

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)  
Do not enter social security numbers on this form as it may be made public  
Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047  
**2016**  
Open to Public Inspection

### A For the 2016 calendar year, or tax year beginning 07-01-2016, and ending 06-30-2017

- 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

**G** Gross receipts \$ 13,012,457

**F** Name and address of principal officer  
Bonnie R Barlow  
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)  
**H(c)** Group exemption number ▶

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

**J** Website: ▶ [www.bridgewaycenter.org](http://www.bridgewaycenter.org)

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

**L** Year of formation 1966 **M** State of legal domicile FL

### Part I Summary

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

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

<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	11
<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	11
<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	149
<b>6</b> Total number of volunteers (estimate if necessary)	0
<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	0
<b>7b</b> Net unrelated business taxable income from Form 990-T, line 34	0

	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	3,931,352	4,592,238
<b>9</b> Program service revenue (Part VIII, line 2g)	6,919,391	8,365,838
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	5,780	1,068
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,200	53,313
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,891,723	13,012,457
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	51,225	86,089
<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)	6,204,235	6,979,354
<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) ▶		
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	4,251,650	5,005,771
<b>18</b> Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	10,507,110	12,071,214
<b>19</b> Revenue less expenses Subtract line 18 from line 12	384,613	941,243

	Beginning of Current Year	End of Year
<b>20</b> Total assets (Part X, line 16)	6,673,095	6,728,217
<b>21</b> Total liabilities (Part X, line 26)	2,746,064	1,859,943
<b>22</b> Net assets or fund balances Subtract line 21 from line 20	3,927,031	4,868,274

### 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 2018-05-15

Bonnie R Barlow SPHR, SHRM-SCP  
Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name  
K Alan Jowers

Preparer's signature  
K Alan Jowers

Date  
2018-05-15

Check  if self-employed PTIN  
P00286841

Firm's name ▶ Carr Riggs & Ingram LLC Firm's EIN ▶ 72-1396621

Firm's address ▶ 189 Eglin Parkway NE 2nd Floor  
Fort Walton Beach, FL 32548 Phone no (850) 244-8395

**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 \$ 4,112,200 including grants of \$ 23,422 ) (Revenue \$ 7,650,367 )  
 See Additional Data

**4b** (Code ) (Expenses \$ 5,090,219 including grants of \$ 62,667 ) (Revenue \$ 377,661 )  
 See Additional Data

**4c** (Code ) (Expenses \$ 1,308,534 including grants of \$ ) (Revenue \$ 391,123 )  
 See Additional Data

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

**4e Total program service expenses** ▶ 10,510,953

**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

**Part IV Checklist of Required Schedules** (continued)

	Yes	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?		
<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> . . . . .		No
<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> . . . . .	Yes	
<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> . . . . .	Yes	
<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> . . . . .		No
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		
<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? . . . . .		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	Yes	
<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> . . . . .		No
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<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> . . . . .		No
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
<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> . . . . .		
<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> . . . . .		No
<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>		No
<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 . . . . .	Yes	

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 ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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 (11); 1b Enter the number of voting members included in line 1a, above, who are independent (11); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (No); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (No); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (Yes); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (No)

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? (No); 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (Yes); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (Yes); b Other officers or key employees of the organization (Yes); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions); 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (No); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

Table with 3 columns: Question, Yes, No. 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	1 00	X		X				0	0	0
(3) Doug 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) Tom Downey BA Board Treasurer	1 00	X		X				0	0	0
(6) Jon Morris MS Board Trustee	1 00	X						0	0	0
(7) Barbara Palmgren Ed D Board Trustee	1 00	X						0	0	0
(8) Joyce Kiser BS Board Trustee	1 00	X						0	0	0
(9) JC Mayfield B El Ed Board Trustee	1 00	X						0	0	0
(10) Archie Jernigan BS Board Trustee	1 00	X						0	0	0
(11) Betsy Thomas MPA Board Trustee	1 00	X						0	0	0
(12) Daniel Cobbs MPA FACHE Chief Executive Officer	56 44			X				201,900	0	24,000
(13) Larry Mundy MCSE Chief Information Officer	46 14			X				84,548	0	0
(14) Larry McFarland LMHC SPHR Clinical Officer	44 60			X				86,437	0	0
(15) Bonnie Rushton Chief Operating Officer	47 26			X				96,479	0	0
(16) Marla Michaels MD Medical Director	40 15					X		167,653	0	0
(17) Sikandar Khan MD Psychiatrist	34 75					X		200,873	0	0

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

(A) Name and Title	(B) Average hours per week (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			
(18) Andrea Lloyd ARNP ..... ARNP	42 20					X		102,461	0	0
<b>1b Sub-Total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>							940,351	0		24,000

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 4**

	Yes	No
<b>3</b> Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		No
<b>4</b> For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	Yes	
<b>5</b> Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		No

**Section B. Independent Contractors**

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

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

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

**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>	3,928,941			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	663,297			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ _____		310,282			
	<b>h Total.</b> Add lines 1a-1f . . . . .		4,592,238			
<b>Program Service Revenue</b>		Business Code				
	<b>2a</b> Medicare/Medicaid Payments	624100	7,295,663	7,295,663		
	<b>b</b> First and Third Parties	624100	997,824	997,824		
	<b>c</b> Client Fees	624100	72,351	72,351		
	<b>d</b> _____					
	<b>e</b> _____					
	<b>f</b> All other program service revenue					
<b>g Total.</b> Add lines 2a-2f . . . . .		8,365,838				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .		1,068		1,068	
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .					
	<b>5</b> Royalties . . . . .					
	<b>6a</b> Gross rents	(i) Real				
		(ii) Personal				
		22,029				
		<b>b</b> Less rental expenses	0			
	<b>c</b> Rental income or (loss)	22,029				
	<b>d</b> Net rental income or (loss) . . . . .		22,029	22,029		
	<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>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>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>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 . . . . .						
Miscellaneous Revenue	Business Code					
<b>11a</b> OTHER INCOME	900099	31,284	31,284			
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> All other revenue . . . . .						
<b>e Total.</b> Add lines 11a-11d . . . . .		31,284				
<b>12 Total revenue.</b> See Instructions . . . . .		13,012,457	8,419,151	0	1,068	

