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Return of Organization Exempt From Income Tax

OMB No 1545-0047

2014

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

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning October 1, 2013, 2014, and ending September 30, 2014

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization MAMA PROJECT, INC
 Doing business as _____
 Number and street (or P O box if mail is not delivered to street address) Room/suite
2781A GERVILLE PIKE
 City or town, state or province, country, and ZIP or foreign postal code
PENNSBURG, PA 18073-2306

D Employer identification number 23-2993647

E Telephone number 215-679-4338

G Gross receipts \$ 636,865

F Name and address of principal officer Priscilla J Benner, MD
2779 Geryville Pike, Pennsburg, PA 18073

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)

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

J Website: ▶ www.MAMAProject.org

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1987 **M** State of legal domicile PA

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>MAMA Project is a network for health and wholeness focused on nutrition, wellness, hygiene and education in Honduras since 1987. MAMA's work includes scholarship programs in Honduras and Haiti</u>		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	10
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	9
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	2
	6 Total number of volunteers (estimate if necessary)	6	225
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
b Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	515,972	618,339
	9 Program service revenue (Part VIII, line 2g)		
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	259	507
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	18,623	18,019
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	534,854	636,865	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	155,215	144,482
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	124,004	124,152
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	286,614	318,446	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	565,833	587,080	
19 Revenue less expenses. Subtract line 18 from line 12	-30,979	49,785	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 35,069	End of Year 58,998
	21 Total liabilities (Part X, line 26)	47,845	21,989
	22 Net assets or fund balances. Subtract line 21 from line 20	-12,776	37,009

Part II Signature Block
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Barbara A Rice Date: 3/26/15

Type or print name and title: Barbara A Rice, Treasurer

Paid Preparer Use Only

Print/Type preparer's name: SELF-PREPARED Preparer's signature: _____ Date: _____ Check if self-employed PTIN: _____

Firm's name ▶ _____ Firm's EIN ▶ _____

Firm's address ▶ _____ Phone no: _____

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

SCANNED APR 02 2015

99 22

Part III Statement of Program Service Accomplishments

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

- 1 Briefly describe the organization's mission:
MAMA Project is a network for health and wholeness focused on nutrition, wellness, hygiene and education in Honduras since 1987
MAMA's work includes scholarship programs in Honduras and Haiti
- 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.
- 3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.
- 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 38,847 including grants of \$ 12,000) (Revenue \$)
 IGLESIA MENONITA HONDURENA - San Pedro Sula, Honduras
 Community development workshops, medical brigades, teacher training, and pre-school programs

4b (Code:) (Expenses \$ 420,474 including grants of \$ 12,600) (Revenue \$)
 MAMA HONDURAS - San Francisco de Yojoa, Honduras
 Nutrition center and rehab of malnourished children, medical brigades, community development and nutritional education

4c (Code:) (Expenses \$ 47,081 including grants of \$ 38,655) (Revenue \$)
 HAITI
 Child scholarships and nutritional care

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 20,553 including grants of \$) (Revenue \$)

4e Total program service expenses 526,955

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule C, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part I</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IV</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule D, Part IX</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14 a Did the organization maintain an office, employees, or agents outside of the United States?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Checklist of Required Schedules (continued)

		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? <i>If "Yes," complete Schedule I, Parts I and II</i>		✓
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? <i>If "Yes," complete Schedule I, Parts I and III</i>		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		✓
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		✓
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		✓
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		✓
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		✓
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 disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		✓
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? <i>If "Yes," complete Schedule L, Part III</i>		✓
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? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	✓	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		✓
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		✓
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	✓	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Yes No

1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable
1b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?
b If "Yes," has it filed a Form 990-T for this year?
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...
b If "Yes," enter the name of the foreign country:
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?
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?
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
7 Organizations that may receive deductible contributions under section 170(c).
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?
b If "Yes," did the organization notify the donor of the value of the goods or services provided?
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?
d If "Yes," indicate the number of Forms 8282 filed during the year
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?
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?
9 Sponsoring organizations maintaining donor advised funds.
a Did the sponsoring organization make any taxable distributions under section 4966?
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?
10 Section 501(c)(7) organizations. Enter:
a 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
11 Section 501(c)(12) organizations. Enter:
a Gross income from members or shareholders
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.
13 Section 501(c)(29) qualified nonprofit health insurance issuers.
a Is the organization licensed to issue qualified health plans in more than one state?
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans
c Enter the amount of reserves on hand
14a Did the organization receive any payments for indoor tanning services during the tax year?
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 10		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	<input checked="" type="checkbox"/>	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		<input checked="" type="checkbox"/>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		<input checked="" type="checkbox"/>
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		<input checked="" type="checkbox"/>
6	Did the organization have members or stockholders?		<input checked="" type="checkbox"/>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		<input checked="" type="checkbox"/>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		<input checked="" type="checkbox"/>
7b			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	<input checked="" type="checkbox"/>	
8a			
b	Each committee with authority to act on behalf of the governing body?		
8b			
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		<input checked="" type="checkbox"/>
9			

