY YEARS IN THE FUTURE III MAJOR ACHIEVEMENTS * AWARDED EMPLOYER OF THE YEAR IN 2006 FOR LARGE EMPLOYERS IN OKALOOSA & WALTON COUNTIES BY THE WORKFORCE DEVELOPMENT BOARD OF OKALOOSA & WALTON COUNTIES * FOUNDED THE FIRST SEXUAL TRAUMA TEAM IN 1975 AND THE FIRST STATE CERTIFIED CRISIS HOTLINE/RAPE CRISIS CENTER IN OKALOOSA COUNTY * NATIONALLY ACCREDITED FOR PAST 17 YEARS BY EITHER THE JOINT COMMISSION (TJC) OR BY THE COMMISSION OF ACCREDITATION FOR REHABILITATIVE FACILITIES (CARF) IV BCI'S BUSINESS MODEL IS A 10-POINT PLAN BCI'S BUSINESS MODEL IS A 10-POINT PLAN THAT DEFINES OUR STRATEGY TO IMPROVE REVENUE YIELD OR OPTIMIZE NET PAYMENT PER UNIT OF SERVICE 1 ONE OF THE CRITICAL POINTS TO BCI'S STRATEGIC BUSINESS MODEL PLAN IS A TECHNOLOGY PLATFORM OF THREE HARDWARE AND SOFTWARE SYSTEMS A CREDENTIALING FOR BILLING FOR LICENSED BCI STAFF WITH INSURANCE CARRIERS B ACCOUNTING AND FINANCE SOFTWARE (GREAT PLAINS) C ELECTRONIC HEALTH RECORD (EHR) INSTALLATION - INSURED CLIENTS AND NON-INSURED CLIENTS BILLINGS OVERALL, WE HAVE GREATER INSIGHT INTO KEY FINANCIAL AND CLIENT OUTCOME METRICS WE ARE INVESTING IN OUR TECHNOLOGY TO BUILD INTERNAL EFFICIENCY THIS EFFICIENCY IS DRIVEN BY INTERNAL NEED AND EXTERNAL FACTORS OF LOW REIMBURSEMENT RATES AND REGULATORY COMPLIANCE 2 CREATE ORGANIZATIONAL READINESS FOR EXCELLENCE IN MANAGED CARE FOR MEDICAID CLIENTS WITH A SYSTEM OF CARE WEEKLY CLINICAL DATA ANALYTICS (CDA) MEETINGS WITH CLINICAL LEADERS EVERY PAY PERIOD EHR DECISION SUPPORT WORKGROUP MEETINGS ENABLE LEADERSHIP TO IDENTIFY CONTROLLABLE LEVERS AND ADJUSTMENTS FOR GREATER POSITIVE RESULTS THIS INCLUDES THE REPORTING OF CLIENT OUTCOMES WITH THE STATE OF FLORIDA REPORTING FOR DCF CLIENTS, EVIDENCE BASED PRACTICES (EBP), AND OPTIMAL STAFF CASELOAD OF FACE TO FACE (FTF) SESSIONS WITH CLIENTS 3 STRENGTHENING OF BCIS REPUTATION BY ATTRACTING, RECRUITING, RETAINING, AND RECOGNIZING THE RIGHT TALENT IN ORDER TO CONTRIBUTE TO BCI'S HIGH PERFORMANCE WORK CULTURE OF THE MEDICAL STAFF AND ALL OTHER EMPLOYEES 4 CREATE A POSITIVE CUSTOMER EXPERIENCE AND IMPROVE CLIENT'S SUCCESS TO BE HEALTHIER AND HAPPIER WITH INTEGRATED PRACTICE LOCATIONS (IPLS) BCI CONTINUES TO POSITION FOR GROWTH IN OUTPATIENT SERVICES 5 GROWTH OF REFERRALS CONTINUES TO INCREASE WITH NEW CLIENTS WEEKLY TO REPLACE THE VOLUME OF CLIENTS BEING DISCHARGED FROM THERAPEUTIC