**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

**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<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	86,089	86,089		
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, line 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees	1,131,522	516,011	615,511	
<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	4,967,241	4,748,025	219,216	
<b>8</b> Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits	457,916	405,759	52,157	
<b>10</b> Payroll taxes	422,675	374,532	48,143	
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting	70,785	50,138	20,647	
<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)	58,874	41,701	17,173	
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses	368,002	177,912	190,090	
<b>14</b> Information technology	158,757	144,374	14,383	
<b>15</b> Royalties				
<b>16</b> Occupancy	270,692	163,739	106,953	
<b>17</b> Travel	187,155	159,546	27,609	
<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	59,777		59,777	
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization	252,210	252,210		
<b>23</b> Insurance	188,603	184,184	4,419	
<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> Subcontracted Services	2,341,375	2,279,616	61,759	
<b>b</b> Medical & Pharmacy	392,423	390,840	1,583	
<b>c</b> Utilities	227,302	137,493	89,809	
<b>d</b> Bad Debt Expense	219,908	219,908		
<b>e</b> All other expenses	209,908	178,876	31,032	
<b>25</b> Total functional expenses. Add lines 1 through 24e	12,071,214	10,510,953	1,560,261	0
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	1,845,605	<b>1</b>	2,166,821
	<b>2</b> Savings and temporary cash investments . . . . .	405,319	<b>2</b>	53,858
	<b>3</b> Pledges and grants receivable, net . . . . .	289,923	<b>3</b>	526,742
	<b>4</b> Accounts receivable, net . . . . .	205,893	<b>4</b>	109,167
	<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 . . . . .	4,344	<b>8</b>	2,442
	<b>9</b> Prepaid expenses and deferred charges . . . . .	319,806	<b>9</b>	283,202
	<b>10a</b> Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	6,885,853		
	<b>b</b> Less accumulated depreciation	3,324,715		
	<b>11</b> Investments—publicly traded securities . . . . .		<b>11</b>	
	<b>12</b> Investments—other securities See Part IV, line 11 . . . . .	21,648	<b>12</b>	22,081
	<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 . . . . .	24,346	<b>15</b>	2,766
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	6,673,095	<b>16</b>	6,728,217	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	814,068	<b>17</b>	390,374
	<b>18</b> Grants payable . . . . .		<b>18</b>	
	<b>19</b> Deferred revenue . . . . .		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	1,303,478	<b>20</b>	
	<b>21</b> Escrow or custodial account liability Complete Part IV of Schedule D	10,555	<b>21</b>	26,231
	<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 . . . . .	132,287	<b>23</b>	45
	<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	485,676	<b>25</b>	1,443,293
	<b>26 Total liabilities.</b> Add lines 17 through 25 . . . . .	2,746,064	<b>26</b>	1,859,943
<b>Net Assets or Fund Balances</b>	<b>27 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> Unrestricted net assets	3,927,031	<b>27</b>	4,868,274
	<b>28</b> Temporarily restricted net assets . . . . .		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</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 Total net assets or fund balances . . . . .</b>	3,927,031	<b>33</b>	4,868,274
	<b>34 Total liabilities and net assets/fund balances . . . . .</b>	6,673,095	<b>34</b>	6,728,217

**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>	13,012,457
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	12,071,214
<b>3</b>	Revenue less expenses Subtract line 2 from line 1 . . . . .	<b>3</b>	941,243
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	3,927,031
<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>	4,868,274

**Part XII Financial Statements and Reporting**

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

	Yes	No
<p><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</p>		
<p><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</p>		No
<p><b>b</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</p>	Yes	
<p><b>c</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</p>	Yes	
<p><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?</p>		No
<p><b>b</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</p>		

# Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-1278085

**Name:** Bridgeway Center Inc

Form 990 (2016)

