

# See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED JAN 0 4 2016

For Paperwork Reduction Act Notice, see the separate instructions.

Department of the Treasury

**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.

OMB No 1545-0047 2014 Open to Public Inspection

Form **990** (2014)

- Itter	nai revenue Service	Information about Form ago and its instructions is at www.ii			пларовион					
A	For the 2014 c	alendar year, or tax year beginning $07/01/14$ , and ending $06/30/$								
В	Check if applicable	C Name of organization BETHLEHEM AREA VOCATIONAL-TECHNICAL		D Employer ide	ntification number					
П	Address change	SCHOOL BRIDGES FOUNDATION, INC.								
$\equiv$	•	Doing business as 23-2987301								
Ш	Name change	Number and street (or P O box if mail is not delivered to street address)	Room/suite	suite E Telephone number						
	Initial return	3300 CHESTER AVENUE		610-86	<u>66-8013</u>					
	Final return/	City or town, state or province, country, and ZIP or foreign postal code								
=	terminated	BETHLEHEM PA 18020-2895		G Gross receipts	\$ 251,052					
	Amended return	F Name and address of principal officer		C Cloub loocipio						
	Application pending		H(a) Is this a grou	p return for subord	dinates? 🔲 Yes 🕱 No					
ш	Application penaling	BRIAN WILLIAMS			Yes No					
		3300 CHESTER AVENUE	H(b) Are all subo							
		BETHLEHEM PA 18020	If "No," a	attach a list (see	instructions)					
ı	Tax-exempt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527								
<u></u>	Website ▶ W	WW.BETHLEHEMAVTS.ORG	H(c) Group exem	notion number						
	Form of organization				State of legal domicile PA					
			Teal of Johnston = 5	1	Otate Or logal definions — — —					
		mmary								
	1	scribe the organization's mission or most significant activities								
ė	TO F	ROMOTE THE VOCATIONAL-TECHNICAL SCHOOL PURPOSES AN	TD CT							
2	PPOT	IDE ASSISTANCE TO STUDENTS FOR CONTINUED EDUCATION	•							
a	I PROV	IDE RODIDIRACE TO DIODENID FOR CONTINUED EDUCATION	•							
ē										
õ	2 Check th	s box ▶ if the organization discontinued its operations or disposed of more than 2	5% of its net asse	ets						
G		of voting members of the governing body (Part VI, line 1a)			L <b>4</b>					
S					1.4					
Ë	1	of independent voting members of the governing body (Part VI, line 1b)		$\longrightarrow$	)					
Activities & Governance		nber of individuals employed in calendar year 2014 (Part V, line 2a)								
Ac	6 Total nur	nber of volunteers (estimate if necessary)		6 (	)					
	7a Total unr	elated business revenue from Part VIII, column (C), line 12		7a	0					
	<b>b</b> Net unre	ated business taxable income from Form 990-T, line 34		7b	0					
			Prior Year		Current Year					
	8 Contribu	ions and grants (Part VIII, line 1h)	44	,714	42,934					
ž		service revenue (Part VIII, line 2g)		·	0					
Revenue		· · · · · · · · · · · · · · · · · · ·	20	,048	60,443					
è	1	nt income (Part VIII, column (A), lines 3, 4, and 7d)								
_	11 Other rev	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		781	7,109					
	12 Total rev	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	83	3,543	110,486					
	13 Grants a	nd similar amounts paid (Part IX, column (A), lines 1–3)			0					
	14 Benefits	paid to or for members (Part IX, column (A); line 4)			0					
		(-) -0.0 -0.5 - 1			0					
penses		other compensation, employee benefits (Part IX Column (A), lines 5–10)			0					
ŝ		nal fundraising fees (Part IX, column (A), Ilne 11e)								
	<b>b</b> Total fun	draising expenses (Part IX, column (D), line 25) 2015			<del></del>					
ш	17 Other ex	penses (Part IX, column (A), lines 1/1a=/11d, 11f=24e) 3 2015		.,471	90,371					
		enses Add lines 13–17 (must equal Part-IX-column-(A) المرادية والمرادية enses Add lines 13–17 (must equal Part-IX-column-(A)	81	.,471	90,371					
		less expenses Subtract line 18 from line 12 GDEN 117		2,072	20,115					
E S	10 10001100	Too orbanico odpudor mio to nom mio tel 1915 (1)	Beginning of Curr		End of Year					
Net Assets or Fund Balances	20 Total ass	ets (Part X, line 16)		2,993	728,642					
\ss Bal	24 Total 45	els (Part X, line 10)		,532	75,368					
달달	21 Total liat	,		,461	653,274					
		ts or fund balances Subtract line 21 from line 20	661	, 401	033,274					
P	art II Si	gnature Block								
U	nder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statem	ents, and to the be	st of my know	ledge and belief, it is					
trı	ue, correct, and c	omplate Declaration of preparer (other than officer) is based on all information of which preparer	has any knowledge	•						
		112 075 91								
٥: -	D -	/ Subup 1 / Mills /								
Sig		ignature of officer		Date						
He	re 📘 _	George I. Kurtin Jr reassurer								
	<b> </b>	ype or print teme and title								
_	Print/Typ	preparer's name Preparer's signature	Date	Check	ıf PTIN					
Paid	`` ا س			15 self-employ	_J "					
	narer	A. PALMER ZULLU COMPANY D.C.	<u> </u>							
	Firmsna		F	rm's EIN	23-2426656					
use	Only	444 MAIN STREET								
	Firm's ac	dress BETHLEHEM, PA 18018	Pt	попе по	<u> 510-691-011:</u>					
May		s this return with the preparer shown above? (see instructions)			Yes No					

