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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 private foundations)  
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Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2015**  
Open to Public Inspection

**A For the 2015 calendar year, or tax year beginning 07-01-2015, and ending 06-30-2016**

- B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Final 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 province, country, and ZIP or foreign postal code: FORT WALTON BEACH, FL 32548

**D** Employer identification number: 59-1278085  
**E** Telephone number: (850) 833-7500

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

**I** Tax-exempt status:  501(c)(3)  501(c) ( ) (insert no )  4947(a)(1) or  527

**J** Website: WWW BRIDGEWAYCENTER ORG

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: 1966

**M** State of legal domicile: FL

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: SEE FORM 990 PAGE 2 AND SCHEDULE O FOR MORE DETAILS  
**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets  
**3** Number of voting members of the governing body (Part VI, line 1a) . . . . . **3** 11  
**4** Number of independent voting members of the governing body (Part VI, line 1b) . . . . . **4** 11  
**5** Total number of individuals employed in calendar year 2015 (Part V, line 2a) . . . . . **5** 166  
**6** Total number of volunteers (estimate if necessary) . . . . . **6** 0  
**7a** Total unrelated business revenue from Part VIII, column (C), line 12 . . . . . **7a** 0  
**b** Net unrelated business taxable income from Form 990-T, line 34 . . . . . **7b** 0

		Prior Year	Current Year
		<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	4,069,880
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .	6,044,649	6,919,391	
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .	3,851	5,780	
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	33,146	35,200	
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,151,526	10,891,723	
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . .	53,749	51,225	
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	0	0	
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,067,890	6,204,235	
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	0	0	
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <sup>0</sup>			
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) . . . . .	4,095,677	4,251,650	
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,217,316	10,507,110	
<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	-65,790	384,613	

		Beginning of Current Year	End of Year
		<b>20</b> Total assets (Part X, line 16) . . . . .	6,319,433
<b>21</b> Total liabilities (Part X, line 26) . . . . .	2,777,015	2,746,064	
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .	3,542,418	3,927,031	

**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: \*\*\*\*\*  
Date: 2017-03-21  
DANIEL COBBS MPA, FACHE, CEO  
Type or print name and title

**Paid Preparer Use Only**  
Print/Type preparer's name: BRUCE A NUNNALLY  
Preparer's signature: BRUCE A NUNNALLY  
Date:  
Check  if self-employed PTIN: P00286841  
Firm's name: CARR RIGGS & INGRAM LLC  
Firm's EIN: 72-1396621  
Firm's address: 500 GRAND BOULEVARD SUITE 210  
MIRAMAR BEACH, FL 32550  
Phone no: (850) 837-3141

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

**Part III Statement of Program Service Accomplishments**

Check if Schedule O contains a response or note to any line in this Part III

**1** Briefly describe the organization's mission

TO SERVE AND PROTECT FAMILIES AND CHILDREN WITH QUALITY PSYCHOSOCIAL HEALTHCARE

**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 \$ 5,663,291 including grants of \$ 51,225 ) (Revenue \$ 6,143,458 )  
 BRIDGEWAY CENTER, INC PROVIDES CO-OCCURRING BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE) CASE MANAGEMENT AND OUTPATIENT TREATMENT SERVICES FOR CHILDREN AND ADULT REFER TO SCH O FOR FULL LIST OF 17 SERVICES BRIDGEWAY CENTER, INC (BCI) SERVICES INCLUDE 1 CASE MANAGEMENT FOR CHILDREN & ADULTS2 COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS (DCF/FFN REFERRALS ONLY FOR DEPENDENCY COURT CASES)3 EARLY CHILDHOOD COURT & CHILD PARENT PSYCHOTHERAPY (DCF REFERRALS ONLY FOR DEPENDENCY COURT CASES)4 FAMILY CARE UNIT (DCF/FFN REFERRALS ONLY FOR DEPENDENCY COURT CASES)5 HIV/AIDS EDUCATION6 JUVENILE HEALTH TREATMENT7 MENTAL HEALTH TREATMENT8 NURTURING PARENTING CLASSES FOR DEPENDENCY COURT CASES AND NON-DEPENDENCY COURT CASES9 PHARMACY ON-SITE SERVICES10 PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) 11 PSYCHIATRIC SERVICES12 PSYCHOSOCIAL REHABILITATION WELLNESS CENTER13 FAMILY SUPPORT SERVICES14 SUBSTANCE USE ADDICTION DISORDERS (SUAD) TREATMENT15 SUPPORTIVE SERVICES FOR INDEPENDENT LIVING FOR COMMUNITY IN-HOME CLIENTS16 VIOLENCE ASSESSMENT SERVICES17 YOUTH AND ADULT MENTAL HEALTH FIRST AID

**4b** (Code ) (Expenses \$ 2,126,800 including grants of \$ ) (Revenue \$ 400,709 )  
 BRIDGEWAY CENTER, INC JUDICIAL AND EDUCATIONAL SERVICES AS A RISK DIVERSION PUBLIC SAFETY PROGRAM THAT 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 \$ 1,111,197 including grants of \$ ) (Revenue \$ 410,424 )  
 BRIDGEWAY CENTER, INC PROVIDES A VARIETY OF EDUCATIONAL AND SUPPORTIVE INDEPENDENT LIVING PROGRAM SERVICES

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

**4e Total program service expenses** ▶ 8,901,288

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> 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>	Yes	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?		No
<b>3</b> 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
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
<b>5</b> 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
<b>6</b> 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>		No
<b>7</b> 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>		No
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
<b>9</b> 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>	Yes	
<b>10</b> 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>		No
<b>11</b> 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		
<b>a</b> 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>	Yes	
<b>b</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>		No
<b>c</b> 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>		No
<b>d</b> 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>		No
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
<b>f</b> 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>		No
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
<b>b</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>		No
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?		No
<b>b</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
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
<b>17</b> 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> (see instructions)		No
<b>18</b> 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
<b>19</b> 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
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
<b>b</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><b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .</p>	<p><b>21</b></p>	<p></p>	<p>No</p>
<p><b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .</p>	<p><b>22</b></p>	<p>Yes</p>	<p></p>
<p><b>23</b> 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><b>23</b></p>	<p>Yes</p>	<p></p>
<p><b>24a</b> 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 25a</i> . . . . .</p>	<p><b>24a</b></p>	<p>Yes</p>	<p></p>
<p><b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .</p>	<p><b>24b</b></p>	<p></p>	<p>No</p>
<p><b>c</b> 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><b>24c</b></p>	<p></p>	<p>No</p>
<p><b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .</p>	<p><b>24d</b></p>	<p></p>	<p>No</p>
<p><b>25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> 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><b>25a</b></p>	<p></p>	<p>No</p>
<p><b>b</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><b>25b</b></p>	<p></p>	<p>No</p>
<p><b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> . . . . .</p>	<p><b>26</b></p>	<p></p>	<p>No</p>
<p><b>27</b> 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><b>27</b></p>	<p></p>	<p>No</p>
<p><b>28</b> 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><b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .</p>	<p><b>28a</b></p>	<p></p>	<p>No</p>
<p><b>b</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><b>28b</b></p>	<p></p>	<p>No</p>
<p><b>c</b> 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><b>28c</b></p>	<p></p>	<p>No</p>
<p><b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .</p>	<p><b>29</b></p>	<p>Yes</p>	<p></p>
<p><b>30</b> 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><b>30</b></p>	<p></p>	<p>No</p>
<p><b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .</p>	<p><b>31</b></p>	<p></p>	<p>No</p>
<p><b>32</b> 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><b>32</b></p>	<p></p>	<p>No</p>
<p><b>33</b> 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><b>33</b></p>	<p></p>	<p>No</p>
<p><b>34</b> 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><b>34</b></p>	<p></p>	<p>No</p>
<p><b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?</p>	<p><b>35a</b></p>	<p></p>	<p>No</p>
<p><b>b</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><b>35b</b></p>	<p></p>	<p></p>
<p><b>36 Section 501(c)(3) organizations.</b> 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><b>36</b></p>	<p></p>	<p>No</p>
<p><b>37</b> 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><b>37</b></p>	<p></p>	<p>No</p>
<p><b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .</p>	<p><b>38</b></p>	<p>Yes</p>	<p></p>

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

Table with columns for question numbers (1a-14b), descriptions, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and health insurance issuers.