## Form 990, Part III, Line 4a:

BRIDGEWAY CENTER, INC PROVIDES CO-OCCURRING BEHAVIORAL HEALTH (MENTAL HEALTH AND SUBSTANCE ABUSE CARE) WITH CLINICAL THERAPY AND PSYCHIATRIC MEDICAL STAFF TREATMENT, CASE MANAGEMENT, WITH TEN (10) BRANCH OUTPATIENT LOCATIONS FOR CHILDREN AND ADULTS AS WELL AS IN-HOME SERVICES REFER TO THE LIST OF 22 SERVICES BELOW 1 CASE MANAGEMENT FOR CHILDREN & ADULTS - 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 SEE SCHEDULE O FOR PROGRAM SERVICE ACCOMPLISHMENTS CONTINUATION 2 COMMUNITY ACTION TEAM (CAT) MOBILE CHILDREN & FAMILIES SUPPORT - THE CAT IS A SAFE AND EFFECTIVE ALTERNATIVE TO OUT-OF-HOME PLACEMENT FOR YOUTH, AGES 11-21, WITH SERIOUS BEHAVIORAL HEALTH CHALLENGES, MENTAL HEALTH AND/OR CO-OCCURRING SUBSTANCE USE AND ADDICTIVE DISORDERS AND OTHER CHARACTERISTICS SUCH AS INVOLVEMENT WITH DJJ OR MULTIPLE EPISODES INVOLVING LAW ENFORCEMENT 3 COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS (DCF/FFN REFERRALS ONLY FOR DEPENDENCY COURT CASES) - COMPREHENSIVE BEHAVIORAL HEALTH ASSESSMENTS PROVIDE SPECIFIC INFORMATION AND RECOMMENDATIONS TO ACCOMPLISH FAMILY PRESERVATION, REUNIFICATION, AND PERMANENCY PLANNING 4 EARLY CHILDHOOD COURT & CHILD PARENT PSYCHOTHERAPY (DCF REFERRALS ONLY FOR DEPENDENCY COURT CASES) - 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 5 FAMILY CARE UNIT (DCF/FFN REFERRALS ONLY FOR DEPENDENCY COURT CASES) - 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 6 HIV/AIDS EDUCATION - HIV/AIDS EDUCATION AND TESTING INFORMATION IS PROVIDED TO THESE CLIENTS EDUCATION IS PROVIDED BOTH IN GROUP AND INDIVIDUAL SETTINGS 7 JUVENILE SUBSTANCE USE ADDICTION COUNSELING - 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 8 MENTAL HEALTH TREATMENT - 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 9 NURTURING PARENTING CLASSES FOR DEPENDENCY COURT CASES AND NON-DEPENDENCY COURT CASES - NURTURING PARENTING IS AN EVIDENCED BASED PARENTING PROGRAM THAT SUPPORTS BRIDGEWAY CENTER'S VISION BY TEACHING PARENTING SKILLS THAT CREATE FUNCTIONAL, HEALTHY FAMILIES 10 OKALOOSA ACADEMY ADOLESCENTS ONSITE SUBSTANCE USE & ADDICTIVE DISORDERS SERVICES - THIS SERVICE PROVIDES ON-SITE YOUTH SUBSTANCE ABUSE ASSESSMENT, GROUP AND INDIVIDUAL THERAPY, AND AFTERCARE SUPPORT SERVICES DESIGNED TO DECREASE REPEAT SUBSTANCE USE IN STUDENTS THROUGH THE PROVISION OF CULTURALLY COMPETENT, EFFECTIVE TREATMENT AND SUPPORTIVE SERVICES 11 MAT PROGRAM - MAT PROGRAM PROVIDES MEDICATION ASSISTED TREATMENT (MAT) THROUGH VIVITROL FOR OPIOID USE DISORDERS AND ALCOHOL USE DISORDER ALONG WITH SUBSTANCE ABUSE (SA) THERAPY 12 PHARMACY ON-SITE SERVICES - BCI IN PARTNERSHIP WITH GENOA A QOL HEALTHCARE COMPANY 13 EMERGENCY-MOBILE ACCESS TEAM (E-MAT) - E-MAT PROVIDES EMERGENCY ON-SITE SERVICES TO CHILDREN AND ADULTS WHO ARE IN EITHER A MENTAL HEALTH AND/OR SUBSTANCE ABUSE CRISIS E-MAT WILL RESPOND ON-SITE BETWEEN 8 00AM AND 12 00AM (MIDNIGHT), SEVEN (7) DAYS PER WEEK WITH HOSPITAL EMERGENCY DEPARTMENTS 14 PSYCHIATRIC SERVICES - THIS PROGRAM PROVIDES MEDICAL STAFF PSYCHIATRIC EVALUATIONS AND OUTPATIENT PSYCHIATRIC TREATMENT TO INCLUDE INITIAL PSYCHIATRIC EVALUATIONS AND MEDICATION MANAGEMENT FOR CHILDREN, ADOLESCENTS AND ADULTS 15 PSYCHOSOCIAL REHABILITATION WELLNESS CENTERS - 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 16 IN-HOME SUPPORTIVE SERVICES (IHSS) - SAFETY MANAGEMENT SERVICES (SMS) WORKS DIRECTLY WITH THE DEPARTMENT OF CHILDREN AND FAMILIES (DCF) AND FAMILIES FIRST NETWORK (FFN) TO PROVIDE A LAYER OF SUPPORT TO THE FAMILIES, DCF AND FFN SMS INCLUDES THE FOLLOWING BEHAVIOR MANAGEMENT, CRISIS MANAGEMENT, SOCIAL CONNECTION AND RESOURCE SUPPORT 17 SUBSTANCE USE DISORDERS (SUD) TREATMENT - 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 INTENSIVE OUTPATIENT SERVICES ARE AVAILABLE 18 SUBSTANCE ABUSE (SA) SUPPORTIVE SERVICES FOR INDEPENDENT LIVING FOR COMMUNITY IN-HOME CLIENTS - 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 19 VIOLENCE ASSESSMENT SERVICES - SUICIDE RISK ASSESSMENT, BATTERERS INTERVENTION PROGRAM (BIP) AND ANGER MANAGEMENT SERVICES ARE PROVIDED TO INDIVIDUALS VOLUNTARILY SEEKING SERVICES OR COURT ORDERED INTO TREATMENT AND FEDERAL, STATE AND COUNTY PROBATIONERS 20 WRAPAROUND FAMILY SUPPORT SERVICES - WRAPAROUND FAMILY SUPPORT SERVICES IS A DIVERSION SERVICE FOCUSED ON HIGH AND VERY HIGH RISK FAMILIES WITH CHILDREN DETERMINED TO BE SAFE WITH NO PRESENT OR IMPENDING DANGER REFERRALS ARE RECEIVED FROM DCF 21 INTENSIVE OUTPATIENT - SUBSTANCE USE AND ADDICTIVE DISORDERS (IOP-SUAD) PROGRAM - IOP-SUAD PROVIDES COMPREHENSIVE PROGRAMMING NINE HOURS IN THREE DAYS A WEEK FOR PERSONS WITH SIGNIFICANT AND PERSISTENT SUBSTANCE USE WHO HAVE TRIED OTHER TREATMENT PROGRAMS AND CONTINUE TO USE DESPITE THE NEGATIVE LIFE OUTCOMES SERVICES INCLUDE GROUP AND INDIVIDUAL SESSIONS EACH WEEK FOR 16 WEEKS 22 MENTAL HEALTH FIRST AID - 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

**Form 990, Part III, Line 4b:**

Bridgeway Center Inc Judicial and Educational Services is a risk diversion public safety program that provides State-Certified "on-the-road" Driving lessons, Driver Improvement, and DUI courses BCI has expanded services in the last two years The service lines for Children's Specialty Services Child Parent Psychotherapy (CPP) and Community Action Team (CAT) for Children and Families for Therapeutic Parenting to prevent out of home placement, Comprehensive Assessments, Early Childhood Court for Dependency and Coordination with the Quality Improvement Center for Research-Based Infant-Toddler (zero to three (3) years old) Court teams

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**Form 990, Part III, Line 4c:**

Bridgeway Center, Inc provides a variety of educational and supportive independent living program services Bridgeway Center, Inc (BCI) serves as the local Community-Based Mental Health and Substance Abuse provider for Behavioral Health Care Treatment

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**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).