SERVICES THE COMMUNITY NEED REQUIRES THE EXPANSION OF OUR MEDICAL STAFF AND OTHER DIRECT CARE STAFF AS OUR BUSINESS WITH OUTPATIENT SERVICES INCREASES 6 LAUNCH INNOVATIVE EVIDENCE BASED PROGRAMMING TO IDENTIFY BCI'S THERAPEUTIC SERVICES AS ONE OF THE BEST OUR CLINICAL SERVICE PROGRAMS CONTINUE TO THRIVE WITH RESEARCH PROVEN THERAPEUTIC PRACTICES I E, NURTURING PARENTING, THINKING FOR A CHANGE (T4C), AND PROJECT SUCCESS 7 CONTINUOUS OPEN COMMUNICATION WITH PAYERS, STAKEHOLDERS, AND PATIENTS/CLIENTS SUCH AS, DCF, FFN, DJJ, JUDICIARY, OKALOOSA COUNTY SCHOOLS, CDAC, AND FSU COLLEGE OF MEDICINE FOR COMMUNITY WELLNESS 8 RECOGNIZE BCI'S VALUABLE SERVICES FOR OKALOOSA RESIDENTS WITH OUR ACTIVE COMMUNICATION OF EDUCATIONAL INFORMATION OF PSYCHOSOCIAL WELLNESS IN THE FORM OF RADIO, DIRECT MAIL, AND PUBLIC SERVICE ANNOUNCEMENTS AND OUR THREE INDIVIDUAL WEBSITES A BLOG IS INCLUDED WITH UPDATES ON WELLNESS EVERY TWO WEEKS WWW.SOUNDSIDEWELLNESS.WORDPRESS.COM 9 REVIEW CONTRACT TERMS TO VERIFY THE CONTRACT REGULATORY LANGUAGE IS CORRECTLY INTERPRETED 10 RISK REDUCTION THROUGH SAFETY, REGULATORY, AND QUALITY THIS INCLUDES INSURANCE, REGULATORY COMPLIANCE, PROPERTIES BCI CONTINUES TO REDUCE RISK BY OPTIMIZING EHR AND MAINTAINING OUR SEVENTEEN (17) BUILDINGS AS STRAT</p>

Identifier	Return Reference	Explanation
	FORM 990, SCHEDULE O BCI'S 2012/2013 OPERATING PERFORMANCE	EGIC RESOURCES IN TEN (10) LOCATIONS

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	FORM 990, SCHEDULE O BCI'S END OF FISCAL YEAR AUDITED FINANCIALS	BRIDGEWAY CENTER INC 'S END OF FISCAL YEAR AUDITED FINANCIAL STATEMENTS WERE CONDUCTED BY AN INDEPENDENT, EXTERNAL AUDITOR, CARR, RIGGS & INGRAM, LLC (CRI) THE TIMEFRAME EXAMINED WAS FOR THE OPERATIONS FOR FISCAL YEAR 2013, JULY 1, 2012 TO JUNE 30, 2013, IN ACCORDANCE WITH OMB CIRCULAR A-133 BCI RECEIVED A FAVORABLE UNQUALIFIED OPINION FROM THE INDEPENDENT AUDITOR'S REPORT WITH ZERO (0) FINDINGS AND ZERO RECOMMENDATIONS CONSEQUENTLY, A MANAGEMENT LETTER WAS NOT NECESSARY IT IS NOTABLE THAT BCI HAS BEEN RATED FOR FIFTEEN (15) CONSECUTIVE YEARS A LOW-RISK AUDITEE BCI CONTINUES TO DEMONSTRATE FINANCIAL SOUNDNESS OUR NEW ELECTRONIC HEALTH RECORD (EHR) TECHNOLOGY PLATFORM PROVIDES GREATER INSIGHT FOR KEY FINANCIAL AND CLIENT OUTCOMES METRICS WE INVESTED IN OUR TECHNOLOGY TO ENHANCE BCI'S INTERNAL EFFICIENCY