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 or note to any line 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

Table with 2 columns: Question, Answer. Rows include: 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, address, and telephone number of the person who possesses the organization's books and records: DANIEL COBBS MPA FACHE CEO 137 HOSPITAL DRIVE NE FORT WALTON BEACH, FL 32548 (850) 833-7512

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 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 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) SUSAN REED MS BOARD CHAIR	1 00	X		X				0	0	0
(2) LES CHAMBERS BPS BOARD 1ST VICE CHAIR/CHAIR ELECT	1 00	X		X				0	0	0
(3) DOUGLAS BURGESS MPA BOARD 2ND VICE CHAIR	1 00	X		X				0	0	0
(4) SUSAN PALMER MS BOARD SECRETARY	1 00	X		X				0	0	0
(5) THOMAS DOWNEY BA BOARD TREASURER	1 00	X		X				0	0	0
(6) BETSY THOMAS MPA BOARD TRUSTEE	1 00	X						0	0	0
(7) BARBARA PALMGREN ED D BOARD TRUSTEE	1 00	X						0	0	0
(8) JON MORRIS MS BOARD TRUSTEE	1 00	X						0	0	0
(9) JOYCE KISER BS BOARD TRUSTEE	1 00	X						0	0	0
(10) VIRGINIA MAYFIED BA EL ED BOARD TRUSTEE	1 00	X						0	0	0
(11) JAMES JERNIGAN BS BOARD TRUSTEE	1 00	X						0	0	0
(12) DANIEL COBBS MPA FACHE CHIEF EXECUTIVE OFFICER	52 90			X				139,349	0	24,000
(13) LARRY MUNDY MCSE CHIEF INFORMATION OFFICER	41 00			X				79,516	0	2,025
(14) LARRY MCFARLAND LMHC SPHR HUMAN RESOURCES OFFICER	44 60			X				77,315	0	2,315



**Part VIII Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . . <b>1a</b> _____					
	<b>b</b> Membership dues . . . . . <b>1b</b> _____					
	<b>c</b> Fundraising events . . . . . <b>1c</b> _____					
	<b>d</b> Related organizations . . . . . <b>1d</b> _____					
	<b>e</b> Government grants (contributions) <b>1e</b> _____ 3,122,975					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b> _____ 808,377					
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____ 433,079					
	<b>h Total.</b> Add lines 1a-1f . . . . . <b>▶</b>		3,931,352			
<b>Program Service Revenue</b>	<b>2a</b> MEDICARE/MEDICAID PAYMENTS _____ Business Code 624100	5,785,522	5,785,522			
	<b>b</b> FIRST AND THIRD PARTIES _____ Business Code 624100	1,061,628	1,061,628			
	<b>c</b> CLIENT FEES _____ Business Code 624100	72,241	72,241			
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue _____					
	<b>g Total.</b> Add lines 2a-2f . . . . . <b>▶</b>		6,919,391			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . . <b>▶</b>	5,780			5,780	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . . <b>▶</b>					
	<b>5</b> Royalties . . . . . <b>▶</b>					
	<b>6a</b> Gross rents	(i) Real	9,323			
		(ii) Personal				
		<b>b</b> Less rental expenses	0			
		<b>c</b> Rental income or (loss)	9,323			
	<b>d</b> Net rental income or (loss) . . . . . <b>▶</b>		9,323	9,323		
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		<b>b</b> Less cost or other basis and sales expenses				
		<b>c</b> Gain or (loss)				
	<b>d</b> Net gain or (loss) . . . . . <b>▶</b>					
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events . . . . . <b>▶</b>				
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . . <b>a</b>					
		<b>b</b> Less direct expenses . . . . . <b>b</b>				
		<b>c</b> Net income or (loss) from gaming activities . . . . . <b>▶</b>				
	<b>10a</b> Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b> Less cost of goods sold . . . . . <b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . . <b>▶</b>						
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER INCOME _____ Business Code 900099	25,877	25,877				
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . . <b>▶</b>		25,877				
<b>12 Total revenue.</b> See Instructions . . . . . <b>▶</b>		10,891,723	6,954,591	0	5,780	

**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 or note to any line in this Part IX  . . . . .

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>		<b>(A)</b> Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
<b>1</b>	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b>	Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .	51,225	51,225		
<b>3</b>	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b>	Benefits paid to or for members . . . . .				
<b>5</b>	Compensation of current officers, directors, trustees, and key employees . . . . .	970,387	454,686	515,701	
<b>6</b>	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b>	Other salaries and wages . . . . .	4,449,405	3,992,968	456,437	
<b>8</b>	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b>	Other employee benefits . . . . .	422,992	376,630	46,362	
<b>10</b>	Payroll taxes . . . . .	361,451	321,834	39,617	
<b>11</b>	Fees for services (non-employees)				
<b>a</b>	Management . . . . .				
<b>b</b>	Legal . . . . .				
<b>c</b>	Accounting . . . . .	54,046	49,153	4,893	
<b>d</b>	Lobbying . . . . .				
<b>e</b>	Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b>	Investment management fees . . . . .				
<b>g</b>	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	23,148	21,052	2,096	
<b>12</b>	Advertising and promotion . . . . .				
<b>13</b>	Office expenses . . . . .	323,023	190,515	132,508	
<b>14</b>	Information technology . . . . .	150,295	136,410	13,885	
<b>15</b>	Royalties . . . . .				
<b>16</b>	Occupancy . . . . .	70,697	18,076	52,621	
<b>17</b>	Travel . . . . .	135,516	123,066	12,450	
<b>18</b>	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b>	Conferences, conventions, and meetings . . . . .				
<b>20</b>	Interest . . . . .	69,235		69,235	
<b>21</b>	Payments to affiliates . . . . .				
<b>22</b>	Depreciation, depletion, and amortization . . . . .	217,491	217,491		
<b>23</b>	Insurance . . . . .	220,182	216,931	3,251	
<b>24</b>	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) . . . . .				
<b>a</b>	<b>SUBCONTRACTED SERVICES</b>	1,950,735	1,868,975	81,760	
<b>b</b>	<b>MEDICAL &amp; PHARMACY</b>	482,207	479,816	2,391	
<b>c</b>	<b>BAD DEBT EXPENSE</b>	230,496	223,397	7,099	
<b>d</b>	<b>UTILITIES</b>	167,984	42,950	125,034	
<b>e</b>	<b>All other expenses</b>	156,595	116,113	40,482	
<b>25</b>	<b>Total functional expenses.</b> Add lines 1 through 24e	10,507,110	8,901,288	1,605,822	0
<b>26</b>	<b>Joint costs.</b> 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 or note to any line in this Part X

		(A)		(B)
		Beginning of year		End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,048,663	<b>1</b>	1,845,605
	<b>2</b> Savings and temporary cash investments . . . . .	317,100	<b>2</b>	405,319
	<b>3</b> Pledges and grants receivable, net . . . . .	659,862	<b>3</b>	289,923
	<b>4</b> Accounts receivable, net . . . . .	99,810	<b>4</b>	205,893
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L . . . . .		<b>5</b>	
	<b>6</b> 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 . . . . .		<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .		<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	5,167	<b>8</b>	4,344
	<b>9</b> Prepaid expenses and deferred charges . . . . .	366,216	<b>9</b>	319,806
	<b>10a</b> Land, buildings, and equipment—cost or other basis Complete Part VI of Schedule D	<b>10a</b> 6,779,101		
	<b>b</b> Less accumulated depreciation . . . . .	<b>10b</b> 3,222,890	3,734,997	<b>10c</b> 3,556,211
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	62,571	<b>12</b>	21,648
	<b>13</b> Investments—program-related See Part IV, line 11 . . . . .		<b>13</b>	
	<b>14</b> Intangible assets . . . . .		<b>14</b>	
	<b>15</b> Other assets See Part IV, line 11 . . . . .	25,047	<b>15</b>	24,346
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,319,433	<b>16</b>	6,673,095	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	789,609	<b>17</b>	814,068
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,536,435	<b>20</b>	1,303,478
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D . . . . .	15,080	<b>21</b>	10,555
	<b>22</b> 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 . . . . .		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	224,063	<b>23</b>	132,287
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .		<b>24</b>	
	<b>25</b> 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 . . . . .	211,828	<b>25</b>	485,676
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	2,777,015	<b>26</b>	2,746,064
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets . . . . .	3,542,418	<b>27</b>	3,927,031
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds . . . . .		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building or equipment fund . . . . .		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>32</b>	
<b>33</b> Total net assets or fund balances . . . . .	3,542,418	<b>33</b>	3,927,031	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	6,319,433	<b>34</b>	6,673,095	

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response or note to any line in this Part XI

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	10,891,723
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	10,507,110
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	384,613
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	3,542,418
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0
<b>10</b>	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	3,927,031

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
<b>1</b>	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		
<b>2a</b>	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
<b>2b</b>	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	
<b>2c</b>	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	
<b>3a</b>	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>3b</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**

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.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**2015**  
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 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 (Form 990 or 990-EZ))
- 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 in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
  - f Enter the number of supported organizations \_\_\_\_\_
  - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii)EIN	(iii) Type of organization (described on lines 1- 9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

**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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any unusual grants )	6,991,678	6,166,085	4,189,923	4,069,880	3,931,352	25,348,918
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3	6,991,678	6,166,085	4,189,923	4,069,880	3,931,352	25,348,918
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						25,348,918

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>7</b> Amounts from line 4	6,991,678	6,166,085	4,189,923	4,069,880	3,931,352	25,348,918
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	8,778	3,524	4,266	12,966	15,103	44,637
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI )	207,733	68,439	23,587	24,031	25,877	349,667
<b>11 Total support.</b> Add lines 7 through 10						25,743,222

**12** Gross receipts from related activities, etc (see instructions) **12** 25,857,117

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

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

**14** Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f)) **14** 98.470 %

**15** Public support percentage for 2014 Schedule A, Part II, line 14 **15** 98.480 %

**16a 33 1/3% support test—2015.** 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—2014.** 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—2015.** 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 VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

**b 10%-facts-and-circumstances test—2014.** 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 VI 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)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> 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						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</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						
<b>c</b> Add lines 7a and 7b						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a)2011	(b)2012	(c)2013	(d)2014	(e)2015	(f)Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
<b>13 Total support.</b> (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 section 501(c)(3) organization, check this box and **stop here** ▶

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

<b>15</b> Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b> Public support percentage from 2014 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b> Investment income percentage for <b>2015</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b> Investment income percentage from <b>2014</b> Schedule A, Part III, line 17	<b>18</b>	

**19a 33 1/3% support tests—2015.** 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—2014.** 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 Supporting Organizations**

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part II of Schedule L (Form 990).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Part IV Supporting Organizations** (continued)**Section B. Type I Supporting Organizations**

- 1** Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in **Part VI** how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.