OMB No 1545-0047  
**2016**  
**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 12, 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 agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university \_\_\_\_\_
- 10  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 )
- 11  An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12  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 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
  - 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- 10 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, 8, or 9 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>1</b>	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,166,085	4,189,923	4,069,880	3,931,352	4,592,238	22,949,478
<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</b>	<b>Total.</b> Add lines 1 through 3	6,166,085	4,189,923	4,069,880	3,931,352	4,592,238	22,949,478
<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</b>	<b>Public support.</b> Subtract line 5 from line 4						22,949,478

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(f)Total
<b>7</b>	Amounts from line 4	6,166,085	4,189,923	4,069,880	3,931,352	4,592,238	22,949,478
<b>8</b>	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,524	4,266	12,966	15,103	23,097	58,956
<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.)	68,439	23,587	24,031	25,877	31,284	173,218
<b>11</b>	<b>Total support.</b> Add lines 7 through 10						23,181,652
<b>12</b>	Gross receipts from related activities, etc. (see instructions)					<b>12</b>	29,997,371

**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**

<b>14</b>	Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f))	<b>14</b>	99.000 %
<b>15</b>	Public support percentage for 2015 Schedule A, Part II, line 14	<b>15</b>	98.470 %

**16a 33 1/3% support test—2016.** 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—2015.** 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—2016.** 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—2015.** 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 10 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)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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</b>	<b>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</b>	<b>Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►		(a)2012	(b)2013	(c)2014	(d)2015	(e)2016	(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</b>	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
<b>14</b>	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> <span style="float: right;">► <input type="checkbox"/></span>						

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

<b>15</b>	Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f))	<b>15</b>	
<b>16</b>	Public support percentage from 2015 Schedule A, Part III, line 15	<b>16</b>	

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

<b>17</b>	Investment income percentage for <b>2016</b> (line 10c, column (f) divided by line 13, column (f))	<b>17</b>	
<b>18</b>	Investment income percentage from <b>2015</b> Schedule A, Part III, line 17	<b>18</b>	
<b>19a</b>	<b>33 1/3% support tests—2016.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>b</b>	<b>33 1/3% support tests—2015.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization <span style="float: right;">► <input type="checkbox"/></span>		
<b>20</b>	<b>Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions <span style="float: right;">► <input type="checkbox"/></span>		

**Part IV Supporting Organizations**

(Complete only if you checked a box on line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	<b>1</b>		
<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)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	<b>2</b>		
<b>3a</b>	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	<b>3a</b>		
<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)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.		
	<b>3b</b>		
<b>c</b>	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.		
	<b>3c</b>		
<b>4a</b>	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	<b>4a</b>		
<b>b</b>	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	<b>4b</b>		
<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)? If "Yes," explain in <b>Part VI</b> 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.		
	<b>4c</b>		
<b>5a</b>	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , 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).		
	<b>5a</b>		
<b>b</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>5b</b>		
<b>c</b>	<b>Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
	<b>5c</b>		
<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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI</b> .		
	<b>6</b>		
<b>7</b>	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>7</b>		
<b>8</b>	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	<b>8</b>		
<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))? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9a</b>		
<b>b</b>	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9b</b>		
<b>c</b>	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in <b>Part VI</b> .		
	<b>9c</b>		
<b>10a</b>	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	<b>10a</b>		
<b>b</b>	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	<b>10b</b>		

**Part IV Supporting Organizations** (continued)

		Yes	No
<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>		

**Section B. Type I Supporting Organizations**

		Yes	No
<b>1</b>	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? <i>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.</i>		
<b>2</b>	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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

		Yes	No
<b>1</b>	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)? <i>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).</i>		

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

		Yes	No
<b>1</b>	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b>	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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b>	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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b>	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
<b>a</b>	<input type="checkbox"/> The organization satisfied the Activities Test. Complete <b>line 2</b> below.		
<b>b</b>	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete <b>line 3</b> below.		
<b>c</b>	<input type="checkbox"/> The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instructions).		
<b>2</b>	Activities Test <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b>	Parent of Supported Organizations <b>Answer (a) and (b) below.</b>		
<b>a</b>	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? <i>Provide details in Part VI.</i>		
<b>b</b>	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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 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 Total</b> (add lines 1a, 1b, and 1c)	<b>1d</b>	
<b>e 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 .035	<b>6</b>	
<b>7</b> Recoveries of prior-year distributions	<b>7</b>	
<b>8 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 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	<b>6</b>	
<b>7</b> <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

**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 2016 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-2016</b>	<b>(iii) Distributable Amount for 2016</b>
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required--see instructions)			
<b>3</b> Excess distributions carryover, if any, to 2016			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013. . . . .			
<b>d</b> From 2014. . . . .			
<b>e</b> From 2015. . . . .			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder Subtract lines 3g, 3h, and 3i from 3f			
<b>4</b> Distributions for 2016 from Section D, line 7			
<b>\$</b>			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions)			
<b>6</b> Remaining underdistributions for 2016 Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7			
<b>a</b>			
<b>b</b> Excess from 2013. . . . .			
<b>c</b> Excess from 2014. . . . .			
<b>d</b> Excess from 2015. . . . .			
<b>e</b> Excess from 2016. . . . .			

**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).

**Facts And Circumstances Test**

**SCHEDULE D**  
(Form 990)

**Supplemental Financial Statements**

OMB No 1545-0047  
**2016**  
**Open to Public Inspection**

▶ 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).