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		<input checked="" type="checkbox"/>
10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
10b			
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	<input checked="" type="checkbox"/>	
11a			
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	<input checked="" type="checkbox"/>	
12a			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	<input checked="" type="checkbox"/>	
12b			
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		<input checked="" type="checkbox"/>
12c			
13	Did the organization have a written whistleblower policy?	<input checked="" type="checkbox"/>	
13			
14	Did the organization have a written document retention and destruction policy?	<input checked="" type="checkbox"/>	
14			
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	<input checked="" type="checkbox"/>	
15a			
b	Other officers or key employees of the organization		<input checked="" type="checkbox"/>
15b			
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		<input checked="" type="checkbox"/>
16a			
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 organization's exempt status with respect to such arrangements?		
16b			

Section 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 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. ►
 Amanda Saqastume & Richard Moyer, 2781A Geryville Pike, Pennsburg, PA 18073 215-679-4338

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

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Priscilla J. Benner, MD President & Staff Director	15	✓		✓			13,749	0	0	
(2) Ruth Cole Vice-President	1	✓		✓			0	0	0	
(3) Barbara Rice Treasurer	2	✓		✓			0	0	0	
(4) Barbara Schieck Secretary	1	✓		✓			0	0	0	
(5) Marlene Frankenfield Director	Minimal	✓					0	0	0	
(6) Stephen Hackman Director	Minimal	✓					0	0	0	
(7) Phyllis Young Director	Minimal	✓					0	0	0	
(8) Richard Moyer Director	3	✓					0	0	0	
(9) Timothy Weaver Director	Minimal	✓					0	0	0	
(10) Wilmer Zook Director	5	✓					0	0	0	
(11)										
(12)										
(13) Herman Sagastume Field Director	40					✓	53,260 44	0	0	
(14) Amanda Sagastume Program Coordinator	30						31,918 20	0	0	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							98,927 64	0	0	

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

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

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns 1a				
	b Membership dues 1b				
	c Fundraising events 1c	15,568			
	d Related organizations 1d				
	e Government grants (contributions) 1e				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	602,771			
	g Noncash contributions included in lines 1a-1f \$	43,703			
	h Total. Add lines 1a-1f ▶	618,339			
Program Service Revenue	Business Code				
	2a				
	b				
	c				
	d				
	e				
	f All other program service revenue				
g Total. Add lines 2a-2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶	507	507	0	0
	4 Income from investment of tax-exempt bond proceeds ▶				
	5 Royalties ▶				
		(i) Real	(ii) Personal		
	6a Gross rents				
	b Less: rental expenses				
	c Rental income or (loss)				
	d Net rental income or (loss) ▶				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
	b Less: cost or other basis and sales expenses				
	c Gain or (loss)				
	d Net gain or (loss) ▶				
	8a Gross income from fundraising events (not including \$ 15,568 of contributions reported on line 1c). See Part IV, line 18 a	22,671			
	b Less: direct expenses b	7,328			
	c Net income or (loss) from fundraising events . ▶	15,343		0	0
	9a Gross income from gaming activities. See Part IV, line 19 a				
	b Less: direct expenses b				
	c Net income or (loss) from gaming activities . . ▶				
10a Gross sales of inventory, less returns and allowances a	14,552				
b Less: cost of goods sold b	11,876				
c Net income or (loss) from sales of inventory . . ▶	2,676	2,676	0	0	
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d ▶					
12 Total revenue. See instructions. ▶	636,865	3,183	0	0	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
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	144,482	144,482		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	13,749	12,374	1,375	0
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	84,724	69,387	9,515	5,822
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	17,704	16,819	0	885
10	Payroll taxes	7,975	6,466	952	557
11	Fees for services (non-employees):				
a	Management				
b	Legal				
c	Accounting	4,735	0	4,735	0
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 (A) amount, list line 11g expenses on Schedule O.)				
12	Advertising and promotion	11,598	0	0	11,598
13	Office expenses	8,200	2,522	1,846	3,832
14	Information technology	1,546	1,020	398	128
15	Royalties				
16	Occupancy	6,740	0	6,740	0
17	Travel	4,384	4,264	80	40
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	671	246	425	0
20	Interest	584	0	584	0
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	545	0	545	0
23	Insurance	7,251	5,801	1,450	0
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	Mission trips	245,237	245,237	0	0
b	Fund raisers	7,328	0	0	7,328
c	Sea/land shipping container	14,284	14,284	0	0
d	Warehouse	4,053	4,053	0	0
e	All other expenses	1,290	0	1,290	0
25	Total functional expenses. Add lines 1 through 24e	587,080	526,955	29,935	30,190
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0	0	0	0