	Yes	No
<b>1</b>		
<b>2</b>		

**Section C. Type II Supporting Organizations**

- 1** Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in **Part VI** how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).

	Yes	No
<b>1</b>		

**Section D. All Type III Supporting Organizations**

- 1** Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in **Part VI** the role the organization's supported organizations played in this regard.

	Yes	No
<b>1</b>		
<b>2</b>		
<b>3</b>		

**Section E. Type III Functionally-Integrated Supporting Organizations**

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (**see instructions**)
- a**  The organization satisfied the Activities Test. Complete **line 2** below.
- b**  The organization is the parent of each of its supported organizations. Complete **line 3** below.
- c**  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).
- 2** Activities Test **Answer (a) and (b) below.**

- a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in **Part VI** the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- 3** Parent of Supported Organizations **Answer (a) and (b) below.**
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b** Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

	Yes	No
<b>2a</b>		
<b>2b</b>		
<b>3a</b>		
<b>3b</b>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov 20, 1970 **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E

**Section A - Adjusted Net Income**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Net short-term capital gain	<b>1</b>	
<b>2</b> Recoveries of prior-year distributions	<b>2</b>	
<b>3</b> Other gross income (see instructions)	<b>3</b>	
<b>4</b> Add lines 1 through 3	<b>4</b>	
<b>5</b> Depreciation and depletion	<b>5</b>	
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	<b>6</b>	
<b>7</b> Other expenses (see instructions)	<b>7</b>	
<b>8</b> <b>Adjusted Net Income</b> (subtract lines 5, 6 and 7 from line 4)	<b>8</b>	

**Section B - Minimum Asset Amount**

	(A) Prior Year	(B) Current Year (optional)
<b>1</b> Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	<b>1</b>	
<b>a</b> Average monthly value of securities	<b>1a</b>	
<b>b</b> Average monthly cash balances	<b>1b</b>	
<b>c</b> Fair market value of other non-exempt-use assets	<b>1c</b>	
<b>d</b> <b>Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e</b> <b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI) _____		
<b>2</b> Acquisition indebtedness applicable to non-exempt use assets	<b>2</b>	
<b>3</b> Subtract line 2 from line 1d	<b>3</b>	
<b>4</b> Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount, see instructions)	<b>4</b>	
<b>5</b> Net value of non-exempt-use assets (subtract line 4 from line 3)	<b>5</b>	
<b>6</b> Multiply line 5 by 0.35	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8</b> <b>Minimum Asset Amount</b> (add line 7 to line 6)	<b>8</b>	

**Section C - Distributable Amount**

		Current Year
<b>1</b> Adjusted net income for prior year (from Section A, line 8, Column A)	<b>1</b>	
<b>2</b> Enter 85% of line 1	<b>2</b>	
<b>3</b> Minimum asset amount for prior year (from Section B, line 8, Column A)	<b>3</b>	
<b>4</b> Enter greater of line 2 or line 3	<b>4</b>	
<b>5</b> Income tax imposed in prior year	<b>5</b>	
<b>6</b> <b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions) <input type="checkbox"/>		

**Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)**

<b>Section D - Distributions</b>	<b>Current Year</b>
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in Part VI) See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
<b>9</b> Distributable amount for 2015 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

<b>Section E - Distribution Allocations (see instructions)</b>	<b>(i) Excess Distributions</b>	<b>(ii) Underdistributions Pre-2015</b>	<b>(iii) Distributable Amount for 2015</b>
<b>1</b> Distributable amount for 2015 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2015 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2015			
<b>a</b>			
<b>b</b>			
<b>c</b>			
<b>d</b> From 2013. . . . . _____			
<b>e</b> From 2014. . . . . _____			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2015 distributable amount			
<b>i</b> Carryover from 2010 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2015 from Section D, line 7			
\$ _____			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2015 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2015, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2015 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2016.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b>			
<b>c</b> Excess from 2013. . . . . _____			
<b>d</b> From 2014. . . . . _____			
<b>e</b> From 2015. . . . . _____			

**Part VI Supplemental Information.**

Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

<b>Facts And Circumstances Test</b>

Return Reference	Explanation

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

**Supplemental Financial Statements**  
**► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**  
**► Attach to Form 990.**  
Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047  
**2015**  
**Open to Public Inspection**

**Name of the organization**  
BRIDGEWAY CENTER INC  
**Employer identification number**  
59-1278085

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

	(a) Donor advised funds	(b) Funds and other accounts
<b>1</b> Total number at end of year		
<b>2</b> Aggregate value of contributions to (during year)		
<b>3</b> Aggregate value of grants from (during year)		
<b>4</b> Aggregate value at end of year		
<b>5</b> 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?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>6</b> Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education)  Preservation of an historically important land area

Protection of natural habitat  Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Year
<b>a</b> Total number of conservation easements	<b>2a</b>
<b>b</b> Total acreage restricted by conservation easements	<b>2b</b>
<b>c</b> Number of conservation easements on a certified historic structure included in (a)	<b>2c</b>
<b>d</b> Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	<b>2d</b>

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

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

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

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

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

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

**9** In Part XIII, 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" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

**a** Revenue included on Form 990, Part VIII, line 1 ► \$ \_\_\_\_\_

**b** Assets included in Form 990, Part X ► \$ \_\_\_\_\_

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply)
- a**  Public exhibition
  - 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" on 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    |
|--|-----------|
| <b>c</b> Beginning balance             | <b>1c</b> |
| <b>d</b> Additions during the year     | <b>1d</b> |
| <b>e</b> Distributions during the year | <b>1e</b> |
| <b>f</b> Ending balance                | <b>1f</b> |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?  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
<b>1a</b> Beginning of year balance . . . . .					
<b>b</b> Contributions . . . . .					
<b>c</b> Net investment earnings, gains, and losses					
<b>d</b> Grants or scholarships . . . . .					
<b>e</b> Other expenditures for facilities and programs . . . . .					
<b>f</b> Administrative expenses . . . . .					
<b>g</b> 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 on 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 |
|--|---------------|----|
| <b>(i)</b> unrelated organizations . . . . .   | <b>3a(i)</b>  |    |
| <b>(ii)</b> related organizations . . . . .  | <b>3a(ii)</b> |    |
| <b>b</b> If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? . . . . . | <b>3b</b>     |    |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

**Part VI Land, Buildings, and Equipment.**  
Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. 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
<b>1a</b> Land . . . . .	1,790,202			1,790,202
<b>b</b> Buildings . . . . .	1,661,706		1,094,703	567,003
<b>c</b> Leasehold improvements . . . . .	2,204,301		1,331,818	872,483
<b>d</b> Equipment . . . . .	1,116,202		796,369	319,833
<b>e</b> Other . . . . .	6,690			6,690
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . . .				3,556,211



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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total revenue, gains, and other support per audited financial statements . . . . .		<b>1</b>	10,918,573
<b>2</b>	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
<b>a</b>	Net unrealized gains (losses) on investments . . . . .	<b>2a</b>		
<b>b</b>	Donated services and use of facilities . . . . .	<b>2b</b>	26,850	
<b>c</b>	Recoveries of prior year grants . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	26,850
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	10,891,723
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total revenue Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 12 ) . . . . .		<b>5</b>	10,891,723

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

<b>1</b>	Total expenses and losses per audited financial statements . . . . .		<b>1</b>	10,533,960
<b>2</b>	Amounts included on line 1 but not on Form 990, Part IX, line 25			
<b>a</b>	Donated services and use of facilities . . . . .	<b>2a</b>	26,850	
<b>b</b>	Prior year adjustments . . . . .	<b>2b</b>		
<b>c</b>	Other losses . . . . .	<b>2c</b>		
<b>d</b>	Other (Describe in Part XIII ) . . . . .	<b>2d</b>		
<b>e</b>	Add lines <b>2a</b> through <b>2d</b> . . . . .		<b>2e</b>	26,850
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .		<b>3</b>	10,507,110
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
<b>a</b>	Investment expenses not included on Form 990, Part VIII, line 7b . . . . .	<b>4a</b>		
<b>b</b>	Other (Describe in Part XIII ) . . . . .	<b>4b</b>		
<b>c</b>	Add lines <b>4a</b> and <b>4b</b> . . . . .		<b>4c</b>	0
<b>5</b>	Total expenses Add lines <b>3</b> and <b>4c</b> . (This must equal Form 990, Part I, line 18 ) . . . . .		<b>5</b>	10,507,110

**Part XIII Supplemental Information**

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

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 XIII** Supplemental Information *(continued)*

Return Reference	Explanation

Schedule I (Form 990)

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

OMB No 1545-0047

2015

Open to Public Inspection

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

Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

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 Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on 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 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 Domestic Individuals.** Complete if the organization answered "Yes" on 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 & SUBSISTENCE	323	51,225			

**Part IV Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

Return Reference	Explanation
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**Schedule J**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Compensation Information**

OMB No 1545-0047

**For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**  
▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 23.**  
▶ **Attach to Form 990.**