Department of the Treasury  
Internal Revenue Service

**Name of the organization**  
Bridgeway Center Inc

**Employer identification number**  
59-1278085

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**  
Complete if the organization answered "Yes" 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		

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

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

**Part II Conservation Easements.** Complete if the organization answered "Yes" 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>d</b> Additions during the year     |        |
| <b>e</b> Distributions during the year |        |
| <b>f</b> Ending balance                |        |
- 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" on 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
- |  |            |           |
|--|------------|-----------|
| <b>(i)</b> unrelated organizations . . . . .   | <b>Yes</b> | <b>No</b> |
| <b>3a(i)</b>   |            |           |
| <b>(ii)</b> related organizations . . . . .  | <b>Yes</b> | <b>No</b> |
| <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' on 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		1,134,594	527,112
<b>c</b> Leasehold improvements	2,238,560		1,359,909	878,651
<b>d</b> Equipment . . . . .	1,194,385		830,212	364,173
<b>e</b> Other . . . . .	1,000			1,000
<b>Total.</b> Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				3,561,138

**Part VII Investments—Other Securities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives . . . . .		
(2) Closely-held equity interests . . . . .		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 12 )		

**Part VIII Investments—Program Related.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 13 )		

**Part IX Other Assets.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 15 )	

**Part X Other Liabilities.** Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	
Insurance Finance Agreement	175,463
Other Liabilities & Reserves	28,197
Deposits	2,800
Hancock Bank Loan	1,236,833
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col (B) line 25 )	1,443,293

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

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

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>	13,068,209
<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>	55,752
<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>	55,752
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	13,012,457
<b>4</b>	Amounts included on Form 990, Part VIII, line 12, but not on line <b>1</b> :		
<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>	13,012,457

**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>	12,126,966
<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>	55,752
<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>	55,752
<b>3</b>	Subtract line <b>2e</b> from line <b>1</b> . . . . .	<b>3</b>	12,071,214
<b>4</b>	Amounts included on Form 990, Part IX, line 25, but not on line <b>1</b> :		
<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>	12,071,214

**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
See Additional Data Table	

**Part XIII** Supplemental Information *(continued)*

Return Reference	Explanation

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 59-1278085

**Name:** Bridgeway Center Inc

## Supplemental 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

**Schedule I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

Complete if the organization answered "Yes," 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](http://www.irs.gov/form990).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization  
Bridgeway Center Inc

**Employer identification number**  
59-1278085

**Part I General Information on Grants and Assistance**

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

**Part II Grants and Other Assistance to 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

(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
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 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	519	86,089			
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

**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

**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 Brdgeway Center Inc	Employer identification number 59-1278085
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**Part I Questions Regarding Compensation**

	Yes	No
<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. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax idemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
<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	<b>1b</b>	
<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?	<b>2</b>	
<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. <input type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input type="checkbox"/> Compensation survey or study <input type="checkbox"/> Approval by the board or compensation committee		
<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		
<b>a</b> Receive a severance payment or change-of-control payment?	<b>4a</b>	No
<b>b</b> Participate in, or receive payment from, a supplemental nonqualified retirement plan?	<b>4b</b>	No
<b>c</b> Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	<b>4c</b>	No
<b>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</b>		
<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		
<b>a</b> The organization?	<b>5a</b>	No
<b>b</b> Any related organization? If "Yes," on line 5a or 5b, describe in Part III.	<b>5b</b>	No
<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		
<b>a</b> The organization?	<b>6a</b>	No
<b>b</b> Any related organization? If "Yes," on line 6a or 6b, describe in Part III.	<b>6b</b>	No
<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.	<b>7</b>	No
<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.	<b>8</b>	No
<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)?	<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)	155,670 -----	46,230 -----	0 -----	24,000 -----	0 -----	225,900 -----	0 -----
	(ii)	0	0	0	0	0	0	0
2 Marla Michaels MD Medical Director	(i)	163,928 -----	3,725 -----	0 -----	0 -----	0 -----	167,653 -----	0 -----
	(ii)	0	0	0	0	0	0	0
3 Sikandar Khan MD Psychiatrist	(i)	185,185 -----	15,688 -----	0 -----	0 -----	0 -----	200,873 -----	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 M  
(Form 990)**

**Noncash Contributions**

OMB No 1545-0047

**2016**

▶ **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)**

**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 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	18	310,282	MARKET VALUE
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( _____ )				
26 Other ▶ ( _____ )				
27 Other ▶ ( _____ )				
28 Other ▶ ( _____ )				

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

29

30a 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?

	Yes	No
30a		No

b If "Yes," describe the arrangement in Part II

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31		No
----	--	----

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

32a		No
-----	--	----

b If "Yes," describe in Part II

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

**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~~

Name of the organization  
Bridgeway Center Inc

**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).

OMB No 1545-0047

**2016**

**Open to Public Inspection**

**Employer identification number**

59-1278085

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Part I, Line 1 - Introduction &amp; Overview</p>	<p>Bridgeway Center Inc (BCI) is a private, independent, not for profit organization in Okaloosa County with twelve (12) branch locations BCI is licensed by the State of Florida and nationally accredited for 24 years as a respected and valuable resource for Okaloosa County BCI demonstrates excellent stewardship, recognized as a low-risk auditee for 18 years by an independent, external CPA auditing firm BCI provides an array of services for outpatient services, in-home therapy services, infant mental health, high risk newborn services, case management, wellness centers, guest residential, on-site professional consultation and therapy school-based services, domestic violence and trauma recovery services, and 24- hours a day children's Community Action Team (CAT Team) for crisis services for 11 to 21 years of age Bridgeway Center, Inc (BCI) has been Okaloosa County's Community Behavioral Health Center for fifty (50) plus years a BCI's work culture consists of a conscientious collaboration to work as a team member Our mantra is "Service Above Self" We select people who will best fit BCI's culture and then the way the organization adapts to the culture is a two way street The employer selects the employee and the employee selects the employer b At BCI, we do micro-burst learning with shorter, more intense training programs as well as electronic learning with myLearningPointe (MLP) c We innovate relentlessly to enhance a positive customer experience for everyone regardless of income Our Mission, Vision and Key Values focus on a Performance Based Culture and can best be summarized as service above self and conscientious commitment to our clients/patients for their best outcomes for success (See following statement for BCI's Mission, Vision and Values Statement) For 20 years, BCI has been supporting students and their families through a full array of services These youth services are Crisis Assessment and Intervention, Youth Substance Use Treatment, Early Childhood Court, Child/Parent Psychotherapy, Community Action Team (CAT Team), On-Site Charter School with Substance Use Addictive Disorders (SUAD) Services at the Okaloosa Academy (The Seven Challenges and Conscious Discipline), Child Welfare Case Management and In-Home Support Services BCI believes in community education as demonstrated through our training of Mental Health First Aid for Adults, Youth, Veterans, Law Enforcement, and Fire/EMS It's not just parents or family members who put their trust in us Our child and adolescent expertise expands beyond the walls of buildings, it is our pledge to help youth be safer, healthier and happier BCI's "People First Strategy" is the hallmark of BCI's work performance culture People are our future We continue to build the "DNA talent pipeline" investment with our clinical internship program BCI has worked with clinical interns from 5 different colleges and/or universities BCI's operating business model and culture is unique within the</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part I, Line 1 - Introduction & Overview	behavioral healthcare treatment industry BCI believes that by taking care of your people, they will provide the best care of our customers for the best outcomes to be safer, healthier and happier Our people set the tone, with established values as a life code The key to our culture of engagement is that it emerges from the top to the entry level person