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
Assets	1 Cash—non-interest-bearing	26,269	1	53,168
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,121	3	1,121
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 organizations (see instructions). Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,013	8	1,934
	9 Prepaid expenses and deferred charges	1,250	9	1,904
	10a Land, buildings, and equipment, cost or other basis. Complete Part VI of Schedule D	10a 3,205		
	b Less: accumulated depreciation	10b 2,334	1,416	10c 871
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	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)		35,069	16	58,998
Liabilities	17 Accounts payable and accrued expenses	8,408	17	189
	18 Grants payable		18	
	19 Deferred revenue	12,420	19	9,800
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties	27,017	24	12,000
	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	
	26 Total liabilities. Add lines 17 through 25		47,845	26
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	-41,426	27	-14,535
	28 Temporarily restricted net assets	28,650	28	51,544
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	-12,776	33	37,009	
34 Total liabilities and net assets/fund balances	35,069	34	58,998	

Part 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	636,865
2	Total expenses (must equal Part IX, column (A), line 25)	2	587,080
3	Revenue less expenses. Subtract line 2 from line 1	3	49,785
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	-12,776
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	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	37,009

Part 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: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		✓
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	✓	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	✓	
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?		
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.		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2014

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization MAMA PROJECT, INC	Employer identification number 23-2993647
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Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated**. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated**. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
(A)						
(B)						
(C)						
(D)						
(E)						
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 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.")	740,786	724,879	570,326	534,595	636,358	3,206,944
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	740,786	724,879	570,326	534,595	636,358	3,206,944
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 shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						3,206,944

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	740,786	724,879	570,326	534,595	636,358	3,206,944
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	273	110	27	259	507	1,176
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
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						3,208,120
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, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	100 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	100 %
16a 33 1/3% support test—2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test—2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10%-facts-and-circumstances test—2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10%-facts-and-circumstances test—2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

MAMA PROJECT, INC.
Notes to Financial Statements

Note 6 - Net Assets

	2014	2013
	\$ (14,535)	\$ (41,426)
	\$ 5,267	\$ 6,448
	321	-
	45,273	8,281
Mission Trips	-	-
Micronutrients	683	3,569
	-	10,352
Total Restricted Assets	\$ 51,544	\$ 28,650
Total Net Assets	\$ 37,009	\$ (12,776)

At September 30, 2014, the Mission Trips fund was underfunded by \$5,949.

At September 30, 2014, unrestricted net assets are negative. This is due to the unrestricted fund funding the cost of shipping the container of donated medicines, medical supplies, clothes and toys to Honduras. At September 30, 2013, the Ebenezer project and Mission Trips funds were underfunded by \$475 and \$22,685, respectively. As a result, the unrestricted fund was required to transfer a total of \$475 and \$22,685 to each respective restrictive fund to fulfill program service commitments. Unrestricted net assets at September 30, 2013 were negative. This was due to the Mission Trips fund advancing money to MAMA Project Honduras to purchase a van which was reimbursed monthly through fees charged to mission participants.

Note 7 – Temporarily Restricted Funds

MAMA Project receives funds from churches and individuals to be used for or forwarded to various ministries and projects related to MAMA Project. Restrictions on net assets are listed above.

Note 8 - Line of Credit

MAMA Project has a line of credit available through Univest National Bank and Trust Company in the amount of \$15,000, which is due on demand. Interest is at the bank's prime rate. At September 30, 2014 there was \$12,000 outstanding. At September 30, 2013 there was no outstanding balance. The line of credit is unsecured. Total interest expense on the line of credit was \$584 for the year ended September 30, 2014 and \$1,793 for the year ended September 30, 2013.