**2015**  
**Open to Public Inspection**

▶ **Information about Schedule J (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

Name of the organization BRIDGEWAY CENTER INC	Employer identification number 59-1278085
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**Part I Questions Regarding Compensation**

	Yes	No								
<p><b>1a</b> Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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)									
<p><b>b</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.</p>	<b>1b</b>									
<p><b>2</b> Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	<b>2</b>									
<p><b>3</b> 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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input checked="" type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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									
<p><b>4</b> During the year, did any person listed on Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization:</p> <p><b>a</b> Receive a severance payment or change-of-control payment?</p>	<b>4a</b>	No								
<p><b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	<b>4b</b>	No								
<p><b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	<b>4c</b>	No								
<p><b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b></p>										
<p><b>5</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:</p> <p><b>a</b> The organization?</p>	<b>5a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	<b>5b</b>	No								
<p><b>6</b> For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p><b>a</b> The organization?</p>	<b>6a</b>	No								
<p><b>b</b> Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	<b>6b</b>	No								
<p><b>7</b> For persons listed on 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.</p>	<b>7</b>	No								
<p><b>8</b> Were any amounts reported on 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.</p>	<b>8</b>	No								
<p><b>9</b> If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	<b>9</b>									

**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 on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that 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 in column(B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 DANIEL COBBS MPA FACHE CHIEF EXECUTIVE OFFICER	(i)	139,349 -----	0 -----	0 -----	24,000 -----	0 -----	163,349 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 MARLA MICHAELS MD MEDICAL DIRECTOR	(i)	187,465 -----	0 -----	0 -----	831 -----	0 -----	188,296 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 SIKANDAR KHAN MD PSYCHIATRIST	(i)	156,438 -----	0 -----	0 -----	28,039 -----	0 -----	184,477 -----	0 -----
	(ii)	0	0	0	0	0	0	0

**Part III** **Supplemental Information**

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.

Return Reference	Explanation
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Schedule K (Form 990)

Supplemental Information on Tax Exempt Bonds

OMB No 1545-0047

2015

Open to Public Inspection

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. Information about Schedule K (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury

Internal Revenue Service

Name of the organization BRIDGEWAY CENTER INC

Employer identification number

59-1278085

Part I Bond Issues

Table with 10 columns: (a) Issuer name, (b) Issuer EIN, (c) CUSIP #, (d) Date issued, (e) Issue price, (f) Description of purpose, (g) Deceased (Yes/No), (h) On behalf of issuer (Yes/No), (i) Pool financing (Yes/No). Row 1: BANK OF AMERICA INDUSTRIAL REVENUE BOND LOAN, 94-1687665, 11-01-2007, 2,149,025, FACILITIES, X, X, X.

Part II Proceeds

Table with 13 rows and 8 columns (A-D, Yes/No). Rows 1-13: Amount of bonds retired, Amount of bonds legally defeased, Total proceeds of issue (2,200,000), Gross proceeds in reserve funds, Capitalized interest from proceeds, Proceeds in refunding escrows, Issuance costs from proceeds (42,430), Credit enhancement from proceeds, Working capital expenditures from proceeds, Capital expenditures from proceeds (2,157,570), Other spent proceeds, Other unspent proceeds, Year of substantial completion (2007). Rows 14-17: Questions about current/advance refunding issues and final allocation of proceeds.

Part III Private Business Use

Table with 2 rows and 8 columns (A-D, Yes/No). Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? (X). Row 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
<b>3a</b> Are there any management or service contracts that may result in private business use of bond-financed property? . . . . .		X						
<b>b</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?								
<b>c</b> Are there any research agreements that may result in private business use of bond-financed property? . . . . .		X						
<b>d</b> 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?								
<b>4</b> 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 . . . . .▶								
<b>5</b> 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 . . . . .▶								
<b>6</b> Total of lines 4 and 5 . . . . .								
<b>7</b> Does the bond issue meet the private security or payment test? . . . . .		X						
<b>8a</b> 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>b</b> If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of								
<b>c</b> If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? . . . . .								
<b>9</b> 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
<b>1</b> Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? . . . . .		X						
<b>2</b> If "No" to line 1, did the following apply? . . . . .								
<b>a</b> Rebate not due yet? . . . . .		X						
<b>b</b> Exception to rebate? . . . . .		X						
<b>c</b> No rebate due? . . . . .		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed . . . . .								
<b>3</b> Is the bond issue a variable rate issue? . . . . .		X						
<b>4a</b> Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of hedge . . . . .								
<b>d</b> Was the hedge superintegrated? . . . . .								
<b>e</b> Was the hedge terminated? . . . . .								

**Part IV Arbitrage** (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
<b>5a</b> Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
<b>b</b> Name of provider . . . . .								
<b>c</b> Term of GIC . . . . .								
<b>d</b> Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? . . . . .								
<b>6</b> Were any gross proceeds invested beyond an available temporary period?		X						
<b>7</b> 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
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.** Provide additional information for responses to questions on Schedule K (see instructions).

**SCHEDULE M**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

# Noncash Contributions

OMB No 1545-0047

# 2015

Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)**

Name of the organization BRIDGEWAY CENTER INC	<b>Employer identification number</b>  59-1278085
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## Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .				
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .				
20 Drugs and medical supplies . . . . .	X	17	433,079	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

<b>29</b> 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	<b>29</b>	
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		Yes	No
<b>30a</b> During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 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? . . . . .	<b>30a</b>		No
<b>b</b> If "Yes," describe the arrangement in Part II			
<b>31</b> Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	<b>31</b>		No
<b>32a</b> Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .	<b>32a</b>		No
<b>b</b> If "Yes," describe in Part II			
<b>33</b> 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			

**Part II Supplemental Information.**

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.

Return Reference	Explanation
PART I, LINE 33	\$47,615 VOLUNTEER HOURS WAS NOT INCLUDED IN EITHER REVENUE OR EXPENSES

**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 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).**2015****Open to Public  
Inspection**Name of the organization  
BRIDGEWAY CENTER INC**Employer identification number**

59-1278085

**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 AND THE CHIEF ADMINISTRATIVE OFFICER TO REVIEW THE FORM 990 PRIOR TO SUBMITTAL TO THE INTERNAL REVENUE SERVICE.

<b>Return Reference</b>	<b>Explanation</b>
FORM 990, PART VI, SECTION B, LINE 12C	ENFORCEMENT OF CONFLICTS POLICY - ALL OFFICERS, EMPLOYEES, ASSOCIATES, VOLUNTEER, AND INTERNS 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)

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	<p>COMPENSATION PROCESS FOR TOP OFFICIAL - THE CHAIRPERSON OF BOARD OF TRUSTEES 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 ASK THE CHIEF ADMINISTRATIVE OFFICER TO SECURE INFORMATION FROM THE FLORIDA COUNCIL FOR COMMUNITY MENTAL HEALTH CONCERNING SALARIES AND COMPENSATION ELEMENTS FOR CEO'S OF COMMUNITY MENTAL HEALTH CENTERS SIMILAR IN GEOGRAPHIC AREAS AND SIZE OF THE ORGANIZATION IN THE STATE OF FLORIDA AS WELL AS THE COMPLEXITY OF HEALTHCARE MAINTENANCE ORGANIZATION (HMO) S FOR MEDICAID "CAPITATION FULL-RISK" CONTRACTS CURRENTLY 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 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 FORM 990, PART VI, SECTION B, LINE 15B (COMPENSATION PROCESS FOR OFFICERS) THE ORGANIZATION ESTABLISHES SALARY RANGES FOR ASSOCIATE CLASSIFICATIONS BY REVIEWING THE BASE RANGE SALARY FOR COMPETITIVE POSITIONS WITHIN THE BEHAVIORAL HEALTH CARE INDUSTRY BY SIZE AND GEOGRAPHICAL AREA, THE QUANTITY OF FUNCTIONAL RESPONSIBILITY, AND IMPACT OF EACH FUNCTION 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 ADDITIONAL VARIABLES OF THE NUMBER AND COMPLEXITY OF "FULL-RISK" CAPITATION CONTRACTS ARE INCLUDED</p>

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	<p>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 TRUSTEES 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 FOR THE PERFORMANCE EVALUATION SHEET FOR THE CHIEF EXECUTIVE OFFICER EXCLUSIONARY DOCUMENTS THAT ARE PROPRIETARY AND CLASSIFIED CONFIDENTIAL INFORMATION (1) SALARIED WAGES OF EMPLOYEES AND CONTRACTORS (2) RECRUITMENT CONTRACTS FOR MEDICAL STAFF AND KEY PROFESSIONAL STAFF (3) STRATEGIC BUSINESS PLAN DOCUMENT (4) PAYROLL CLASSIFICATION PLAN OF ALL EMPLOYEE CATEGORIES (5) ALL EMPLOYEE PERFORMANCE EVALUATIONS (6) EMPLOYEE COUNSELING'S AND DISCIPLINARY DOCUMENTS (7) BRIDGEWAY CENTER, INC 'S ASSOCIATE ENGAGEMENT SURVEY (8) HEALTHCARE CONSUMERS SURVEY RESULTS (9) INCIDENT REPORTS (10) EMPLOYEE MISCONDUCT INVESTIGATIONS</p>