Form 990 (2014)	BETHLEHEM AREA V	OCATIONAL-TECHNICAL 23	-2987301	Page <b>2</b>
	tatement of Program Ser	•		
		s a response or note to any line in this	S Part III	
TO PROMO		AL-TECHNICAL SCHOOL PUR FUDENTS FOR CONTINUED E		
prior Form 9	90 or 990-EZ?	t program services during the year which were	not listed on the	Yes X No
3 Did the orga services?	cribe these new services on Schenization cease conducting, or ma	ke significant changes in how it conducts, any	program	Yes X No
4 Describe the expenses S	e organization's program service a	accomplishments for each of its three largest p ganizations are required to report the amount o		
GRADUATI		69,385 including grants of \$ D VOCATIONAL TECHNICAL HEIR EDUCATION AND PROM		)
4b (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	
4c (Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
				•
	am services (Describe in Schedu			
(Expenses		cluding grants of \$	) (Revenue \$	
4e Total progra	m service expenses	69,385	<del></del>	Form <b>990</b> (2014)
<i></i>				, 5 (-511)

#### Part IV Chacklist of Paguired Schedules

P	art IV Checklist of Required Schedules			Γ
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		v	
_	complete Schedule A	1	X	X
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		^
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	3		x
	candidates for public office? If "Yes," complete Schedule C, Part I			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	<del></del>		
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,		1	
	Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
•	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			ł
	VII, VIII, IX, or X as applicable			ļ
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a		X
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
Ç	· · · · · · · · · · · · · · · · · · ·			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е		11e	<u> </u>	X
f	·	146		x
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	}	^
12a		425		x
	Schedule D, Parts XI and XII	12a		
b		12b		x
4.2	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	13		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	14a		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?  Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	140		
þ	fundraising, business, investment, and program service activities outside the United States, or aggregate			1
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	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? If "Yes," complete Schedule F, Parts II and IV	15	1	X
16	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? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If 'Yes," complete Schedule G, Part I (see instructions)	17	L	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18_		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19	<u> </u>	X
20a	The state of the s	20a	<u> </u>	X
h	If "Ves" to line 202, did the organization attach a copy of its audited financial statements to this return?	20b	1	1

	art IV Checklist of Required Schedules (continued)		<u>_</u>	<u> </u>
	Officerist of resigning contained (contained)		Yes	No
21	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? If "Yes," complete Schedule I, Parts I and II	21		X
22	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? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	ĺ		
	organization's current and former officers, directors, trustees, key employees, and highest compensated		İ	
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than		i	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			l
	through 24d and complete Schedule K If "No," go to line 25a	24a	<b>↓</b>	X
þ	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	<u> </u>	<u> </u>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c	<u> </u>	<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	ļ	ļ
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		1	
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	<del>                                     </del>	X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			l
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b	<del> </del>	X
26	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			٠,,
	disqualified persons? If "Yes," complete Schedule L, Part II	26	<del> </del>	X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	<del> </del>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)	-		•
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	├	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete	204		x
	Schedule L, Part IV	28b	-	<u> </u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	20.5		v
	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	<del>  ^</del> -
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	20		x
	conservation contributions? If "Yes," complete Schedule M	30		<del>  ^</del>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,	31		x
	Part I	31	<del>                                     </del>	+*
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	32		x
22	complete Schedule N, Part II	.   32		+
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
34	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,	33		
34		34		X
25.	or IV, and Part V, line 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
35a	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	334		<del> </del>
b	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35Ь		İ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	555	1	† –
JU	related organization? If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	30	<del>                                     </del>	† <del></del>
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		İ	ĺ
	Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		<b>†</b>	† <del></del>
JU	Did the diganization complete confedure of and provide explanations in confedure of for 1 art 41, into 1 th and		1	1

Form **990** (2014)