**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.**

OMB No 1545-0047

2014

Open to Public Inspection

Name of the organization MAMA PROJECT, INC	Employer identification number 23-2993647
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c 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 historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶

4 Number of states where property subject to conservation easement is located ▶

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

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$

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

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" 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) Revenue included in Form 990, Part VIII, line 1 ▶ \$

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

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

a Revenue included in Form 990, Part VIII, line 1 ▶ \$

b Assets included in Form 990, Part X ▶ \$

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds.

Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Temporarily restricted endowment ▶ _____ %
- The percentages in lines 2a, 2b, and 2c should equal 100%
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|---|--------|----|
| (i) unrelated organizations | 3a(i) | |
| (ii) related organizations | 3a(ii) | |
| b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment	3,205		2,334	871
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) ▶

Part VII Investments – Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

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

Part VIII Investments – Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

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

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2)		
(3) MAMA PROJECT, INC has no other		
(4) liabilities		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25) ▶		

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

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No 1545-0047

2014

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Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
- ▶ Attach to Form 990.
- ▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MAMA PROJECT, INC

23-2993647

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			Central America	Health, Nutrition	27,000.00	EFT		Clothing, Medical	Est. by MAMA staff
(2)			and Caribbean	and Education				Supplies & Equipment	
(3)								and Medicines	
(4)									
(5)									
(6)			Central America	Child					
(7)			and Caribbean	Scholarships	47,025	EFT			
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter ▲

3 Enter total number of other organizations or entities ▲

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		Volleyball Tourney (event type)	Golf Outing (event type)	Banquet (total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	5,079	11,950	21,210	38,239
	2 Less: Contributions			15,568	15,568
	3 Gross income (line 1 minus line 2)	5,079	11,950	5,642	22,671
Direct Expenses	4 Cash prizes				
	5 Noncash prizes		84		84
	6 Rent/facility costs	350	1,984	350	2,684
	7 Food and beverages		315	3,846	4,161
	8 Entertainment				
	9 Other direct expenses	375		24	399
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				7,328
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				15,343	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary. Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? . . . Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . Yes No

b If "Yes," explain: _____

SCHEDULE L
(Form 990 or 990-EZ)

Transactions With Interested Persons

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MAMA PROJECT, INC

23-2993647

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1	(a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected?	
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ \$

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ \$

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
			Yes	No			Yes	No	Yes	No	Yes	No
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$						

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2014

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Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

Employer identification number

MAMA PROJECT, INC

23-2993647

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	✓		2,401 50	Est by MAMA staff
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies	✓		33,715 31	Est by MAMA staff
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (Medical Equipment)	✓		722 00	Est by MAMA staff
26 Other ▶ (Office Supplies)	✓		302 50	"
27 Other ▶ (Fund Raising)	✓		6,377 28	"
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		✓
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?		✓
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		✓
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
MAMA PROJECT, INC.

Employer identification number
23-2993647

FORM 990

Part III, Line 4d

For assisting health care work in other countries.

Part VI, No. 11

Form 990 is sent to the MAMA Project Board of Directors for their review

Our financial auditors review the Form 990 before it is filed.

Part VI, No. 12

MAMA Project Board of Directors sign the Conflict of Interest Policy annually.

Part VI, No. 19

MAMA Project makes available to the public, upon request, its governing documents, written conflict of interest policy and financial statements.

Part VII, Section A, No. 13 & 14

Line 1

President & Staff Director's compensation as independent contractor is from the fiscal year.

Lines 13 & 14

Field Director's and Program Coordinator's compensation are the W-2 amounts from calendar year 2014.

MAMA PROJECT, INC.
Pennsburg, Pennsylvania

FINANCIAL STATEMENTS
For the Years Ended September 30, 2014 and 2013

MAMA Project, Inc.
Pennsburg, Pennsylvania

INDEX TO FINANCIAL STATEMENTS
For the Years Ended September 30, 2014 and 2013

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Statement of Activities for the Year Ended September 30, 2013	5
Statements of Cash Flows	6
Notes to Financial Statements	7 - 12
Supplemental Information:	
Schedules of Functional Expenses	13 - 14



To the Board of Directors
MAMA Project, Inc.
Pennsburg, Pennsylvania

Independent Auditors' Report

Report on the Financial Statements

We have audited the accompanying financial statements of **MAMA Project, Inc.** (a non profit organization) which comprise the statements of financial position as of September 30, 2014 and 2013 and the related statements of activities and cash flows for the years then ended and the related notes to the financial statements.

Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditors' Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditors' judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

MAMA Project, Inc.
December 19, 2014
Page 2 of 2

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of MAMA Project, Inc. as of September 30, 2014 and 2013, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

Report on Supplementary Information

Our audit was conducted for the purpose of forming an opinion on the financial statements as a whole. The schedules of functional expenses are presented for purposes of additional analysis and are not a required part of the financial statements. Such information has not been subjected to the auditing procedures applied in the audit of the basic financial statements, and accordingly, we do not express an opinion or provide any assurance on it.

Seitz, Leatherman & Kolb, LLC

Certified Public Accountants
Montgomeryville, PA
December 19, 2014

MAMA PROJECT, INC.
Statements of Financial Position
September 30, 2014 and 2013

	2014	2013
ASSETS		
Current assets:		
Cash	\$ 5,330	\$ 1,894
Cash - restricted	47,838	24,375
Inventory	1,934	5,013
Prepaid expenses	1,904	1,250
Other receivable	1,121	1,121
<i>Total current assets</i>	58,127	33,653
 Property and equipment, at cost, net of accumulated depreciation	 871	 1,416
 Total assets	 \$ 58,998	 \$ 35,069
LIABILITIES		
Current liabilities:		
Line of credit	\$ 12,000	\$ -
Current maturities of long-term debt	-	5,658
Accrued expenses	189	8,408
Mission trip deposits	9,800	12,420
<i>Total current liabilities</i>	21,989	26,486
 Long-term debt, net of current maturities	 -	 21,359
 Total liabilities	 21,989	 47,845
NET ASSETS		
Net Assets:		
Unrestricted	(14,535)	(41,426)
Temporarily restricted	51,544	28,650
<i>Total net assets</i>	37,009	(12,776)
 Total liabilities and net assets	 \$ 58,998	 \$ 35,069

See accompanying notes and independent auditors' report

MAMA PROJECT, INC.
Statements of Activities
For the Years Ended September 30, 2014 and 2013

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>2014 Total</u>	<u>2013 Total</u>
<i>Support and revenue:</i>				
Contributions	\$ 244,612	\$ 333,471	\$ 578,083	\$ 475,190
Gifts in kind	43,703	-	43,703	47,941
Investment income	507	-	507	259
Other income	-	14,572	14,572	11,464
Assets released from restriction	325,149	(325,149)	-	-
<i>Total support & revenue</i>	<u>613,971</u>	<u>22,894</u>	<u>636,865</u>	<u>534,854</u>
<i>Expenses:</i>				
Program services	526,955	-	526,955	480,002
Support services:				
Management & general	29,935	-	29,935	48,588
Fundraising	30,190	-	30,190	37,243
<i>Total expenses</i>	<u>587,080</u>	<u>-</u>	<u>587,080</u>	<u>565,833</u>
Change in net assets	26,891	22,894	49,785	(30,979)
Net assets (deficit), beginning of year	(41,426)	28,650	(12,776)	18,203
Net assets (deficit), end of the year	<u>\$ (14,535)</u>	<u>\$ 51,544</u>	<u>\$ 37,009</u>	<u>\$ (12,776)</u>

See accompanying notes and independent auditors' report

MAMA PROJECT, INC.
Statement of Activities
For the Year Ended September 30, 2013

	<u>Unrestricted</u>	<u>Temporarily Restricted</u>	<u>Total</u>
<i>Support and revenue:</i>			
Contributions	\$ 225,995	\$ 249,195	\$ 475,190
Gifts in kind	47,941	-	47,941
Investment income	259	-	259
Other income	-	11,464	11,464
Assets released from restriction	263,878	(263,878)	-
<i>Total support and revenue</i>	<u>538,073</u>	<u>(3,219)</u>	<u>534,854</u>
<i>Expenses:</i>			
Program services	480,002	-	480,002
Support services:			
Management and general	48,588	-	48,588
Fundraising	37,243	-	37,243
<i>Total expenses</i>	<u>565,833</u>	<u>-</u>	<u>565,833</u>
Change in net assets	(27,760)	(3,219)	(30,979)
Net assets (deficit), beginning of year	(13,666)	31,869	18,203
Net assets (deficit), end of year	<u>\$ (41,426)</u>	<u>\$ 28,650</u>	<u>\$ (12,776)</u>