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

Return Reference	Explanation
FORM 990, PART I, LINE 1 INTRODUCTION & OVERVIEW	<p>BRIDGEWAY CENTER, INC (BCI) DISTINGUISHES ITSELF AS A VALUABLE ASSET FOR OKALOOSA COUNTY OUR STRATEGIC BUSINESS MODEL PROCESS, TOGETHER WITH OUR WIDE RANGE OF 24X7X365 DAYS ON-CALL RESPONSE SYSTEM FOR CHILDREN WITH A CRISIS IN-HOME THERAPY, SUPPORTIVE HOUSING SERVICES, TARGETED CASE MANAGEMENT, OUTPATIENT SERVICES, AND BCI'S MEDICAL STAFF'S MEDICATION MANAGEMENT SYSTEM SERVES AS THE CORE OF OUR BEHAVIORAL HEALTHCARE TREATMENT THE APPLICATION OF STRATEGY INTO TACTICAL OBJECTIVES WITH SPECIFIC, MEASURABLE, ATTAINABLE, REALISTIC, AND TIME-BOUND WITH START MID-POINT TIER I, TIER II, AND TIER III PRIORITIES FINISH DATE ARE (SMART) AND ESTABLISHED BY THE CEO FOR SENIOR LEADERSHIP AND MANAGEMENT IN EACH PROGRAM EACH PROGRAM UTILIZES AS EVIDENCE BASED PRACTICE (EBP) STANDARD (PROVEN ON A NATIONAL RESEARCH BASIS TO HAVE THE BEST PATIENT/CLIENT OUTCOMES FOR SUCCESS) OUTCOMES ARE TRACKED DAILY AND REPORTED MONTHLY FOR ANALYSIS OF PATTERNS CORRECTIVE ACTION IS INITIATED AS NEEDED BCI, IS A NON-PROFIT 501 (C) (3) FOR BEHAVIORAL HEALTHCARE TREATMENT FOR OKALOOSA COUNTY, SERVES AS THE DEFAULT CARE COORDINATION MANAGER OR PUBLIC SAFETY NET PROVIDER FOR LOW INCOME, UNINSURED INDIVIDUALS AS WELL AS INDIVIDUALS ELIGIBLE FOR MEDICAID OUR TECHNOLOGY IS AN INTEGRATED, BEST IN CLASS, LEGACY SYSTEM IT IS LINKED TO REAL TIME POINT OF SERVICE WITH FINANCIAL/ACCOUNTING SYSTEMS THE SPECIFIC ELECTRONIC HEALTHCARE RECORD (EHR) SOFTWARE TECHNOLOGY WAS PURCHASED FROM ASKESIS CORPORATION, A SUBSIDIARY OF THE UNIVERSITY OF PITTSBURGH MEDICAL CENTER (UPMC) IN PENNSYLVANIA IT IS A TRANSPARENT SYSTEM WHICH ALLOWS THE USERS TO HAVE COMPELLING REAL-TIME DATA OF WORK TO BE DONE FOR EACH PROVIDER ON A DAILY BASIS THIS ENSURES GREATER ACCURACY FOR QUALITY AND ACCURACY OF PRODUCTIVITY FROM A BOTTOM-UP AND TOP-DOWN FEEDBACK BCI HAS PREPARED TO ENTER A FULL RISK BEARING HMO CONTRACT FOR ALL MEDICAID PATIENTS/CLIENTS IN OKALOOSA COUNTY IN AUGUST 2014 BCI IS NOT A FEE FOR SERVICE PROVIDER BASED UPON THE VOLUME OF SERVICES RENDERED BCI HAS TRANSITIONED TO A VALUE-BASED PAYMENT REIMBURSEMENT MODEL THIS PRESENTS MORE CHALLENGES THAT ARE MORE COMPLEX THAN EVER BEFORE BRIDGEWAY CENTER, INC 'S BEHAVIORAL HEALTHCARE DELIVERY SYSTEMS CONTINUE TO EVALUATE ALTERNATIVES TO REDUCE RISK, DRIVE COSTS DOWN, INCREASE EFFICIENCY, AND IMPROVE QUALITY OF CARE COORDINATION FOR BETTER PATIENT/CLIENT OUTCOMES</p>

Return Reference	Explanation
FORM 990, SCHEDULE O BCI'S 2015/2016 ACHIEVEMENTS & HIGHLIGHTS	<p>1 CASE MANAGEMENT FOR CHILDREN &amp; ADULTS - (850) 376-5216 CASE MANAGEMENT SERVICES LINK, MONITOR, AND ADVOCATE FOR THE CHILD AND FAMILY FOR SERVICES IN THE COMMUNITY WHILE ASSISTING WITH THE REDUCTION OF BAKER ACT HOSPITALIZATIONS IN ADDITION, PARENTS AND GUARDIANS ARE TAUGHT EMPOWERMENT SKILLS TO OBTAIN NEEDED SERVICES FOR THEIR CHILDREN 2 COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS (DCF/FFN REFERRALS ONLY FOR DEPENDENCY COURT CASES) - (850) 659-9550 COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS PROVIDE SPECIFIC INFORMATION AND RECOMMENDATIONS TO ACCOMPLISH FAMILY PRESERVATION, REUNIFICATION, AND PERMANENCY PLANNING 3 EARLY CHILDHOOD COURT &amp; CHILD PARENT PSYCHOTHERAPY (DCF REFERRALS ONLY FOR DEPENDENCY COURT CASES) - (850) 659-9550 ECC IS FOCUSED ON IMPROVING HOW THE COURTS, CHILD WELFARE AGENCIES AND RELATED CHILD-SERVING ORGANIZATIONS WORK TOGETHER TO IMPROVE AND EXPEDITE SERVICES FOR CHILDREN, FROM BIRTH TO AGE THREE, WHO HAVE BEEN REMOVED FROM THEIR HOME ALL PARENTS AND CAREGIVERS WILL HAVE THE OPPORTUNITY TO ENGAGE IN CHILD PARENT PSYCHOTHERAPY (CPP), AN EVIDENCED BASED TREATMENT FOR TRAUMA-EXPOSED CHILDREN AGED 0-5 4 FAMILY CARE UNIT (DCF/FFN REFERRALS ONLY FOR DEPENDENCY COURT CASES) - (850) 659-9550 THE FAMILY CARE UNIT WORKS DIRECTLY WITH DCF REFERRED FAMILIES AND CHILDREN TO INITIATE FAMILY REUNIFICATION PLANS FCU COUNSELORS ACT AS A COURT LIAISON TO ENSURE THE PARENTS PARTICIPATION IN RECOMMENDED SERVICES ARE ACCURATELY PROVIDED TO OTHER SERVICE PROVIDERS AND THE COURT 5 HIV/AIDS EDUCATION - (850) 833-7500 EXT 215 PREDICATED ON THE PREVALENCE OF RISKY BEHAVIOR IN THE SUBSTANCE ABUSE POPULATION, HIV/AIDS EDUCATION AND TESTING INFORMATION IS PROVIDED TO THESE CLIENTS EDUCATION IS PROVIDED BOTH IN GROUP AND INDIVIDUAL SETTINGS 6 JUVENILE SUBSTANCE USE ADDICTION COUNSELING - (850) 833-7500 EXT 203 FWB / (850) 689-7810 CV THIS PROGRAM ACCEPTS REFERRALS FROM OTHER BCI PROGRAMS SUCH AS TASC AND PROVIDES DRUG EDUCATION AND/OR SUBSTANCE ABUSE TREATMENT BASED ON THE JUVENILE'S NEED SERVICES INCLUDE INTERVENTION, PREVENTION AND TREATMENT SERVICES FOR CHILDREN AND ADOLESCENTS AGES 12 TO 17 WITH SUBSTANCE ABUSE CONCERNS 7 MENTAL HEALTH TREATMENT - (850) 833-7500 EXT 203 FWB / (850) 689-7810 CV MENTAL HEALTH THERAPY SERVICES PROVIDE A WIDE ARRAY OF SERVICES FOR ALL AGE GROUPS SERVICES AVAILABLE INCLUDE CHILDREN, INDIVIDUAL, COUPLES, FAMILY AND GROUP THERAPY FOR ALL MENTAL HEALTH NEEDS AS WELL AS LIFE SKILLS, CLASSES ALL OF WHICH FOCUS ON THE NEEDS OF THE INDIVIDUAL 8 NURTURING PARENTING CLASSES FOR DEPENDENCY COURT CASES AND NON-DEPENDENCY COURT CASES - (850) 833-7500 EXT 203 FWB / (850) 689-7810 CV NURTURING PARENTING IS AN EVIDENCED BASED PARENTING PROGRAM THAT SUPPORTS BRIDGEWAY CENTER'S VISION BY TEACHING PARENTING SKILLS THAT CREATE FUNCTIONAL, HEALTHY FAMILIES 9 PHARMACY ON-SITE SERVICES - (850) 659-7471 FWB / (850) 634-3929 CV BCI IN PARTNERSHIP WITH GENOA A QOL HEALTHCARE COMPANY 10 PROJECTS FOR ASSISTANCE IN TRANSITION FROM HOMELESSNESS (PATH) - (850) 833-7500 EXT 203 PATH PROVIDES SERVICES TO PEOPLE WITH SERIOUS MENTAL ILLNESS, INCLUDING THOSE WITH CO-OCCURRING SUBSTANCE USE DISORDERS, WHO ARE EXPERIENCING HOMELESSNESS OR AT IMMINENT RISK OF BECOMING HOMELESS 11 PSYCHIATRIC SERVICES - (850) 833-7500 EXT 257 FWB / (850) 689-7810 CV THIS PROGRAM PROVIDES MEDICAL STAFF PSYCHIATRIC EVALUATIONS AND OUTPATIENT PSYCHIATRIC TREATMENT TO INCLUDE INITIAL PSYCHIATRIC EVALUATIONS AND MEDICATION MANAGEMENT FOR CHILDREN, ADOLESCENTS AND ADULTS 12 PSYCHOSOCIAL REHABILITATION WELLNESS CENTER - (850) 833-3965 FWB / (850) 689-7827 EXT 3 CV ADULT PSYCHOSOCIAL REHABILITATION SERVICE PROGRAMS ARE DESIGNED FOR MEMBERS OF THE COMMUNITY AS WELL AS RESIDENTS, TO HELP MEMBERS LEARN PSYCHOSOCIAL SKILLS TO MANAGE THEIR HOME, OCCUPATIONAL LIVES, AND SOCIAL AND INTERPERSONAL SKILLS GUEST SERVICES APARTMENTS ARE AVAILABLE ON A LIMITED BASIS 13 FAMILY SUPPORT SERVICES - (850) 833-7500 EXT 203 FAMILY SUPPORT SERVICES (FSS) IS FOR LOW AND INTERMEDIATE RISK FAMILIES 14 SUBSTANCE USE ADDICTION DISORDERS (SUAD) TREATMENT - (850) 833-7500 EXT 203 FWB / (850) 689-7810 CV THE SUBSTANCE USE ADDICTION PROGRAM OFFERS INDIVIDUAL AND GROUP COUNSELING TO ADULTS AND ADOLESCENTS DESIGNED TO MEET THE INDIVIDUAL'S NEEDS IN TREATMENT THE GOAL OF TREATMENT IS TO MAINTAIN ABSTINENCE WHILE DEVELOPING A LIFESTYLE CONDUCIVE TO LIVING SUBSTANCE FREE 15 SUPPORTIVE SERVICES FOR INDEPENDENT LIVING FOR COMMUNITY IN-HOME CLIENTS - (850) 833-3965 FWB / (850) 689-7827 EXT 3 CV THIS SERVICE PROVIDES TRAINING AND ASSISTANCE TO ENHANCE AND MAINTAIN THE INDEPENDENT LIFESTYLES OF PERSONS TRANSITIONING FROM STRUCTURED TREATMENT SETTINGS TO COMMUNITY LIVING AND FOR THOSE LOCATED IN THE COMMUNITY TO PREVENT RELAPSE 16 VIOLENCE ASSESSMENT SERVICES - (850) 833-7500 EXT 203 FWB / (850) 689-7810 CV BATTERERS INTERVENTION PROGRAM (BIP), SEX OFFENDER RELAPSE PREVENTION (SORP), AND ANGER MANAGEMENT SERVICES ARE PROVIDED TO INDIVIDUALS VOLUNTARILY SEEKING SERVICES OR COURT ORDERED INTO TREATMENT AND FEDERAL, STATE AND COUNTY PROBATIONERS 17 YOUTH AND ADULT MENTAL HEALTH FIRST AID - (850) 833-7500 EXT 215 MENTAL HEALTH FIRST AID IS AN EVIDENCE BASED, NATIONALLY ENDORSED 8-HOUR COURSE THAT TEACHES HOW TO IDENTIFY, UNDERSTAND AND RESPOND TO SIGNS OF CRISIS ASSOCIATED WITH MENTAL ILLNESS COMMON IN ADULTS AND YOUTH WE ARE BRIDGEWAY CENTER THE BRIDGEWAY CENTER, INC (BCI) TEAMS EXPANDED ACCESS FOR COORDINATED CARE FOR THE RESIDENTS OF OKALOOSA COMMUNITIES WE PROVIDED OVER 150,000 PATIENT VISITS ANNUALLY OUR STRENGTH OF CLINICAL AND MEDICAL STAFF TALENT CAST A WIDE PUBLIC SAFETY NET OF SERVICE LEVELS EACH NEW AND CURRENT SERVICE LINE ARE BEST PRACTICES FOR PATIENT/CLIENT OUTCOMES</p>