19? Note. All Form 990 filers are required to complete Schedule O

	•			507750
	990 (2014) BETHLEHEM AREA VOCATIONAL-TECHNICAL 23-2987301		Р	age \$
Pē	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Officer in Correction of Containing a respective of French to arry line in time and array		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
þ	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b			•
Ç	Did the organization comply with backup withholding rules for reportable payments to vendors and	F		
	reportable gaming (gambling) winnings to prize winners?	1c	ļ	X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	į		1
	Statements, filed for the calendar year ending with or within the year covered by this return  2a	—		-
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		<u> </u>
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			<b>.</b>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a_	<del>                                     </del>	X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		┼
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial	4a		x
<b>L</b>	account)? If "Yes," enter the name of the foreign country ▶	40		1
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	-		Ī
	(FBAR)			1
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	Ì	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	-	X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	-		1
	and services provided to the payor?	7a		
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		ــــــ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c	<u> </u>	<del> </del>
d	If "Yes," indicate the number of Forms 8282 filed during the year	┦.		ł
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		┼
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	<u> </u>	┼
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g 7h	<del> </del>	+
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			<del> </del>
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		Ī
9	Sponsoring organizations maintaining donor advised funds.			1
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a	Ì	
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter			1
а	Initiation fees and capital contributions included on Part VIII, line 12	•		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			Ī
11	Section 501(c)(12) organizations. Enter:			•
а	Gross income from members or shareholders			1
b	Gross income from other sources (Do not net amounts due or paid to other sources	ŀ		1
	against amounts due or received from them.)			1
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	<u> </u>	<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<u> </u>		Í
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<b></b>	<b> </b>	<del> </del>
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	<del> </del>	<del> </del>
	Note. See the instructions for additional information the organization must report on Schedule O	ŧ		1
b	Enter the amount of reserves the organization is required to maintain by the states in which	t	1	1

14a

X

13b

13c

the organization is licensed to issue qualified health plans

Did the organization receive any payments for indoor tanning services during the tax year?

Enter the amount of reserves on hand

10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b 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 12a 12b X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," X 12c describe in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 14 Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a a The organization's CEO, Executive Director, or top management official 15b Other officers or key employees of the organization 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 X 16a with a taxable entity during the year? b 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 16b organization's exempt status with respect to such arrangements?

Sec	ction C. Disclosure
17	List the states with which a copy of this Form 990 is required to be filed ▶ PA
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 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. ▶
T	REASURER 3300 CHESTER AVE

610-866-8013

PA 18020

BETHLEHEM

Form 990 (2014) BETHLEHEM	AREA	VOCATIONAL-TECHNICAL	23-2987301

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

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

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

- 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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons.

X 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	Average hours per (do week box (list any off				than or is both a or/truste	an e)	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1)BRIAN WILLIAMS											
	0.00					1			•		
EXECUTIVE DIRECTOR	0.00	X	_	_	ļ	$\vdash$		0	0	0	
(2) DALE KOCHARD	0.00	1									
	0.00	7						o	0	o	
CHAIRPERSON (3) MIKE ALBARELL	0.00	X	<u> </u>	-	$\vdash$	++		0			
(3)MIKE ALBARELL	0.00	ĺ									
VICE CHAIRPERSON	0.00	x						o	0	О	
(4) GEORGE KURTZ	0.00	+^	_		$\vdash$	╁					
(4) GEORGE RORIZ	0.00										
TREASURER	0.00	x						o	o	0	
(5) MARK PESAVENTO		+		$\vdash$							
(0)	0.00										
SECRETARY	0.00	X						0	0	0	
(6)		1									
.,											
(7)											
(8)		<u> </u> 						-			
(9)											
(3)											
(10)							_				
(11)							_				
DAA				<u> </u>			_		<u></u>	Form <b>990</b> (2014)	

				~ ~	0000001
Form 990 (2014)	BETHLEHEM	AREA	VOCATIONAL-TECHNICAL	23-	2987301

Par	t VII Section A. Officers	s, Directors, Tru	stee	s, K	ey E	mpl	oyee	s, a	and Highest Compensated	Employees (continued)	<del>,</del>		
-	(A) Name and title	(B) Average hours per week (list any	bo	x, unl	Pos check ess pe	erson	than o	an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation		
		hours for related organizations below dotted line)	or director		Officer	Key employee	Highest compensated employee		organization (W-2/1099-MISC)	(W-2/1099-MISC)	or a	from the ganization and related ganization	n I
(12)			-	_	-								
(13)						-	_						
(14)													
(15)													
(16)						i 							
(17)					_		-						<del></del>
(18)					_								
(19)													
С	Sub-total Total from continuation she Total (add lines 1b and 1c)	ets to Part VII,	Sect	ion A	Α.		1	<b>&gt; &gt;</b>					
2	Total number of individuals (in reportable compensation from				thos	se lis	ted a	abov	ve) who received more than	\$100,000 of	<u> </u>		
3	Did the organization list any for employee on line 1a? If "Yes,"	ormer officer, dır	ecto	r, or					loyee, or highest compensa	ated	[	3	es No X
4	For any individual listed on lin organization and related organindividual	e 1a, is the sum	of re	port	able	con	npens	satic				4	x
5	Did any person listed on line to for services rendered to the or	rganization? If "Y								r individual		5	х
1	on B. Independent Contractor  Complete this table for your fire  compensation from the organic	ve highest comp									ear		
		(A) business address	oi ii p	0,130	1011	101 (	110 00			(B) obtoon of services		Comp	C) ensation
								_					
	<del></del>					_		<u> </u> 	·	<del></del>			
												<del></del>	
	Total number of independent received more than \$100,000	contractors (incli of compensation	uding n fror	but n the	not e org	limit	ed to	tho	se listed above) who	0		Earn (	990 (2014
DAA												roim ≀	(ZU 14