See accompanying notes and independent auditors' report

MAMA PROJECT, INC.
Statements of Cash Flows
For the Years Ended September 30, 2014 and 2013

	2014	2013
<i>Cash flows from operating activities:</i>		
Change in net assets	\$ 49,785	\$ (30,979)
Adjustments to reconcile net loss to net cash provided (used) by operating activities		
Depreciation expense	545	545
Change in assets and liabilities:		
Accrued expenses	(8,219)	6,474
Inventory	3,079	10,537
Prepaid expenses and other current assets	(654)	208
Mission trip deposits	(2,620)	3,115
<i>Net cash provided (used) by operating activities</i>	41,916	(10,100)
<i>Cash flows from financing activities:</i>		
Net borrowings on line of credit	12,000	(6,000)
Proceeds from long term debt	-	32,675
Principal payments on long term debt	(27,017)	(5,658)
<i>Net cash provided (used) by financing activities</i>	(15,017)	21,017
Net increase in cash	26,899	10,917
Cash, beginning of year	26,269	15,352
Cash, end of year	\$ 53,168	\$ 26,269
<i>Supplemental disclosure of cash flow information:</i>		
Cash paid during the year for:		
Interest	\$ 584	\$ 1,793

See accompanying notes and independent auditors' report

MAMA PROJECT, INC.
Notes to Financial Statements

Note 1 - General Information and Summary of Significant Accounting Policies

General Information

MAMA Project, Inc. is a network for health and wholeness that is focused on nutrition, wellness, hygiene, and education in Honduras since 1987. MAMA Project is a vocal advocate for severely malnourished children.

The Organization's program services include scholarship programs in Honduras and Haiti. Dental clinics have been set up in two towns in Honduras. Annually ten to fourteen groups travel to Honduras for mission trips, doing medical and dental brigades in villages and varied construction tasks.

MAMA Project, Inc. also provides staff training and procedure manuals to other non-profits in other countries, such as Nepal, Kenya, and Haiti to help develop similar missions. MAMA Project also sells these non-profits micronutrient powder to help with micronutrient deficiencies.

Financial support is sent to MAMA Honduras in San Francisco de Yojoa and to the MAMA Project office in San Pedro Sula, Honduras. These facilities are separate entities governed by a separate board of directors and thus not consolidated in the accompanying financial statements

Support comes from churches and interested individuals from Pennsylvania and many other states.

Financial Statement Presentation

The financial statements of MAMA Project, Inc. have been prepared on the accrual basis of accounting in accordance with generally accepted accounting principles.

The financial statements report amounts separately by classes of net assets:

Unrestricted Net Assets

Unrestricted net assets are those currently available for general and administrative expenses as directed by the Board.

Temporarily Restricted Net Assets

Temporarily restricted net assets are those contributed with donor stipulations to a specific program service. They are not available for use until commitments regarding their use or the passage of time have been fulfilled.

Cash

Cash includes cash on hand and demand deposits at the bank.

Inventory

Inventory is made up of donated items such as medicines, clothing, toys and other household items that have not yet been shipped. Inventory is valued based on the estimated fair value of the donated item on the date the gift was received.

MAMA PROJECT, INC.
Notes to Financial Statements

Note 1 - General Information and Summary of Significant Accounting Policies-Continued

Property and Equipment

Property and equipment are stated at cost. Donations of equipment are recorded as support at their estimated fair value. Depreciation of property and equipment is computed using the straight-line method over the estimated useful lives of the assets. Currently the Organization has only office equipment which is being depreciated over five years. The cost of maintenance and repairs is charged to expense as incurred, whereas costs of significant replacements and improvements are capitalized and depreciated over the periods benefited.

Temporarily Restricted and Unrestricted Revenue and Support

Contributions received are recorded as unrestricted or temporarily restricted support, depending on the existence and/or nature of any donor restrictions. All donor-restricted support is reported as an increase in temporarily restricted net assets depending on the nature of the restriction. When a restriction expires, (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

The Organization also receives donations of medical supplies, clothing, toys and other household items. Such gifts are recorded at their estimated fair value at the date of donation. Additionally, the Organization receives donations of medicines from local pharmaceutical companies. Medicine donations are recorded at 10% of the listed price indicated on the invoice received with the medicines as the cost of the medicines to the pharmaceutical companies is not disclosed. This adjustment also considers a reduction in fair value due to proximity of the expiration dates of the medicines to the date the medicines were received.

