Form **990**

OMB No. 1545-0047

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.

Open to Public Inspection

Α	For the	2015 calen	dar year, or ta	x year begin	ning Jul	1	, 2015, a	and endin	g Jun	30	i.	2016		
В	Check if a		C Name of organization BETHESDA PROJECT							D Employer Identification number				
	Addre	ess change	Doing business as											
	Name	e change	Number and street (or P.O. box if mail is not delivered to street address) Room/st							23-2209338 E Telephone number				
			Lago de dedin bindhi								5) 98	85-1600		
	H	Final return/terminated City or town, state or province, country, and ZIP or foreign postal code												
	-	nded return	PHILADELPHIA PA 19146							G Gross	eceipts :	\$5,058,16	4.	
	Appli	ication pending							H(a) Is this	H(a) Is this a group return for subordinates? Yes X No				
-			TINA PAGOTTO 1628-30 South St Philadelphia PA 19146						H(b) Are all	f(b) Are all subordinates included? If 'No,' attach a list. (see instructions) Yes				
1	Tax-exe	empl slatus	X 501(c)(3) 501(c) () 4947(a)(1) or 527 10							attach a list. (see instru	ictions)	_	
J	Webs	ebsite: ► www.bethesdaproject.org H(c) Group exemption number ►												
K	Form of	organization:	X Corporation	Trust	Association	Other >	I. Ye	ear of formation				gal domicile: P.	7	
Pa	irt I	Summar			1	1 - 1 - 1		our or formation	J. 137	9 191 3	state of te	gal domicile: P.	A	
_	A Died I II II												DITTORO	
en.	-	Briefly describe the organization's mission or most significant activities: PROVIDING SHELTER AND SUPPORTIVE SERVICE												
ž	_													
E	2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a)													
Se .	2 C	Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets.												
တ်		Number of voting members of the governing hady (D-4)(1)												
∞0	4 N	umber of ind	lependent votir	ng members	of the governi	ng body (Part	VI line 1h)				3 4		<u>17</u>	
Ę.	5 To	otal number	of individuals e	mployed in c	alendar vear	2015 (Part V.)	ine 2a)				5		17	
≨	0 10	otal number	of volunteers (estimate if ne	cessary)						6		181	
B	7a 10	otal unrelate	d business rev	enue from Pa	art VIII, colum	n (C), line 12					7a		1,200	
	b No	et unrelated	business taxat	ole income fro	om Form 990	-T, line 34 .					7b		0.	
									-	rior Year	1 12	Current \		
d)	8 C	ontributions	and grants (Pa	rt VIII, line 1h	1)			2 2 2 2 2 2 2 3			00			
Revenue	9 Pr	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g)							- 4	4,559,380.			861.	
3Ve	10 In	vestment inc	nt income (Part VIII, column (A), lines 3, 4, and 7d)							212,415.			7,520.	
ď	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)							375.			105	139.	
	12 To	Total revenue add lines 8 through 11 (must equal Part VIII, column (A), line 12)							248,402. 5,020,572.				7,887.	
ses	13 G	Grants and similar amounts paid (Part IX, column (A), lines 1-3)								,020,5	1/2.	5,007	7,407.	
	14 Be	enefits paid t	I to or for members (Part IX, column (A), line 4)											
	15 Sa	alaries other	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1											
	46 - 0-	adrico, otrici	r compensation, employee benefits (Part IX, column (A), lines 5-10)							3,399,317.			3,318.	
ens			sional fundraising fees (Part IX, column (A), line 11e)											
Expenses	b To	otal fundraisi	ng expenses (I											
	17 Ot	ther expense	es (Part IX, cold	1,736,504.			1 761	000						
	18 To	otal expense	xpenses (Part IX, column (A), lines 11a-11d, 11f-24e)										,099.	
Net Assets or Fund Balances	19 Re	Revenue less expenses, Subtract line 18 from line 12											5,190,417.	
		The state of the s						-115,249.				,010.		
	20 To	otal assets (Part X, line 16)							Beginning of Current Year			End of Y		
	21 To	otal liabilities	s (Part X, line 26)						4,425,686.				,935.	
									759,235		35.	807	,494.	
				Subtract line	21 from line	20			3	,666,4	51.	3,483	,441.	
-		Signatur											200000000000000000000000000000000000000	
comp	r penaities d lete. Declar	of perjury, I decli ration of prepare	are that I have exam	nined this return,	including accomp	anying schedules a	nd statements, a	nd to the bes	t of my knowle	edge and beli	ef, it is tru	e, correct, and		
			trace D	001	The state of the s	an property has any	kilowieuge.	***************************************						
0:-		Signature of officer								1/31/1	7		XIII DOMENIA DE LA CONTRACTOR DE LA CONT	
Sign Here			3							Date				
			NA PAGOTTO							CHIEF EXECUTIVE OFFICER				
			in the distriction of the control of									= 0.011		
			eparer's name		Preparer's signa	ature		Date	T	Check	if P	TIN		
Paid		Edward	A. Suarez, CPA, MBA 02/27/1							self-employe	١ ١	00018408	ł	
	parer	Firm's name	Renzi, Bernardi, Suarez & Co.							.,,		00010400		
Us	e Only	Firm's addres								Firm's EIN ► 22-3191317				
		Collingswood NJ 08108							22 3171317					
May the IPS discuss this return with the										Phone no.	(826)	T		
BAA For Paperwork Poduction Act National and the Preparer snown above? (see instructions)												X Yes	No	