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**Short Form
Return of Organization Exempt From Income Tax**

2009

**Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)**

▶ Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Department of the Treasury
Internal Revenue Service

**Open to Public
Inspection**

A For the 2009 calendar year, or tax year beginning 7/01, 2009, and ending 6/30, 2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Please use IRS label or print or type. See Specific Instructions. HIGHLAND SUPPORT PROJECT P.O. BOX 7185 RICHMOND, VA 23221	D Employer identification number 54-1681703
		E Telephone number (804) 643-8635
		F Group Exemption Number
		G Accounting method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ▶ WWW.PARTNERSINSERVICE.ORG

J Tax-exempt status (check only one) — 501(c) (3) (insert no) 4947(a)(1) or 527

K Check if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **409,236.**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

REVENUE	1 Contributions, gifts, grants, and similar amounts received	1	62,245.
	2 Program service revenue including government fees and contracts	2	343,131.
	3 Membership dues and assessments	3	
	4 Investment income	4	
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6 Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	a Gross revenue (not including \$ _____ of contributions reported on line 1)	6a	
b Less direct expenses other than fundraising expenses	6b		
c Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7a Gross sales of inventory, less returns and allowances	7a		
b Less cost of goods sold	7b		
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe ▶ <u>SEE STATEMENT 1</u>)	8	3,860.	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	409,236.	
EXPENSES	10 Grants and similar amounts paid (attach schedule)	10	45,291.
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	124,217.
	13 Professional fees and other payments to independent contractors	13	
	14 Occupancy, rent, utilities, and maintenance	14	9,746.
	15 Printing, publications, postage, and shipping	15	164.
	16 Other expenses (describe ▶ <u>SEE STATEMENT 3</u>)	16	211,031.
	17 Total expenses. Add lines 10 through 16	17	390,449.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	18,787.
ASSETS	19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	52,066.
	20 Other changes in net assets or fund balances (attach explanation)	20	
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	70,853.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	57,632.	93,046.
23 Land and buildings		
24 Other assets (describe ▶ <u>SEE STATEMENT 4</u>)	1,239.	2,295.
25 Total assets	58,871.	95,341.
26 Total liabilities (describe ▶ <u>SEE STATEMENT 5</u>)	6,805.	24,488.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	52,066.	70,853.

BAA For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

SCANNED MAR 2011

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Part III Statement of Program Service Accomplishments (See the instructions.)		Expenses	
What is the organization's primary exempt purpose? SEE STATEMENT 6		(Required for section 501(c)(3) and (4) organizations and section 4947(a)(1) trusts, optional for others)	
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
28	SEE STATEMENT 7 ----- ----- (Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	249,357.
29	SEE STATEMENT 8 ----- ----- (Grants \$ 10,381.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	29 a	35,591.
30	SEE STATEMENT 9 ----- ----- (Grants \$ 27,210.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	30 a	27,210.
31	Other program services (attach schedule) SEE STATEMENT 10 (Grants \$ 7,700.) If this amount includes foreign grants, check here <input checked="" type="checkbox"/>	31 a	58,278.
32	Total program service expenses (add lines 28a through 31a)	32	370,436.

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instrs)				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
CARROLL HILL 923 W FRANKLIN ST RICHMOND, VA 23284	TREASURER 2.00	0.	0.	0.
KAREN ROTABI 1001 W FRANKLIN ST RICHMOND, VA 23284	DIRECTOR 1.00	0.	0.	0.
LUCY PRYOR 3228 PARSLEYS MILL RD MECHANICSVILLE, VA 23111-6256	VICE PRESIDENT 3.00	0.	0.	0.
STEPHEN TALLMAN 2412 GROVE AVE RICHMOND, VA 23220	DIRECTOR 2.50	0.	0.	0.
MARY JANE WINTER 3216 CHAMBERLAYNE AVE RICHMOND, VA 23227	DIRECTOR 1.25	0.	0.	0.
KEVIN BARRY 620 N 27TH ST RICHMOND, VA 23223	PRESIDENT 1.40	0.	0.	0.
JONATHAN WIGHT 2306 E GRACE ST RICHMOND, VA 23223	SECRETARY 2.50	0.	0.	0.
BENJAMIN E. BLEVINS 2665 SHOREHAM DR RICHMOND, VA 23235	EXEC. DIRECTOR 40.00	52,000.	0.	0.
TONY BRADLEY 2230 SHALLOW WELL RD MANAKIN-SABOT, VA 23103	DIRECTOR 2.50	0.	0.	0.
MICHAEL HUGHES P.O. BOX 842034 RICHMOND, VA 23284	DIRECTOR 2.50	0.	0.	0.
----- ----- -----				
----- ----- -----				