As Gifts in Kind income is received a corresponding expense is recorded as amounts are passed through to support program services. Gifts in Kind income and expense were \$43,703 and \$47,941 for the years ended September 30, 2014 and 2013, respectively.

Shipping costs incurred to transfer Gifts in Kind items to programs in Honduras were \$14,284 and \$7,029 for the years ended September 30, 2014 and 2013.

The ratio of fundraising expense to amounts raised for September 30, 2014 and 2013 is 78% and 94%, respectively.

Management Estimates

The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

Date of Management's Review

Management has evaluated subsequent events through December 19, 2014, the date the financial statements were available to be issued.

MAMA PROJECT, INC.
Notes to Financial Statements

Note 2 – Cash

Monies received from donors restricting their use for Honduras and Haiti projects are segregated into separate bank accounts. Restricted cash balances at September 30, 2014 and 2013 were \$47,838 and \$24,375, respectively.

During 2014, MAMA Project received a restricted cash donation of \$35,000. This donation is to be used for renovations to the mission house in Honduras. Renovations are anticipated to be completed by the end of 2014.

Note 3 – Inventory

Inventory consists of the following:

	2014	2013
Medicines	\$ -	\$ 3,039
Clothing, toys & medical supplies	1,934	1,179
Micronutrient powder	-	795
	\$ 1,934	\$ 5,013

Note 4 - Property and Equipment

Property and equipment consists of the following:

	Method of Depreciation	2014	2013	Estimated Useful Lives
Office equipment	Straight-line	\$ 3,205	\$ 3,205	5 years
Less: Accumulated depreciation		2,334	1,789	
		\$ 871	\$ 1,416	

Depreciation charged to earnings was \$545 and \$545 in 2014 and 2013, respectively.

Note 5 – Mission Trip Deposits and Prepaid Expenses

Mission trip deposits represent mission trip fees collected in advance from mission team members related to various mission trips that will be taken in a subsequent year. Mission trip deposits at September 30, 2014 for 2015 mission trips was \$9,800 and mission trip deposits at September 30, 2013 for 2014 mission trips was \$12,420. Additionally, MAMA Project, Inc. has incurred expenses such as airfare and supplies in 2014 related to the 2015 mission trips. Prepaid expenses for mission trips in 2015 was \$1,904 at September 30, 2014 and prepaid expense for mission trips in 2014 was \$1,250 at September 30, 2013.

MAMA PROJECT, INC.
Notes to Financial Statements

Note 9 – Long-Term Debt

Long-term debt consists of:

	2014	2013
6.95% note payable, secured by assets, due in monthly installments of \$613 (principal and interest)	\$ -	\$ 27,017
	-	27,017
Less: Current maturities	-	5,658
	\$ -	\$ 21,359

Note 10 - Leases

MAMA Project leases office facilities from Valley Medical Center in Pennsburg, PA on a month-to-month basis. Valley Medical Center is owned by the medical director and Board member of MAMA Project, Inc. Rent expense was \$6,500 for both years ended September 30, 2014 and 2013, respectively.

Note 11 - Contributed Services

MAMA Project receives contributed services in connection with its everyday operations including management, accounting and fundraising. These contributions have not been recorded by MAMA Project as they don't meet the definition of services to be recorded.

Note 12 - Related Party Transactions

The Medical Director and Board Member of MAMA Project, with her husband, leases office space to MAMA Project, Inc. in the lower level of the Valley Medical Center building. Additionally, Valley Medical Center provides payroll service to MAMA Project for the Director, Field Director and Program Coordinator. Valley Medical Center also offers medical services of immunizations to persons preparing for MAMA mission trips. Valley Medical permits MAMA Project to pay rent and reimbursements for services as able. For the year ended September 30, 2014, MAMA Project did not owe any amount to Valley Medical Center. For the year ended September 30, 2013, MAMA Project owed Valley Medical Center \$6,270.