Return Reference	Explanation
<p>FORM 990, SCHEDULE O BCI'S LOOKING FORWARD</p>	<p>BCI'S STRATEGIC 10-POINT BUSINESS PLAN IS BASED ON TEN MAJOR INITIATIVES TO BUILD THE FOUNDATION FOR SUCCESS THE BASIC FOUNDATION CONSISTS OF 1 CREATING A POSITIVE CUSTOMER EXPERIENCE FOR HAPPIER AND HEALTHIER PATIENTS/CLIENTS AS WELL AS ATTRACTING, RECRUITING, RETAINING, AND RECOGNIZING THE TALENT TO FIT INTO BCI'S WORK TEMPO FOR A PERFORMANCE-BASED CULTURE 2 GROWTH OF REFERRALS FOR PATIENT/CLIENT ENCOUNTERS WITH THE INSTALLATION OF AN ON-SITE PHARMACY IN BCI'S OUTPATIENT LOCATIONS IN SOUTH AND NORTH COUNTY PROVIDING A ONE-STOP SERVICE TO PATIENTS 3 BCI'S MEDICAL STAFF PRESCRIBERS AND PROVIDERS (THERAPEUTIC STAFF) STRIVE FOR OPTIMAL SERVICE EFFICIENCY 4 GOOD WILL SERVICES TO THE COMMUNITY INCLUDES NUMEROUS HOURS OF COMMUNITY PRESENTATIONS AND EMPLOYEE BENEFIT FAIRS BCI'S RECOGNITION PROGRAM REINFORCES OUR CORPORATE VALUES, IMPROVES PATIENT/CLIENT/CUSTOMER EXPERIENCE WITH OUR SERVICES AND HELPS US RETAIN TOP TALENT EXAMPLES INCLUDE A PEER TO PEER "SPOT-ON RECOGNITION B "APPLAUSE" AWARD RECOGNITION BASED ON PEER TO PEER RECOGNITION C EMPLOYEE MILESTONE RECOGNITION D PERFECT ATTENDANCE RECOGNITION AND AWARDS 5 CREATING A CHILDREN'S SPECIALTY SERVICES PROGRAM FOR UNDER AND UN-INSURED CHILDREN, ADOLESCENTS, AND FAMILIES IN OKALOOSA COUNTY THIS INCLUDES WORKING WITH CLOSE COLLABORATION WITH THE JUDICIAL CIRCUIT COURT, LAW ENFORCEMENT AGENCIES, AND CHILD WELFARE AGENCIES 6 ENGAGING WITH CIRCUIT I PARTNERS CONTRACT PAYERS, STAKEHOLDERS, AND COMMUNITY LEADERS, WITH DESIGNATED SEVEN (7) BCI LEADERS AS LIAISONS REPRESENTATIVE 7 EXTERNAL COMMUNITY MEETINGS THAT BCI'S SEVEN (7) LEADERSHIP STAFF ACTIVELY PARTICIPATES IN A TOTAL OF OVER THIRTY (30) DIFFERENT MEETINGS 8 BCI'S LEADERSHIP CONTINUES TO HELP OUTPERFORM WITH MORE PATIENT/CLIENTS WITH COORDINATED CARE THIS INCLUDES IN-HOME, OUTPATIENT AND 24X7 FOR CHILDREN/FAMILIES CRISIS SUPPORT SERVICES 9 REDUCE RISKS WITH QUALITY IMPROVEMENTS, LESSONS LEARNED, AND SYSTEM OF CARE STAFFING TO ENSURE THE SAFETY OF CLIENTS BY REDUCING HOSPITAL ADMISSIONS AND READMISSIONS 10 BRIDGEWAY CENTER'S TEAM OF TALENTED PROFESSIONALS IS A SHINING EXAMPLE OF WHY OUR PATIENTS/CLIENTS BELIEVE SO STRONGLY IN BCI'S CLINICAL AND MEDICAL STAFF AS WELL AS THE MANAGEMENT TEAM'S LEADERSHIP TO STRIVE FOR EXCELLENCE</p>

Return Reference	Explanation
FORM 990, SCHEDULE O BCI'S END OF FISCAL YEAR AUDITED FINANCIALS	BRIDGEWAY CENTER, INC 'S END OF FISCAL YEAR FINANCIAL AUDIT WAS CONDUCTED BY THE INDEPENDENT, EXTERNAL AUDITORS OF CARR, RIGGS, & INGRAM, LLC (CRI) THE TIMEFRAME EXAMINED WAS FOR THE OPERATIONS FOR FISCAL YEAR 2016 IN ACCORDANCE WITH OMB CIRCULAR A-133 BRIDGEWAY CENTER, INC RECEIVED A FAVORABLE UNQUALIFIED OR UNMODIFIED OPINION FROM THE INDEPENDENT AUDITOR'S REPORT WITH ZERO (0) FINDINGS AND ZERO (0) RECOMMENDATIONS BASED ON THESE FINDINGS, A MANAGEMENT LETTER WAS NOT REQUIRED IT IS NOTABLE THAT BCI HAS BEEN RATED FOR SEVENTEEN (17) CONSECUTIVE YEARS AS A "LOW-RISK AUDITEE" BRIDGEWAY CENTER, INC IS NATIONALLY ACCREDITED FOR TWENTY-FOUR (24) YEARS