Form 990 (2014) BETHLEHEM AREA VOCATIONAL-TECHNICAL 23-2987301 Statement of Revenue Part VIII

	π ν:	Check	if Schedule (	) cont	ains a r	esponse or	note to any line ir	n this Part VIII		
		<del></del>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts nts	1a	Federated cam	npaigns	1a						
Contributions, Giffs, Grants and Other Similar Amounts		Membership di		1b			1			
A,c	С	Fundraising ev	ents	1c			1			
<u> </u>	d	Related organi	zations	1d			1			
ž, <u>E</u>	е	Government grants (	(contributions)	1e			1			1
is is	f	All other contribution	s, gifts, grants,			-	1			1
<u> </u>		and similar amounts	not included above	1f		42,934	1			1
눌	g	Noncash contribution	ns included in lines 1a-	1f \$	;	1	1			
용	h	Total. Add line	es 1a-1f			<b>•</b>	42,934			
I e					]	Busn Code	1			
e	2a									
e R	b									<del></del>
٤	С									
s	d				-					<u> </u>
Tal	е						-		<del> </del>	<del> </del>
Program Service Revenue			am service reve	nue	Į			<u>1</u>		
-		Total. Add line			<del></del>	· · · · · ·		<del></del>		
	3		come (including	aiviaen	as, interes	st,	36,131			36,131
		and other simil	,				36,131			30,131
	4		nvestment of tax	-exemp	ot bona pr	oceeds -				<del></del>
	5	Royalties	() Beel	T	( <sub>1</sub> ), D					
	e-	C	(ı) Real		(11) P	ersonal	1			}
							1			
		Less rental exps					1			
	ب د	Rental inc or (loss)	and or (loss)				1	İ		1
		Gross amount from	(i) Securities		/u\	Other				
		sales of assets	159		("7		1			1
	h	other than inventory  Less cost or other		,			†			
		basis & sales exps	135,	129			1			
	С	Gain or (loss)		312			1	l		1
		Net gain or (los		<u> </u>		<b>•</b>	24,312	24,312		
			om fundraising eve	nts [						
Other Revenue		(not including \$	g				1	1		
ē			eported on line 1c	,			1			
٣		See Part IV, line	•	a			1			1
<u> </u>	b	Less direct ex		ь			1			
ŏ			(loss) from fund		events	<b>•</b>	1			
			om gaming activitie							
i		See Part IV, line	-	а		8,720	1			
	b	Less direct ex		b		5,437	1			<u> </u>
			(loss) from gam	ing act	ivities	<b>•</b>	3,283			3,283
			f inventory, less	آ						
		returns and all	=	а		. 1	1			
	b	Less cost of g	goods sold	ь			1			
		-	(loss) from sale	s of inv	entory	<b>•</b>				
			ellaneous Revenue			Busn Code				†
ſ	11a	FORFEITED	SCHOLARSHI	PS .			2,076			2,076
	b	ADVERTISI	NG REVENUE				1,750			1,750
	С									
	d	All other reven	iue			L				
	е	Total. Add line	es 11a-11d			<b>&gt;</b> _	3,826			
	12	Total revenue	e. See instructio	ns		<u> </u>	110,486	24,312		0 43,240

	····				
P	art IX	Statement of	Functional I	Expenses	

3600	Check if Schedule O contains a response			ipiete column (A)	
	ot include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				<del></del>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management				<del> </del>
b	Legal	0.275		9,275	<del></del>
c	Accounting	9,275		9,215	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17				
f ~	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
12	(A) amount, list line 11g expenses on Schedule O ) Advertising and promotion		<del></del>		
13	Office expenses				
14	Information technology				
15	Royalties				<del></del>
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses Itemize expenses not covered			1	
	above (List miscellaneous expenses in line 24e If	1		1	
	line 24e amount exceeds 10% of line 25, column	1			
	(A) amount, list line 24e expenses on Schedule O)				
а	SCHOLARSHIPS	50,000	50,000		
b	EDUC IMPROVEMENT PROGRAM	17,668	17,668		
C	INVESTMENT FEES	6,517		6,517	
d	BANQUET	4,576	4 747	4,576	
е	All other expenses	2,335	1,717	618	
25	Total functional expenses Add lines 1 through 24e	90,371	69,385	20,986	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here   if				
DAA	following SOP 98-2 (ASC 958-720)				Form <b>990</b> (2014)