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part I, Line 1 - Mission, Vision and Values Statement	BCI'S VISION STATEMENT BE THE SAFEST, MOST PROGRESSIVE PSYCHOLOGICAL HEALTHCARE ORGANIZATION IN AMERICA BY OUR RELENTLESS PURSUIT OF EMPLOYEE AND CUSTOMER EXCELLENCE BCI'S MISSION STATEMENT TO SERVE AND PROTECT FAMILIES AND CHILDREN WITH QUALITY PSYCHOSOCIAL HEALTHCARE BCI'S VALUES STATEMENT OF CONSCIENTIOUSNESS a RESPECT ENSURE FAIRNESS AND DIGNITY OF OTHERS, COMMUNICATION IS ACCOMPLISHED WITH A SENSE OF URGENCY b INTEGRITY ENSURE AN ETHICAL ENVIRONMENT WHERE HONESTY, COMPASSION, AND INTELLECT ALLOW OUR ASSOCIATES AND CUSTOMERS TO THRIVE c SERVICE ENSURE THE CUSTOMER EXPERIENCE IS A PRIORITY, COMPLETE INFORMATION IS GIVEN UPON THE FIRST CONTACT WITH BCI d KINDNESS ENSURE COMPASSIONATE SERVICE AND WELL-BEING IS GIVEN TO OTHERS e EDUCATION ENSURE CONTINUOUS QUALITY IMPROVEMENT (CQI) IS AN ACTIVE PROCESS BCI'S CONCLUSIVE RESULTS STATEMENT ALL BOARD TRUSTEES, VOLUNTEERS, MANAGEMENT, AND ASSOCIATES STRIVE TO ACHIEVE OUR VISION, MISSION, AND VALUES, AND IN SO DOING, IMPROVE THE WELLNESS OF OUR COMMUNITY

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 11b	Organization's process used to review Form 990 The Board of Trustees meets with the Chief Executive Officer and the Chief Operating Officer to review the form 990 and the Schedule O prior to submittal to the Internal Revenue Service

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part VI, Section B, line 12c	Enforcement of Conflicts Policy All officers, employees, associates, volunteers, and interns are covered under the policy The Human Resources Department 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)

**990 Schedule O, Supplemental Information**

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 asks 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>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Part VI, Section C, line 19	Governing Documents Disclosure Explanation - The organization makes available to the public upon request its governing documents and financial statements. These governing documents include (1) Board of Trustees By-Laws (2) Articles of Incorporation (3) Board of Trustees Orientation and Training Manual (4) Board 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

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Part XII, Line 2C	The organization did not change its oversight or selection process during the tax year