Return Reference	Explanation
FORM 990, SCHEDULE O BCI'S STRATEGIC VALUE FOR OKALOOSA COMMUNITIES	<p>A STRATEGIC PRIORITIES 1 OUR STRATEGIC PRIORITY IS TO INCREASE ACCESS FOR HIGH RISK PATIENTS, EXPAND OUR CUSTOMER BASE WITH NEW REFERRALS AND MINIMIZE COSTS BCI CONTINUES TO EXPECT COMPETITION FROM SURROUNDING LOCAL NON-PROFIT REGIONAL COST CENTERS (RCCS) 2 MEDICAID REVENUE HAS SCALE ADVANTAGES FOR BRIDGEWAY CENTER INC (BCI) MEDICAID UTILIZATION FOR BEHAVIORAL HEALTH INTERVENTION, DIVERSION, PREVENTION AND WRAP AROUND TREATMENT SERVICES WILL CONTINUE TO GROW THROUGH 2020 GIVEN DEMOGRAPHIC TRENDS AND THE EXPANSION OF INSURANCE COVERAGE FOR BEHAVIORAL HEALTHCARE TREATMENT 3 100% OF BCI CAPITAL ASSETS HAVE OUTPERFORMED THE INDUSTRY ASSET CATEGORIES SHELF LIFE THIS LONGER SURVIVAL LIFE IS INDICATIVE OF BCI'S POSITIVE PREVENTATIVE MAINTENANCE PROGRAM THIS HAS ENABLED BCI TO HAVE OUR CAPITAL EQUIPMENT TO HAVE A POSITIVE RETURN ON INVESTMENT (ROI) 4 BCI HAS A POWERFUL BRAND AND VALUE WITH OKALOOSA RESIDENTS BCI HAS A STRONG DISTRIBUTOR NETWORK DUE TO A SEAMLESS CONTINUUM OF IN-HOME AND OUTPATIENT CLINICAL THERAPY, FAMILY COUNSELING AND MEDICAL STAFF MEDICATION MANAGEMENT OUR NETWORK INCLUDES BCI'S WELLNESS CENTER GROUP PSYCHOSOCIAL REHABILITATION (PSR), IN-HOME SUPPORTIVE LIVING INDEPENDENCE PROGRAM (SLIP), AND GUEST SERVICES APARTMENTS FOR INDIVIDUALS NEEDING MENTAL HEALTH TREATMENT DUE TO A CHRONIC CONDITION 5 CONSEQUENTLY, BCI'S ECONOMIC MOAT IS FAVORABLE BCI'S ECONOMIC MOAT IS SOLIDIFIED WITH GROWTH POTENTIAL EXPANSION SINCE BCI IS THE PROVIDER FOR ALL MEDICAID PATIENTS ENROLLED IN A MANAGED CARE HMO PLAN IN OKALOOSA COUNTY SIX (6) NEW CLINICAL SERVICES FOR CHILDREN AND FAMILIES WERE INTRODUCED FOR OKALOOSA COUNTY RESIDENTS OVERALL, BCI OFFERS GREATER ACCESS FOR BEHAVIORAL HEALTHCARE SERVICES FOR INDIVIDUALS OF ALL AGES THIS GIVES BCI DOMINANT MARKET POSITION IN OKALOOSA COUNTY BRIDGEWAY CENTER INC 'S (BCI) STRATEGIC PRINCIPLES ARE GROUNDED IN OUR RESEARCH, EXPERIENCE AND LEADERSHIP THESE PRINCIPLES KEEP US ON THE RIGHT PATH BCI'S GOALS ARE CLEAR, REALISTIC AND MEASURABLE SPECIFIC MANAGEMENT OBJECTIVES FOR EACH PROGRAM ARE ESTABLISHED SECOND, A BALANCE OF DIVERSIFIED PROGRAMS ARE OPERATED WITH APPROPRIATE ASSET ALLOCATION OF TALENT AND EQUIPMENT THIRD, OUR PERSPECTIVE IS TO MINIMIZE COST AND MAINTAIN LONG-TERM DISCIPLINE TO ALIGN WITH BCI'S VISION, MISSION AND VALUES STATEMENT BRIDGEWAY CENTER INC 'S VALUE TRANSLATES INTO GREATER PATIENT ACCESS BCI'S EFFICIENCY ALLOWS US TO PROVIDE OUR PATIENTS AND CLIENTS GREATER ACCESS TO BEHAVIORAL HEALTHCARE OUR STRATEGIC FOCUS IS PRIORITIZING OUR PATIENTS AND CLIENTS' INTEREST FIRST AT ALL TIMES OUR ECONOMIES OF SCALE WITH OUR TECHNOLOGY AND MANAGEMENT EFFECTIVENESS HAS ALLOWED US TO KEEP LOWERING OUR COSTS EVEN AS WE INVEST IN OUR PEOPLE AND TECHNOLOGY A SINGLE THEME UNITES US WITH THESE STRATEGIC PRINCIPLES SERVICE ABOVE SELF TO FOCUS ON WHAT YOU CAN DO TO IMPROVE QUALITY DAILY, WEEKLY, MONTHLY, QUARTERLY AND YEARLY B OUR SUCCESSES WE EXPECT OUR INVESTMENT IN CHILDREN'S SPECIALTY SERVICES TO ACHIEVE A RETURN OF POSITIVE AND SIGNIFICANT VALUE FOR OKALOOSA COMMUNITIES WE INCREASED OUR IMMEDIATE ACCESS FOR CHILDREN WITH OUR CHILDREN'S COMMUNITY ACTION TEAM (CAT) THIS CONTRACT WAS COMPETITIVELY AWARDED TO BCI THROUGH THE 2016 LEGISLATIVE SESSION WITH BCI'S CEO AND SENATOR DON GAETZ'S LEADERSHIP AS A STATE OF FLORIDA SENATOR AND PAST SENATE PRESIDENT THE GOALS OF THE CAT ARE 1 STRENGTHEN THE FAMILY SYSTEM, RESULTING IN YOUTH LIVING AT HOME AND BEING SUCCESSFUL IN THEIR OWN COMMUNITY 2 IMPROVE SCHOOL RELATED OUTCOMES SUCH AS ATTENDANCE, GRADES AND GRADUATION RATES 3 DECREASE SUBSTANCE USE &amp; ABUSE 4 DECREASE OUT OF HOME PLACEMENTS 5 TRANSITION INTO AGE APPROPRIATE SERVICES 6 PROMOTE FAMILY WELLNESS 7 DECREASE PSYCHIATRIC HOSPITALIZATIONS A BCI PARTNERSHIP WITH THE CONTINUUM OF CARE (COC) MANAGING ENTITY -HOMELESSNESS AND HOUSING ALLIANCE (HHA) WAS ACTIVATED IN JANUARY 2016 IN MARCH 2016 BCI, WAS AWARDED THE HOUSING AND URBAN DEVELOPMENT (HUD) CONTRACT FOR PROPERTY MANAGEMENT OF EACH CLIENT'S APARTMENT AS WELL AS MENTAL HEALTH AND SUBSTANCE USE ADDICTION DISORDERS (SUAD) TREATMENT THE HUD CONTRACT WILL BEGIN ON OCTOBER 30, 2016 C FAVORABLE OUTPERFORMANCE PROGRAM PERFORMANCE WAS STRONG IN FAMILY CARE UNIT (FCU), PATH, WELLNESS CENTERS AND OUTPATIENT SERVICES, IN-HOME THERAPY SERVICES AND CASE MANAGEMENT D REBALANCING PERFORMANCE A RESIDUAL OF OUR LACK OF ACCESS TO UPDATE DATA FROM ABH FOR THE MEDICAL LOSS RATIO (MLR) DATA DECREASED OUR PREDICTIVE ABILITY FOR MLR HUMAN RESOURCES COMPLETED COMPARABLE MARKET ANALYSIS (CMA) FOR FIFTY (50) EMPLOYEES TO MAINTAIN WAGES TO STABILIZE EMPLOYEE TURNOVER IN ADDITION WE PROMOTED SEVENTEEN (17) EMPLOYEES INTERNALLY WE ADJUSTED FROM A SINGLE FAMILY SUPPORT SERVICES (FSS) CONTRACT THAT WAS DIVIDED INTO THE SAFETY MANAGEMENT SERVICES (SMS) AND THE WRAP AROUND (WRAP) SERVICES WITH FAMILIES FIRST NETWORK (FFN) CONTRACTS BCI IS REQUESTING AN INCREASE IN TRAINING HOURS SINCE BCI WOULD BE UNDERPAID BY 115 TRAINING HOURS IN THE SMS CONTRACT AND UNDERPAID BY 175 TRAINING HOURS IN THE WRAP SERVICES CONTRACT BCI'S REQUEST WAS APPROVED BY FFN FOR STAFF CERTIFICATION IN WRAP AROUND SERVICES FOR JULY 2016 E BCI'S FINANCIAL POSITIONING BCI'S 2015/2016 FISCAL YEAR ENDING ON JUNE 30, 2016, BCI'S PROACTIVE ANALYTICS FROM SRQ PRODUCED REDUCTION OF BCI'S PROPERTY INSURANCE PREMIUM COSTS, AS WELL AS WORKERS COMPENSATION COSTS BCI'S PROJECTED BUDGET WAS FAVORABLE AND ENDED WITH A POSITIVE NET INCOME FOR THE YEAR IN ADDITION, BCI'S BALANCE SHEET IS VERY FAVORABLE BCI HAS BEEN DEEMED A VERY FAVORABLE STATUS BY THE EXTERNAL AUDITOR AS A "LOW RISK AUDITEE" FOR THE LAST SEVENTEEN CONSECUTIVE YEARS FLORIDA'S BEHAVIORAL HEALTHCARE ECONOMY IS IN TRANSITION FROM "NO GROWTH" TO "HOT SPOTS OF GROWTH" BCI IS MOVING TOWARDS MAINTAINING LOW INTEREST RATES WITH A PROPER BALANCE OF COLLATERAL FOR OUR LONG-TERM DEBT LOANS REFINANCE IN 2016 REDUCING FINANCIAL RISK IS THE REASON FOR REFINANCING OUR LONG-TERM LOAN WITH A TWENTY (20) YEAR INDUSTRIAL REVENUE BOND ISSUE TO A FIFTEEN (15) YEAR COMMERCIAL BUSINESS LOAN WITH LESS PROPERTY COLLATERAL WE ARE CAUTIOUSLY POSITIVE ABOUT BCI'S ECONOMY FOR 2016/2017 BEGINNING IN JULY 2016 WE CANNOT RECALL A PERIOD OF TIME (GREATER THAN 40 YEARS) WHEN BEHAVIORAL HEALTHCARE POLICY BY THE STATE OF FLORIDA LEGISLATORS IS AS IMPORTANT AS THEY ARE TODAY OUR STRATEGIC BUSINESS PLAN IS TO MAINTAIN 1 OUR WORK CULTURE AND VALUES ARE DEFINED AS HEART-DRIVEN AND CONSCIENTIOUS COMBINED WITH A STRONG WORK ETHIC TO HELP OTHERS BE HEALTHIER, SAFER, STRONGER AND HAPPIER 2 A BALANCE OF DIVERSIFIED SERVICES FROM INFANTS TO SENIORS TO EXPAND GREATER PATIENT ACCESS ANNUALLY 3 A CLEAR PERSPECTIVE WITH LONG-TERM DISCIPLINE IN OUR CORE BENCH STRENGTH AREAS BCI POSITIONED ITSELF FOR FISCAL YEAR 2016/2017 TO BE OUR FIRST YEAR OF EXPANSION SINCE 2011 A TOTAL OF SIX (6) NEW PROGRAMS WILL BE LAUNCHED IN 2016 TWO (2) NEW PROGRAMS WILL BE LAUNCHED IN 2016 THAT INCREASE REVENUE BY APPROXIMATELY \$1,254,000 A YEAR FOR THE NEXT THREE YEARS WITH THE HUD HOUSING THIS PROGRAM IS A COLLABORATION WITH THE HOMELESSNESS AND HOUSING ALLIANCE (HHA) FOR INDIVIDUALS WITH SUAD AND MENTAL HEALTH DISORDERS AND BCI'S CAT TEAM - STRENGTHENING FAMILY UNITY FOUR (4) ADDITIONAL PROGRAMS ARE PROJECTED TO BE LAUNCHED IN 2016 A PROVIDE OKALOOSA ACADEMY CHARTER SCHOOL WITH ON-SITE SUBSTANCE USE ADDICTION DISORDERS (SUAD) SESSIONS B INTENSIVE OUTPATIENT PROGRAM (IOP) FOR SUAD WITH GROUP SESSIONS AND INDIVIDUAL SESSIONS USING AN EVIDENCE-BASED PRACTICE - NATIONALLY APPROVED TO HAVE THE BEST CLIENT OUTCOMES C DEPARTMENT OF JUVENILE JUSTICE YOUTH FOR SUAD AND MENTAL HEALTH EVALUATIONS AND TREATMENT D EXPANDED COORDINATION OF CARE FOR DEPENDENCY COURT CHILDREN AND FAMILIES THAT INCLUDES EARLY CHILDHOOD COURT WITH BCI'S SIX (6) NEW SERVICES 1) COMPREHENSIVE BIO-PSYCHOSOCIAL ASSESSMENTS, 2) CHILD-PARENT PSYCHOTHERAPY, 3) NURTURING PARENTING AND CIRCLE OF SECURITY CLASSES, 4) IN-HOME THERAPY, 5) INTENSIVE CHILDREN AND FAMILIES CASE MANAGEMENT SERVICES, AND 6) THE CHILDREN'S COMMUNITY ACTION TEAM (CAT) F BCI CONTINUES REBALANCING TO REDUCE RISKS FOR PATIENTS, CLIENTS AND THEIR FAMILIES BCI PROVIDES A DIVERSIFIED ALLOCATION OF BEHAVIORAL HEALTHCARE TREATMENT SERVICES THAT ARE DESIGNED TO FILL THE GAPS TO MEET OKALOOSA COMMUNITIES' NEEDS WHAT DOES BCI DO WHEN OUR ORIGINAL BUDGET PLAN CHANGES BECAUSE OF A REALLOCATION OF CONTRACT DOLLARS BY THE STATE OF FLORIDA MANAGING ENTITIES? OUR ANSWER IS THAT WE REBALANCE TO BRING RESOURCES WITHIN PARAMETERS OF OUR RE-CALIBRATED STRATEGIC BUSINESS PLAN THIS REQUIRES US TO MOVE ASSETS AWAY FROM AREAS THAT ARE PERFORMING WELL TO AREAS THAT ARE NEW PROGRAMS AND/OR NEED TO BE RAMPED UP TO LAUNCH IT IS CRITICAL TO MEET STRATEGIC NECESSITY OUR FOCUS IS TO STAY THE COURSE WITH OUR STRATEGIC BUSINESS PLAN</p>