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest bearing	24,428	1	6,393
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees		1	
		Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section			
		4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and	-		
		sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary	1	1	
S		organizations (see instructions). Complete Part II of Schedule L		6	
Assets	7	Notes and loans receivable, net		7	
Ÿ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment cost or			
		other basis Complete Part VI of Schedule D 10a			
	b	Less accumulated depreciation 10b	Ţ	10c	
	11	Investments—publicly traded securities	727,918	11_	721,602
	12	Investments—other securities See Part IV, line 11	647	12	647
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	752,993	16	728,642
	17	Accounts payable and accrued expenses	71,532	17	75,368
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Sa	22	Loans and other payables to current and former officers, directors,			
Liabilities		trustees, key employees, highest compensated employees, and			
jab		disqualified persons Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24) Complete Part X			
		of Schedule D		25	7.F. 2.60
	26	Total liabilities. Add lines 17 through 25	71,532	26	75,368
.,		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ë		complete lines 27 through 29, and lines 33 and 34.	654 705		601 700
lar	27	Unrestricted net assets	651,725		621,788 31,486
ä	28	Temporarily restricted net assets	29,736		31,486
š	29	Permanently restricted net assets		29	
Ē,		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and			
o s		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ϋ́	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Se	32	Retained earnings, endowment, accumulated income, or other funds	601 461	32	652 274
	33	Total net assets or fund balances	681,461	33	653,274 728,642
	34	Total liabilities and net assets/fund balances	752,993	34	120,042

orm	990 (2014) BETHLEHEM AREA VOCATIONAL-TECHNICAL 23-2987301			Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			486
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u> 371</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u> 115</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	68	31,	461
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-4	18,	302
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	65	53 ,:	<u> 274</u>
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	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				
	Separate basis Consolidated basis Both consolidated and separate basis		į l		
ь	Were the organization's financial statements audited by an independent accountant?		2b	X	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight		i i		
_	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O.			-	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single Audit Act and OMB Circular A-133?		За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the				
_	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	n <b>99</b> (	(2014)

SCHEDULE A (Form 990 or 990-EZ) **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.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

 BETHLEHEM AREA VOCATIONAL-TECHNICAL
 Employer identical

 SCHOOL BRIDGES FOUNDATION, INC.
 23-298

Employer identification number 23-2987301

P	art I	Reas	on for Public Charity	Status (All organizations	<u>must co</u>	<u>mplete</u>	this part.) See instruction	ns		
The	ne organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)									
1		A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).								
2	П	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)								
3	П	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).								
4	П			d in conjunction with a hospital of				ospital's name.		
-		city, and stat		oo. j=o						
5		•		of a college or university owned	or operati	ed by a o	overnmental unit described in			
•	ш	•		•	ог орогас	ou 2, u g	orani and and a secon			
6	$\Box$	section 170(b)(1)(A)(iv). (Complete Part II)  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).								
7	X			substantial part of its support fro						
•	21	-	•		iii a gove	FITITIO	unit of from the general public	•		
۰			section 170(b)(1)(A)(vi). (Co		11. 3					
8 9	H			70(b)(1)(A)(vi). (Complete Part	•	oonteibuitu	and mambarable food and are	) CC		
9	Ш	-		i) more than 33 1/3% of its supp				755		
		=		npt functions—subject to certain						
			•	nd unrelated business taxable in	•		•			
40	$\Box$		=	0, 1975 See section 509(a)(2).						
10	$\vdash$	•	•	exclusively to test for public safe	•			oos of		
11	Ш	_	- ·	exclusively for the benefit of, to						
				ions described in section 509(a				Officer		
_	$\Box$			cribes the type of supporting org						
а	Ш			ed, supervised, or controlled by		_		~		
				o regularly appoint or elect a ma	ajority of t	ne airecto	ors or trustees of the supportin	g		
		•	You must complete Part I							
þ	Ш			rised or controlled in connection						
			•	organization vested in the same	e persons	that cont	roi or manage the supported			
		_	s). You must complete Par				al Constant and the second and continu			
С				orting organization operated in o						
				tions). You must complete Par						
ď	نــا			supporting organization operate				•		
				janization generally must satisfy						
				t complete Part IV, Sections A						
е	Ш			d a written determination from t			ype i, Type ii, Type iii			
_	<b></b> 4	_	•	nctionally integrated supporting	organizati	ion				
t			r of supported organizations	unported organization(s)						
_9_			ving information about the su		/ 1- 15		(1) A	full Amount of		
(	•	e of supported anization	(ii) EIN	(III) Type of organization (described on lines 1–9	1 ' '	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see		
	0.5	G		above or IRC section		ment?	instructions)	instructions)		
				(see instructions))	V	N.				
/ <b>A</b> \					Yes	No				
(A)										
(B)										
(D)										
(C)										
(C)										
(D)										
J)										
(E)										
-/										
					<del>                                     </del>					
			1		ŧ	1				