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Schedule O - BCI's Major Accomplishments and Highlights (I)</p>	<p>BCI is Okaloosa County's Substance Abuse Mental Health (SAMH) contract provider with Big B end Community Based Care (BBCBC) as the Managing Entity for uninsured recipients referred by The Department of Children and Families (DCF) BCI is Okaloosa County's Medicaid contract provider for ABH Managing Entity, a division of Lakeview Center, Inc (LCI) BCI also has experience working with HUD Permanent Supportive Housing BCI has the same philosophy for Behavioral Health Care (BHC) treatment of youth and adults The family connectivity at home generally is the best place for youth to mature into adulthood Institutional/agency residential settings lack therapeutic parenting and natural support systems for family relationships For adults, the local community is best to find support systems to progress through the stages of recovery for independent and continuing self-sustainability BCI's delivery of service lines consists of these six (6) major themes 1) Optimize ABH Medicaid and the uninsured BBCBC SAMH clients/patients service delivery 2) Optimize the client service delivery of psycho-social rehabilitative services 3) Expand Psychiatric Medicine for eligible recipients 4) Optimize service delivery of Case Management to ABH Medicaid recipients and BBCBC uninsured DCF recipients with internal and external referrals partners to reduce hospital admissions and/or other Behavioral acute services at BCI 5) Optimize client service delivery for Family Support Services and the Family Care Unit (Child Welfare) recipients with the Managing Entity Families First Network, a division of LCI 6) Re-balance all Outpatient service provider payer-mix to ensure contract billing and positive outcomes of both clinical clients and BCI's medical staff prescribers patients BCI has an established relationship with the Fort Walton Beach Medical Center, the receiving facility which facilitates Care Coordination This relationship includes Case Managers providing Community Resource Transition Groups three days a week on the Psychiatric Unit, BCI's Emergency Mobile Access Team (E-MAT) coordinates with the Emergency Department to facilitate transition into the Recovery Oriented System of Care (ROSC) for treatment via warm handoffs to BCI's case manager for registration and orientation for BCI's treatment services Active strategic planning with the Board, staff, and community is key when determining programs needed now and in the future This planning includes face to face interviews and electronic brief surveys with stakeholders, clients, community leaders, and staff This results in an improved public support, improved and expanded services, increased quality and efficiency of operations, improved financial stability, and development of a positive organizational culture BCI's "Coordination of Care" for patients in FWBMC enhances "Care Coordination," particularly for reducing High Utilizers of acute services BCI has established "Care Coordination" relationships with loc</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Schedule O - BCI's Major Accomplishments and Highlights (I)	<p>al shelters for the homeless, victims of violence and foster children BCI has a collaborative agreement with Genoa to operate an on-site pharmacy in FWB and Crestview for the convenience of our clients BCI's focus is on Three (3) Key Priorities 1) Increase Access (Consumer Convenience) 2) Provide Excellence ( Consumer Deliverables) 3) Maintain Affordability for Consumers Interpreting the Future Trends with BCI's Strategic Planning Ongoing reductions in reimbursement and uncertainty in Medicaid Reform for state-wide HMO's are causing consolidations for psychological health care organizations Managed Care Readiness means impending reimbursement cuts These top trends will have the largest impact on BCI BCI places a great amount of fiscal and operational focus on technology to meet State of Florida as well as regulatory federal standards The future cast projects the importance of a full range of Behavioral Health Care (BHC) services with licensed clinical and medical staff Plus BHC professions who are certified as In-Home Support Specialists, Peer Recovery Specialists, Behavioral Health Technicians and Youth/Adult Mental Health First Aid Instructors are needed Managing BCI's budget to save on expenses is appropriate It is just as important to set aside asset allocations based upon their long-term potential Many in the Behavioral Health Care (BHC) industry only look to the next twelve (12) months This is expedient since it enables you to navigate the present and the near term BHC landscape This approach limits your alignment with a longer term strategic investment horizon BCI's Executive Leadership Team (ELT) believes it's important to look forward to three (3) years to anticipate and realize the full potential of BCI's strategic investments This requires the ELT (BCI's three Vice Presidents, the Chief Operating Officer, and the Chief Executive Officer) to identify trends in advance and apply efficiency standards for effectiveness This is accomplished by talking directly with business and their suppliers in the BHC and Primary Health Care (PMC) industries BCI continues to streamline for efficiency in the near term (12 months) because information is available from the State of Florida major contract managers for BHC where reimbursement earnings will be for the next fiscal year It is more difficult to make sense of a larger amount of information ("fire hose" of data) regarding the future from three to five years from the present The further you project the more mitigating factors which increase the risk of selecting the pathway This process is time consuming and requires BHC industry expertise as well as a large network of healthcare industry contacts for added value for business decisions An example that demonstrates the importance of industry knowledge for informed decision making on strategic investment opportunities is BCI's membership with the Florida Council of Community Mental Health and the participation at training eve</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Schedule O - BCI's Major Accomplishments and Highlights (I)	<p>nts by the Florida Alcohol and Drug Abuse Association This includes participation at the designated national "OPEN Minds" training conferences Organizational relationships a What trade organizations and other similar relationships are you involved in? Commission on Accreditation of Rehabilitation Facilities (CARF) International, Economic Development Council (EDC) Board Director, Florida Council for Behavioral Health Care Member, Society for Human Resource Management (SHRM) Member, SHRM Emerald Coast Member, Florida Council for Community Mental Health Board Directors, Florida Association of Juvenile Justice, Florida Association of Community Corrections Member, Florida Coalition on the Homeless Member, National Council for Community Behavioral Health Care Member, Open Minds Circle Member b BCI's linkage is with unique population(s) and ties to grassroots/community-based organizations rooted in the population(s) of focus Bridgeway Center, Inc participates in over forty (40) monthly or quarterly meetings This is demonstrated in membership and active participation in the "Coordination of Care" resources for Behavioral Health Care clients/patients The following are eleven (11) of the major organizations Career Source Okaloosa Walton County Early Childhood Court of Okaloosa County Mental Health Association of Okaloosa/Walton Counties Okaloosa Anti-Drug Coalition Okaloosa Public Safety Council Okaloosa/Walton Children's Legal Services for the Child Welfare System Okaloosa Walton Domestic Violence Coordinating Council Okaloosa Walton Homeless Housing Continuum of Care Okaloosa Walton Sexual Assault Interagency Council Okaloosa/Walton Shelter House/Healthy Start/Early Learning Coalition United Way of Okaloosa/Walton County c BCI's organizational relationship history demonstrates a participative, collaborative and inclusive approach with education/training as a core element of BCI's five (5) core values and we offer the best training and career development People choose companies to work for based upon how they perceive the company's values and internal leadership team longevity</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Schedule O - BCI's Major Accomplishments and Highlights (II)</p>	<p>Creating Innovative Ripple Effects BCI has made continuous quality improvements (CQI) over the last two and a half decades with strategic capital investment This was accomplished with stages of capital leveraged through financing with inter-local agreement with cities in Okaloosa County for the Industrial Revenue Board loan The amount was approximately two million dollars Long-term debt was refinanced four (4) times since 1993 This resulted in a net savings with each of BCI's long-term financings Loan interest rates were activated less buildings were held as collateral For example, interest rates were adjusted from 11.3% to 6.8% to 4.49% with declining the amount of property as collateral on the loan debt is reduced by BCI's monthly payments More than twelve (12) million dollars in capital improvements was recommended by the CEO and approved by our Board of Trustees in the last 25 years BCI's brand value continues to build with innovating clinical programming This includes entering new markets We are continuing to look forward to adjusting the future business climate Research and industry connections enabled BCI to gain clarity on these business issues This insight served as a guide for long-term strategic investing Connectivity of Bridgeway Center Inc Clinical Programming Access for clients continues to increase with greater efficiencies This includes the implementation of the "stand-by appointments for clients or patients who miss their scheduled appointments," 1 Adult Mental Health First Aid (AMHFA) Mandatory Training for all BCI's staff that are college graduates without a major in either psychology or related field of study, i.e. Social Work, Counseling, 2 Child Parent Psychotherapy, 3 Comprehensive Assessments for Children and Families involved in Dependency Court 4 Community Action Team (CAT) for youth and their families, 5 Early Childhood Court with Children's Legal Services 6 Guest Services, 7 Narcon Distribution resource at Bridgeway Center, Inc 8 Observation Room Child-Parent Sessions, 9 Pharmacy Services in Fort Walton Beach and Crestview 10 SOAR Solution-Focused Brief Therapy (SFBT) SSI/SSDI Outreach, Access and Recovery, SOAR is funded by Substance Abuse and Mental Health Services Administration (SAMHSA) by the federal government This is a national program designed to increase access to the disability income benefits program, 11 Substance Use Addictive Disorder (SUAD) Groups, 12 Supportive Living Program, 13 The Seven Challenges Program is an evidence-based practice onsite at Okaloosa's Charter Schools 14 Wellness Centers, 15 Wraparound Training, 16 Youth Mental Health First Aid (YMHFA) Training 17 Vivitrol Program for SUAD patients for Medication Assistance Treatment (MAT) 18 Telehealth with Psychiatric Medical Services of BCI Connectivity of Outreach Services for Care Coordination 1 Adult Mental Health First Aid (AMHFA), 2 Children's Case Management, 3 Child-Youth Therapy at the CIC, 4 Compre</p>

