Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047 2014

	tment of the Treasury al Revenue Service	color de la							Open to Public Inspection		
	Check if applicable:	the 2014 calendar year, or tax year beginning Jul 1 , 2014, and ending Jun 30 ck if applicable: C Name of organization RETHESDA PROJECT							, 2015		
		D Employ							tification numb	er	
	Address change	Doing business as						3-2209	338		
	Name change	Room/suite E Telephone r									
	Initial return	1628-30 SOUTH STREET							85-1600		
	Final return/terminated	City or town, state or province, country, and ZIP or foreign postal code									
	Amended return	PHILADELPHIA PA 19146 G Gross receipt								102	
	Application pending	IA 13146						urn for sub	ordinates?		
	CHRISTINE PAGOTTO 1628-30 South St Philadelphia PA 19146									Yes X	
	CERISTINE PAGOTTO 1628-30 South St Philadelphia PA 19146 H(b) Area fir No Tax-exempt status X 501(c)(3) 501(c) (t. (see instr	uctions)	ies _	
J	Website: ► ww	w.bethesdaproj		7 1 10 10 1	3/(1/ 01						
(Form of organization:	X Corporation Trust	Association	Other >	1 1 1		p exemption				
Par	tl Summar		713300180011	Other	L Year of f	formation: 19	79 N	State of le	egal domicile:	PA	
T		e the organization's mis	ssion or most sign	rificant activities							
d)	•	- g-madaon o mic	olon of most sign	incant activities:	PROVII	DING SHELT	TER AND	SUPP	ORTIVE S	ERVI	
Activities & Governance											
Ē											
Se l	2 Check this box	if the organize									
5		na members of the gov	ition discontinued	its operations or di	sposed of m	ore than 25%	of its net	assets.			
8	4 Number of inde	ng members of the gov	erring body (Pan	VI, line 1a)				3			
2	5 Total number of	ependent voting member	in colondaries	ng body (Part VI, lin	e 1b)			4			
	6 Total number of	of individuals employed	in calendar year	2014 (Part V, line 2	а)			5		1	
2	7a Total unrelated	of volunteers (estimate i	necessary)					6		4	
	b Net unrelated t	business revenue from	TPart VIII, column	1 (C), line 12				7a		-	
+	D Ivet differated t	ousiness taxable income	e from Form 990-	T, line 34				7b			
							Prior Year	,	Current		
	8 Contributions a	nd grants (Part VIII, line	∍ 1h)			,	5,695,				
١.	Flogram servic	e revenue (Part VIII, lin	e 2g)				236	024		9,380	
1	u investment inco	come (Part VIII, column (A), lines 3, 4, and 7d)					0.150		212,415		
1.	Other revenue	ue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)					200 574		375		
1	z rotal revenue -	revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)					6 162 625		248,402		
1:	3 Grants and sim	s and similar amounts paid (Part IX, column (A), lines 1-3)					6,162,635.		5,02	0,572	
14	Benefits paid to	ts paid to or for members (Part IX, column (A), line 4)					94,0	000.			
15	Salaries, other	ther compensation, employee benefits (Part IX, column (A), lines 5-10)									
11	a Professional fun	undroising for (D. 11)					3,400,760.		3,39	9,317	
1	a Frolessional fur	ndraising fees (Part IX, column (A), line 11e)					38,265.				
16	b Total fundraising	g expenses (Part IX, co	4.	destruction		12 F - 12 F - 14					
17	Other expenses	(Part IX, column (A), lin		1861 [44 AN	A. 14-10-15	1 E 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					
18	Total expenses.	Add lines 13-17 (must			,663,1		1,736,504.				
19	Revenue less ex	penses. Add lines 13-17 (must equal Part IX, column (A), line 25)					,196,1	34.	5,135,821.		
	1101011001033 67	Revenue less expenses. Subtract line 18 from line 12					966,501.		-115,249.		
20	Total assets (Part Y line 16)					Beginnin	ng of Curren		End of Y		
21	Total liabilities /	otal assets (Part X, line 16)					4,685,459.		4,425,686.		
							903,759.		759,235.		
22	Net assets or fur	nd balances. Subtract li	ne 21 from line 20)		. 2					
rt I	Signature	Block				3	,781,7	00.1	3,666	,451	
r pen			n including accompan	uing och ad des es de de							
ete.	Declaration of preparer (c	ther than officer) is based on a	thioformation of which	oreparer has any knowleds	ients, and to the je.	best of my knowle	edge and belie	ef, it is true,	correct, and		
	1:0/1	s 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 aration of preparer (other than officer) is based on afficient mat									
n	Signature of	officer Officer	- XIII				5/10	110			
e	CHDIC	TIME DACOMMO				Date	3				
SEC	Type or prin	CHRISTINE PAGOTTO Type or print name and title. CEO									
	Print/Type prepa		12/								
			Preparer's/signatur	PA	Date	10	Check	if PTI	N		
	Edward A.	Suarez, CPA, MB	ALCINE	and our	05/06	19	self-employed]			
				/\	100/00	2/ 10	~ii-ciribioyed	1			
par		Renzi, Berna	rdi, Suare	z &/ ch							
par				z & (go.							
d par O	-1	Renzi, Berna 587 Haddon A Collingswood	venue		108	F	Firm's EIN	22-3	191317		

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