Return Reference	Explanation
FORM 990, PART VII, SECTION A	<p>2014/2015 457(B) DEFERRED COMPENSATION PLAN THIS PLAN WAS APPROVED BY THE BCI BOARD OF TRUSTEES ON 12/6/2006 THE PURPOSE OF ADDING THE PLAN TO STAFF BENEFITS WAS TO RECRUIT AND RETAIN EXECUTIVE MANAGEMENT MEMBERS THE FIRST DISTRIBUTION TO STAFF WAS MADE IN FEBRUARY 2007 THE 457(B) PLAN WAS DISSOLVED IN JUNE 2015 DURING THESE YEARS, BCI MADE CONTRIBUTIONS TO THIS ACCOUNT IN THE FORM OF DEFERRED COMPENSATION FOR THE TOP TEN SALARY POSITIONS THAT HAD OUTSTANDING PERFORMANCE IT WAS ALSO USED TO RETAIN KEY MANAGEMENT LEADERS AS AN INCENTIVE RETIREMENT BENEFIT PLAN THE LAST DISTRIBUTION MADE TO THE PLAN WAS IN NOVEMBER 2013 BCI ALREADY PAID EMPLOYER TAXES ON THESE FUNDS AND THERE WAS NO NEGATIVE FINANCIAL IMPACT ON BCI FOR THIS ONE (1) YEAR DISTRIBUTION KEY MANAGEMENT LEADERS PAID THEIR EMPLOYEE FEDERAL/STATE TAXES FOR THESE FUNDS AS ORDINARY INCOME BCI WITHHELD 25% FEDERAL INCOME TAX OF THE DISTRIBUTION PER IRS RULE EACH PERSON WHO RECEIVED A DISTRIBUTION RECEIVED A W-2 IN JANUARY 2016 WITH THE CORRECT INFORMATION TO DETERMINE TAX LIABILITY AS A RESULT OF THE 457 PLAN DISTRIBUTIONS, SOME OF THE SALARY INFORMATION INCLUDED IN THE 990 IS SUBSTANTIALLY INFLATED FOR 2015 BECAUSE IT IS A LUMP SUM CONTRIBUTION ACCUMULATED FROM FEBRUARY 2007 TO JUNE 2015 THESE FUNDS WERE CONTRIBUTED ANNUALLY FOR DESIGNATED KEY PEOPLE FROM 2007 THE DISTRIBUTION WAS REQUIRED TO BE 100% LISTED ON THE W-2 AS ORDINARY INCOME THE FUNDS IN THE 457(B) ACCOUNTS COULD NOT BE TRANSFERRED TO A 403(B) ACCOUNT OR AN EMPLOYEE INDIVIDUAL RETIREMENT ACCOUNT (IRA) CONSEQUENTLY, EIGHT AND A HALF (8.5) YEARS OF DISTRIBUTION OF FUNDS FOR KEY MANAGEMENT STAFF FOR HIGH PERFORMANCE AND RETENTION KEY MANAGEMENT WAS COLLAPSED IN A ONE (1) DISTRIBUTION IN 2015 FROM AUGUST 2011 TO NOVEMBER 16, 2016, WHILE BCI WAS PREPARING FOR IMPLEMENTATION OF FULL RISK MANAGED CARE CONTRACTING FOR MEDICAID, MR COBBS VOLUNTARILY REDUCED HIS SALARY THE VOLUNTARY REDUCTION WAS TO ALSO ASSIST BCI IN MEETING REVENUE SHORTFALLS THE AMOUNT DONATED BY MR COBBS FOR APPROXIMATELY A FIVE (5) YEAR PERIOD WAS \$101,200.00</p>