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
<p>Form 990, Schedule O - BCI's Major Accomplishments and Highlights (II)</p>	<p>hensive Assessments In-Home/In-Shelter, 5 Employee Assistance Program, 6 Early Childhood Court, 7 Emergency Mobile Access Team (E-MAT) with the City of Fort Walton Beach, 8 Homeless Housing Coalition, 9 Law Enforcement Mental Health First Aid Training, 10 SOAR Programs The goals of the SOAR Program speak directly to one of SAMHSA's Strategic Initiatives Recovery Supports SOAR seeks to end homelessness through increased access to SSI/SSDI supports, directly addressing SAMHSA's assertion "To recover, people need a safe, stable place to live " This is essential, and for many persons in recovery accessing benefits is a first step SOAR extends beyond a place to live SOAR encourages employment as a means to increase income and promote recovery with SAMHSA assertion that "to recover, people need meaningful work and the ability to enhance their skills through education " 11 On-Site School SUAD Groups at Okaloosa Academy Charter School, 12 Smart Phones Software application , 13 Safety Management Services for Child Welfare cases, 14 Youth Mental Health First Aid (YMHFA), 15 Vivitrol Care Coordination with the organization, i.e Okaloosa County Jail 16 Wraparound Certified Trained Counselor for Child Welfare cases, 17 Violence Risk Assessment Model for referrals from Okaloosa County Judicial Court It should be noted that in each of BCI's program a rigorous and effective nationally recognized, Evidence-Based Practices (EBP) is utilized These EBPs have been authorized by Substance Abuse Mental Health Services Administration (SAMHSA) The definition of SAMHSA is the following Substance Abuse and Mental Health Services Administration is a national program designed to increase access to the disability income benefit programs administered by the Social Security Administration (SSA) for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment and/or co-occurring substance use disorder Summary In the past 25 years BCI's financials have not only persevered, we have prospered Currently BCI has twenty-two (22) Clinical Service Programs The next five (5) years will be equally challenging BCI's leadership team is focused on the ever-present risk awareness and the steady risk-adjusted position of BCI into selective BHC business service lines BCI continues to work together with over forty (40) strategic partner agencies The question going forward Will the fundamentals (economic data, net income earnings) present enough resilience to bounce forward for reasonable gains in 2017/2018 and 2018/2019 due to solid fundamentals My emphasis for 2017/2018 is cautiously optimistic My projection for the next two years July 1, 2018 thru June 30, 2020 is optimistically cautious BCI's business model continues to necessitate a balanced approach BCI continues to be true to the communities we serve You'll find local staff as community roots at the base of every BCI branch location We ar</p>

## 990 Schedule O, Supplemental Information

Return Reference	Explanation
Form 990, Schedule O - BCI's Major Accomplishments and Highlights (II)	e Okaloosa County local and proud of it! We believe in embracing updated technologies to m ake improvements in processes and projects At the same time, we are also traditionalist e nough to believe in always keeping our promises

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990, Schedule O - BCI's Goals	<p>Goals for Bridgeway Center Inc During the past 20 years management put a lot more emphasis on buildings and property infrastructure as a strategic resource Fortunately, BCI has a low capital cost The average interest rate on BCI's long term debt has been reduced from 6.8% to 4.49% This is significant if you consider a savings of 2.3% for over 15 years This amounts to over a \$500,000 savings</p> <p>a Goal #1 Right Sizing A response to Full Risk HMO contracts to pay for Inpatient Hospital Admissions b Goal #2 Catching the Tiger Selection and Implementation of the Best in Technologies, i.e. Class Electronic Health Record (EHR) system c Goal #3 Recruitment and Retention of Intellectual Talent 1 On-Boarding Tactics for New Employees 2 Talent Acquisition Tactics 3 Staff Augmentation Tactics d Goal #4 Selection of the Right People to be on the BCI Team e Goal #5 BCI Succession Planning Steady hand for sustainability f Goal #6 Big Picture Strategy for R&amp;D (Research &amp; Development) g Goal #7 Governance Strategy to increase value h Goal #8 Information Technology Strategies to Achieve Sustainability</p> <p>BCI considers both time horizons the current/immediate future (12 to 18 months) and the long term trends from two to three years This is what defines our business model plan for a balance strategic investing This includes making contingency plans BCI's business model requires each tactic to have a contingency plan We use the phrase "Two is one and one is none" to emphasize our commitment to planning and adjustments to refine the plan to be more precise There is a lot of managed care data streaming at us BCI's management goal is to focus on what areas we can positively impact and be aware of the things we cannot impact</p>

**990 Schedule O, Supplemental Information**

<b>Return Reference</b>	<b>Explanation</b>
Form 990, Schedule O - BCI's Leadership	Each of BCI's programs has built-in succession planning career ladders. This includes both clinical and administrative segments of BCI. Daniel Cobbs has been the CEO of BCI for the past 25 years. In September 2017, the CEO recommended to the Board of Trustees that Bonnie Barlow be named the future CEO of BCI in August of 2018. The Board of Trustees reviewed the extensive resume and impressive operational experience of Ms. Barlow. The Board of Trustees unanimously agreed that Ms. Barlow would be the best person as the future CEO. Furthermore, having the current CEO mentor the future CEO for the last three (3) years will prove to be an excellent transition from Chief Operating Officer to CEO. Dan Cobbs will retire on July 31, 2018 and Bonnie Barlow becomes the CEO on August 1, 2018.