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

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

	tion A. Public Support									
Cale	ndar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	32,440	29,404	28,133	44,714	42,934	177,625			
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf									
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_								
4	Total. Add lines 1 through 3	32,440	29,404	28,133	44,714	42,934	177,625			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						64,845			
•	shown on line 11, column (f)						112,780			
Sec	Public support. Subtract line 5 from line 4 tion B. Total Support	}					112,780			
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total			
7	Amounts from line 4	32,440	29,404	28,133	44,714	42,934	177,625			
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	35,348	23,919	11,467	27,825	36,131	134,690			
9	Net income from unrelated business activities, whether or not the business is regularly carried on			4,346	8,781	6,109	19,236			
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)					_				
11	Total support. Add lines 7 through 10						331,551			
12	Gross receipts from related activities, etc	(see instructions)				12				
13	First five years. If the Form 990 is for the	organization's first	, second, third, for	urth, or fifth tax yea	r as a section 501	(c)(3)				
	organization, check this box and stop her						<b>•</b>			
Sec	tion C. Computation of Public Su	pport Percent	age							
14	Public support percentage for 2014 (line 6	, column (f) divided	by line 11, colum	n (f))		14	34.02%			
15	Public support percentage from 2013 Scho					15	36.89%_			
16a	33 1/3% support test—2014. If the organ	ization did not ched	ck the box on line	13, and line 14 is 3	33 1/3% or more, o	check this	. ==			
	box and stop here. The organization quali	fies as a publicly s	upported organiza	tion			► X			
þ	33 1/3% support test—2013. If the organicheck this box and stop here. The organic				5 is 33 1/3% or ma	ore,	<b>&gt;</b> [			
17a	10%-facts-and-circumstances test—201	4. If the organization	on did not check a	box on line 13, 16	a, or 16b, and line	e 14 is				
	10% or more, and if the organization meet	s the "facts-and-cir	cumstances" test,	check this box and	d stop here. Expla	ain in				
	Part VI how the organization meets the "fa organization	cts-and-circumstai	nces" test. The org	janization qualifies	as a publicly supp	ported	<b>&gt;</b> []			
b	10%-facts-and-circumstances test—201									
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here</b> .  Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly									
	supported organization	oto tile lacto-allu-	on our istances te	o. The organizatio	quannos as a pe	,	▶ □			
18	Private foundation. If the organization did	d not check a box of	on line 13, 16a, 16	b, 17a, or 17b, che	ck this box and se	ee				
	instructions		· · · ·	•			▶ □			

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support				<u> </u>			
Calen	dar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")							_
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or business under section 513							<u>.</u>
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
	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		-					
	Add lines 7a and 7b  Public support (Subtract line 7c from line 6)							
Sec	tion B. Total Support		l	<u> </u>	l	<u> </u>	1.	
	dar year (or fiscal year beginning in) ▶	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014		(f) Total
9	Amounts from line 6		, ,		<b>`</b> -/			• • • • • • • • • • • • • • • • • • • •
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b	-						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on				<u> </u>			
	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)							
	Total support. (Add lines 9, 10c, 11,							
	and 12.)			<u> </u>	L	<u> </u>	l_	
	First five years. If the Form 990 is for the	-	t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(3)		<b>.</b> [
	organization, check this box and stop her tion C. Computation of Public Su		taga					
	<del></del>	••		(f)			15	%
	Public support percentage for 2014 (line 8		·=	ın (1))		-	16	<del>/</del> %
	Public support percentage from 2013 School D. Computation of Investme						10	
	Investment income percentage for 2014 (II			Column (f))			17	%
	Investment income percentage from 2013			, 55.6 (1/)		ŀ	18	%
	33 1/3% support tests—2014. If the orga			e 14, and line 15 is	more than 33 1/3	ے %, and line		
	17 is not more than 33 1/3%, check this be							▶ □
	33 1/3% support tests—2013. If the orga		=		-		ınd	
	line 18 is not more than 33 1/3%, check th							▶ [
20	Private foundation. If the organization did	d not check a box	on line 14, 19a, or	19b, check this bo	x and see instruc	tions		▶

Part IV Supporting Organizations

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

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and com		<u> </u>	
Sect	on A. All Supporting Organizations			
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	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 Part VI how the organization determined that the supported			
	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
	(b) and (c) below.	3a		
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 Part VI when and how the			
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)			
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	_4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
C	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 Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)			
	purposes	4c		<u> </u>
5a	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 Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,	ļ		
	(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).	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			
	Part VI.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent			
	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)	7		
8	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)	_8		
9a	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 Part VI.	9a		
b	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	-		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit			
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	<u> </u>	
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting	•		
	organizations)? If "Yes," answer (b) below.	10a	1	l
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 )

Sched	dule A (Form 990 or 990-EZ) 2014 BETHLEHEM AREA VOCATIONAL-TECHNICAL 23-29873	01		Page :
Pa	rt IV Supporting Organizations (continued)			
		£	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	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?	11a		
b	,	11b		
<u>c</u>	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		L
	ion B. Type I Supporting Organizations	· · · · · · ·		<del>,</del>
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	<u></u>	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	ion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	s)		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instru	ctions).		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b_		

Schedule A (Form 990 or 990-EZ) 2014 BETHLEHEM AREA VOCATIONAL-T	ECH	NICAL 23-2987	301 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organization			
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov			
other Type III non-functionally integrated supporting organizations must complete Section	ns A th	rough E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	• •	
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 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)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	F		
instructions for short tax year or assets held for part of year)	<u> </u>		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	· · · · · · · · · · · · · · · · · · ·	
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8	·····	
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated T	ype III	supporting organization (s	see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

	ule A (Form 990 or 990-EZ) 2014 BETHLEHEM AREA VOC	CATIONAL-TECHI	NICAL 23-2987	301 Page 7
Par	t V Type III Non-Functionally Integrated 509(a)(3) S	Supporting Organization	tions (continued)	
Sect	ion D - Distributions		<del></del>	Current Year
_1_	Amounts paid to supported organizations to accomplish exempt purpos	ses		
2	Amounts paid to perform activity that directly furthers exempt purposes	of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of support	orted organizations		
_4_	Amounts paid to acquire exempt-use assets		<u> </u>	
_5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions			
_7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organization	ition is responsive		
	(provide details in Part VI) See instructions	<u> </u>		
_9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions	(iii) Distributable
		<u></u>	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount	-		
i	Carryover from 2009 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
_	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j and 4c			
8	Breakdown of line 7			
а				
b				
С				
	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A (Form 990 or 990-EZ) 2014 BETHLEHEM AREA VOCATIONAL-TECHNICAL 23-2987301