Note 13 – Income Tax

The Organization qualifies as a tax-exempt organization under Section 501(c) (3) of the Internal Revenue Code. MAMA Project, Inc. has been classified as a publicly supported charitable organization and is registered as required with the Pennsylvania Bureau of Charitable Organizations.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Organization and recognize a tax liability (or asset) if the Organization has taken an uncertain position that more likely

MAMA PROJECT, INC.
Notes to Financial Statements

Note 13 – Income Tax - Continued

than not would not be sustained upon examination by the Internal Revenue Service. Management has analyzed the tax positions taken by the Organization, and has concluded that as of September 30, 2014, there are no uncertain positions taken or expected to be taken that would require recognition of a liability (or asset) or disclosure in the financial statements. The Organization is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress. Management believes it is no longer subject to income tax examinations for years prior to 2011.

Note 14 – Subsequent Event

As of October 1, 2014, MAMA Project, Inc. will no longer use Valley Medical to process payroll. Payroll will be handled by an outside payroll company and will be funded by MAMA Project operations.

MAMA Project, Inc.
Schedule I - Program Services - Expenses
For the Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<u>MAMA Honduras - San Francisco de Yojoa</u>		
MAMA Honduras grants	\$ 12,600	\$ 22,900
MAMA Honduras supplies	3,507	171
Total MAMA Honduras	<u>16,107</u>	<u>23,071</u>
<u>Iglesia Menonita - San Pedro Sula</u>		
Iglesia Menonita grants	12,000	12,076
Honduras scholarships granted	8,370	9,150
Ebenezer school	2,400	2,500
Total Iglesia Menonita	<u>22,770</u>	<u>23,726</u>
<u>Micronutrients</u>		
Micronutrient cost of goods sold	20,964	9,213
Total Micronutrients	<u>20,964</u>	<u>9,213</u>
<u>Mission trips</u>		
Mission trips travel	55,706	67,539
Mission trip supplies and expenses	178,877	144,604
Mission trip medications	10,654	7,164
Total mission trips	<u>245,237</u>	<u>219,307</u>
<u>Gifts-in-Kind</u>		
Gifts-in-Kind allocations	45,986	59,223
Total Gifts-In-Kind	<u>45,986</u>	<u>59,223</u>
<u>Haiti</u>		
Haiti supplies	-	693
Haiti scholarships granted	38,655	37,664
Total Haiti	<u>38,655</u>	<u>38,357</u>
<u>Shipping containers</u>		
Shipping container expenses	14,284	7,029
Total shipping containers	<u>14,284</u>	<u>7,029</u>
<u>Allocated management expenses</u>		
Director expense	720	1,445
Director salary	12,374	11,472
Field director salary and benefits	74,923	68,331
Internet & website	1,020	1,216
Liability insurance	5,801	5,975
Local travel	360	599
Office equipment	505	-
Orientation expense - distrib.	246	242
Postage & shipping	561	-
Program coordinator salary and benefits	20,934	10,243
Spanish class	-	152
Telephone expense	1,455	401
Warehouse rent expense	4,053	-
Total allocated management expenses	<u>122,952</u>	<u>100,076</u>
Total program services expense	<u>\$ 526,955</u>	<u>\$ 480,002</u>

See auditors' report on supplemental information

MAMA Project, Inc.
Schedule II - Support Services - Expenses
For the Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<u>Management and general expenses</u>		
Bank charges	\$ 246	\$ 263
Depreciation	545	545
Director salary	1,455	1,436
Field director salary and benefits	-	7,712
Interest	584	1,793
Internet and web site	398	152
Legal and accounting	4,735	6,822
Liability insurance	1,450	1,494
Membership and training	425	425
Miscellaneous expense	1,045	630
Office supplies	1,234	2,655
Postage	561	669
Program coordinator salary and benefits	10,466	17,071
Rent expense	6,500	6,500
Telephone	51	100
Trash	240	321
Total management and general expense	<u>\$ 29,935</u>	<u>\$ 48,588</u>

MAMA Project, Inc.
Schedule III - Fund Raising - Expenses
For the Years Ended September 30, 2014 and 2013

	<u>2014</u>	<u>2013</u>
<u>Fund raising expenses</u>		
Field director salary and benefits	\$ 3,775	\$ 3,856
Program coordinator salary and benefits	3,489	6,828
MAMA banquet	4,220	3,682
Golf tournament	2,383	2,705
Fund raising miscellaneous	2,035	1,919
Internet & website	128	152
Publicity and newsletters	9,563	12,744
Office expense	3,832	4,796
Travel	40	150
Volleyball tournament	725	411
Total fund raising expenses	<u>\$ 30,190</u>	<u>\$ 37,243</u>

See auditors' report on supplemental information