Page 8

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

#### SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

## **Supplemental Financial Statements**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 6, 7, 8, 9, 10, 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.

2014 Open to Public

Inspection

Name of the organization Employer identification number BETHLEHEM AREA VOCATIONAL-TECHNICAL SCHOOL BRIDGES FOUNDATION, INC. 23-2987301 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Part I Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) Aggregate value at end of year 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? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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 Tax Year Total number of conservation easements 2a 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) 2c d Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(II)? 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" to 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) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X 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 in Form 990, Part VIII, line 1 \$ b Assets included in Form 990. Part X

Sch	edule D (Form 990) 2014 BETHLEHEN	AREA VOCA	ATIONAL-TEC	HNICAL	<u>23-2</u>	<u>987301                                    </u>	Page 2
P	art III Organizations Maintaining	Collections of	Art, Historical T	reasures,	or Othe	r Similar Assets	(continued)
. 3	Using the organization's acquisition, accessi collection items (check all that apply)	on, and other record	s, check any of the fo	llowing that a	re a signifi	cant use of its	<del>-</del>
a	Public exhibition	d 🗍	Loan or exchange pro	ograms			
b	Scholarly research	e 🗍	Other	•			
c	Preservation for future generations	_					
4	Provide a description of the organization's co	ollections and explain	n how they further the	organization'	s exempt (	purpose in Part	
	XIII.						
5	During the year, did the organization solicit of	or receive donations	of art, historical treasu	ires, or other	sımılar		
	assets to be sold to raise funds rather than t		part of the organization	n's collection	<del>?</del> _		Yes No
P	art IV Escrow and Custodial Arr		# .				C
	Complete if the organization	n answered "Yes	to Form 990, Pa	ırt IV, iine s	, or repo	orted an amount o	on Form
4	990, Part X, line 21.				to not		
16	Is the organization an agent, trustee, custod included on Form 990, Part X?	ian or other intermed	liary for contributions	or other asse	is not		Yes No
۰	If "Yes," explain the arrangement in Part XIII	and complete the fo	Jlowna table				
•	on 103, explain the all angement in 1 art XIII	and complete the re	mowing table				Amount
c	Beginning balance					1c	
	Additions during the year					1d	·
	Distributions during the year					1e	
f	Ending balance					1f	
28	a Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or cus	stodial accour	nt liability?	-	Yes No
t	If "Yes," explain the arrangement in Part XIII	Check here if the e	xplanation has been p	rovided in Pa	art XIII		
P	art V Endowment Funds.						
	Complete if the organization	n answered "Yes	<u>" to Form 990, Pa</u>	<u>rt IV, line 1</u>	0.	<del></del>	<del>-</del>
		(a) Current year	(b) Prior year	(c) Two ye	ars back	(d) Three years back	(e) Four years back
	Beginning of year balance						
	Contributions			<u> </u>			<del> </del>
c	Net investment earnings, gains, and losses						
C	Grants or scholarships					<u> </u>	
e	Other expenditures for facilities and						
	programs						<del></del>
f	Administrative expenses						<del></del>
9	· •			<u> </u>		<u> </u>	
2	Provide the estimated percentage of the cur		e (line 1g, column (a)	) held as			
	Board designated or quasi-endowment	%					
	Permanent endowment > %	0/					
C	The percentage in lines 2s, 2h, and 2s abo	%					
3-	The percentages in lines 2a, 2b, and 2c sho Are there endowment funds not in the posse	·	ation that are hold and	d administere	d for the		
Je	organization by	ssion of the organiza	auon mat are neio and	administere	u ioi lile		Yes No
	(i) unrelated organizations						3a(i)
	(ii) related organizations						3a(ii)
b	If "Yes" to 3a(II), are the related organization	s listed as required o	on Schedule R?				3b
4	Describe in Part XIII the intended uses of the						
Pi	art VI Land, Buildings, and Equ		<u> </u>				
	Complete if the organization		" to Form 990, Pa	rt IV, line 1	1a See	Form 990, Part	X, line 10.
	Description of property	(a) Cost or other	basis (b) Cost or	other basis	(c)	Accumulated	(d) Book value
		(investment)	(otl	her)	d	epreciation	
	Land				ļ		
	Buildings				<b></b>		
C	Leasehold improvements				<del>                                     </del>		
d					<del>                                     </del>		
	Other			0- \	<u> </u>		
ı ota	al. Add lines 1a through 1e (Column (d) must	equai Form 990, Par	τ x, column (B), line 1	UC.)		▶⊥	

Page	3

Part VII	Investments—Other Securities.  Complete if the organization answered "Yes	s" to Form 990. Part IV. line "	11h See Form 990 Part X line 12
	(a) Description of security or category	(b) Book value	(c) Method of valuation
	(including name of security)		Cost or end-of-year market value
1) Financial	derivatives		
(2) Closely-h	eld equity interests		
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
	nn (b) must equal Form 990, Part X, col (B) line 12.)		<u></u>
Part VIII	Investments—Program Related.		
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line	
	(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)			
	nn (b) must equal Form 990, Part X, col (B) line 13 )	<u></u>	
Part IX	Other Assets.	" to Form 000 Dort IV line:	11d Soc Form 000 Bort V line 15
	Complete if the organization answered "Yes  (a) Description		(b) Book value
(4)	(a) Description		(b) BOOK Value
(1)			
(2)	<del> </del>		
(3)		-	
(4)			
(5)		<del></del>	
(6)			
(7)		<del></del>	
(8)			
(9)	(h)		<b>•</b>
Part X	on (b) must equal Form 990, Part X, col (B) line 15)  Other Liabilities.		
FallA	Complete if the organization answered "Yes	" to Form 000 Bort IV Jupo	110 or 11f Soo Form 000 Part Y
	line 25.	s to roim 990, rait iv, line	The of Thi. See Form 990, Fait X,
1.	(a) Description of liability	(b) Book value	
	I income taxes		
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
	nn (b) must equal Form 990, Part X, col (B) line 25 ) ▶		
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the	he footnote to the organization's fin	nancial 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

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che	edule D (Form 990) 2014 BETHLEHEM AREA VOCATIONAL-TEC	HNICAL 23-298730	1	Page <b>4</b>
₽ŧ	art XI Reconciliation of Revenue per Audited Financial Statemen	nts With Revenue per Re	turn.	
	Complete if the organization answered "Yes" to Form 990, Pai	rt IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	67,621
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c Recoveries of prior year grants		2c		
d	Other (Describe in Part XIII )	2d -48,302		
e Add lines 2a through 2d			_2e	<u>-48,302</u>
3	Subtract line 2e from line 1		3	115,923
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b -5,437		
С	Add lines 4a and 4b		4c	-5 <u>,437</u>
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	110,486
Pa	art XII Reconciliation of Expenses per Audited Financial Stateme	ents With Expenses per I	Retur	n.
	Complete if the organization answered "Yes" to Form 990, Pa		_	
1	Total expenses and losses per audited financial statements		1	95,808
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b	]	
	Other losses	2c	]	
	Other (Describe in Part XIII )	2d	1	
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	95,808
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
	Other (Describe in Part XIII )	4b -5,437		
	Add lines 4a and 4b		4c	-5,437
5			5	$\frac{-5,437}{90,371}$
	art XIII Supplemental Information.			
	ide 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: F	Part X	line
	art XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		۵.۲.,	
	ART XI, LINE 2D - REVENUE AMOUNTS INCLUDED	-	OTE	IER
-	At At, Dian 25 Inventor interests	<b>-</b>		
UNREALIZED GAINS (LOSSES) ON INVESTMENTS			}	-48,302
	,			
_				
P.	ART XI, LINE 4B - REVENUE AMOUNTS INCLUDED	ON RETURN - OTHE	iR	
s	PECIAL EVENT EXPENSES (LINE 9B) NOT INCLUDED	<b>&gt;</b>	-5,437	
				_
STATEMENT INCOME \$			?	0
P	ART XII, LINE 4B - EXPENSE AMOUNTS INCLUDED	ON RETURN - OTH	IER	
SPECIAL EVENT EXPENSES (LINE 9B) NOT INCLUDED IN FINANCIAL S				-5,437
STATEMENT INCOME			}	0
SIMIEMENT INCOME			7	U

Part XIII Supplemental Information (continued)

# SCHEDULE O • (Form 990 or 990-EZ)

### 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.

2014

Open to Public

Inspection

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

BETHLEHEM AREA VOCATIONAL-TECHNICAL SCHOOL BRIDGES FOUNDATION, INC.

Employer identification number 23-2987301

FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 BOARD MEMBERS HAVE THE OPPORTUNITY TO REVIEW FORM 990 RETURN AT AUTUMN BOARD MEETING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY

A CONFLICT OF INTEREST STATEMENT IS TO BE COMPLETED ANNUALLY BY BOARD

MEMBERS.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC

FORM 990, PART XI, LINE 9 - RECONCILIATION OF CHANGES - OTHER

UNREALIZED GAINS (LOSSES) ON INVESTMENTS \$ -48,302

SPECIAL EVENT EXPENSES (LINE 9B) NOT INCLUDED IN FINANCIAL \$ 5,437

STATEMENT INCOME \$ 0

SPECIAL EVENT EXPENSES (LINE 9B) NOT INCLUDED IN FINANCIAL \$ -5,437

STATEMENT INCOME \$ 0