Part V Other Information (Note the statement requirements in the instrs for Part V.) **SEE STATEMENT 11**

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If 'Yes,' attach a detailed description of each activity		X
34	Were any changes made to the organizing or governing documents? If 'Yes,' attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
35b	If 'Yes,' has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If 'Yes,' complete applicable parts of Schedule N		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0.		
37b	Did the organization file Form 1120-POL for this year?		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
38b	If 'Yes,' complete Schedule L, Part II and enter the total amount involved		N/A
39	Section 501(c)(7) organizations Enter		
39a	Initiation fees and capital contributions included on line 9		N/A
39b	Gross receipts, included on line 9, for public use of club facilities		N/A
40a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ 0., section 4912 ▶ 0., section 4955 ▶ 0.		
40b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it 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? If 'Yes,' complete Schedule L, Part I		X
40c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ 0.		
40d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ 0.		
40e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If 'Yes,' complete Form 8886-T		X
41	List the states with which a copy of this return is filed ▶ <u>NONE</u>		

42a The organization's books are in care of ▶ BENJAMIN E. BLEVINS Telephone no ▶ (804) 643-8635
 Located at ▶ 700 W FRANKLIN ST, #206, RICHMOND, VA ZIP + 4 ▶ 23220-4130

		Yes	No
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If 'Yes,' enter the name of the foreign country ▶ _____		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts.			
42c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If 'Yes,' enter the name of the foreign country ▶ _____		X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041** — Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year ▶ **43** N/A

		Yes	No
44	Did the organization maintain any donor advised funds? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If 'Yes,' Form 990 must be completed instead of Form 990-EZ		X

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If 'Yes,' complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
47 Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49a Did the organization make any transfers to an exempt non-charitable related organization?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
49b If 'Yes,' was the related organization a section 527 organization?	<input type="checkbox"/>	<input type="checkbox"/>

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
NONE				

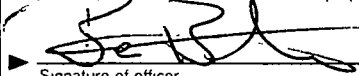
f Total number of other employees paid over \$100,000 ▶ _____

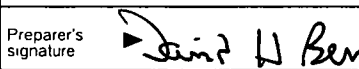
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter 'None'

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
ASSOCIATION OF HIGHLAND WOMEN 5TA AVE 6 CALLE 6-17 ZONA 1 QUETZALTENANGO, GUATEMALA	FUNDING AGENT	134,606.

d Total number of other independent contractors each receiving over \$100,000 ▶ 0

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

Sign Here
 Signature of officer: 
 Date: 2/14/11
 Type or print name and title: Executive Director

Paid Preparer's Use Only
 Preparer's signature: 
 Date: 2/14/11
 Check if self-employed:
 Preparer's Identifying Number (See instructions): P00085918
 Firm's name (or yours if self-employed), address, and ZIP + 4: DAVID H. BERRY, P.C.
 8001 FRANKLIN FARMS DRIVE #205
 HENRICO, VA 23288
 EIN: 54-1537241
 Phone no: (804) 288-0670

May the IRS discuss this return with the preparer shown above? See instructions Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization

HIGHLAND SUPPORT PROJECT

Employer identification number

54-1681703

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 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 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 that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III – Functionally integrated
 - d Type III – Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) a family member of a person described in (i) above?
 - (iii) a 35% controlled entity of a person described in (i) or (ii) above?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

h Provide the following information about the supported organizations

(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 in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of Support
			Yes	No	Yes	No	Yes	No	
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)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')						
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						
3 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge						
4 Total. Add lines 1-through 3						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 Total support. Add lines 7 through 10						

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 15 %

16a 33-1/3 support test – 2009. If the organization did not check the box on line 13, and the line 14 is 33-1/3 % or more, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support test – 2008. If the organization did not check a box on line 13, or 16a, and line 15 is 33-1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization.

17a 10%-facts-and-circumstances test – 2009 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test – 2008. 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 IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	43,819.	29,950.	42,588.	44,167.	62,245.	222,769.
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in a activity that is related to the organization's tax-exempt purpose	152,355.	400,962.	236,745.	305,502.	343,131.	1,438,695.
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0.
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
5 The value of services or facilities furnished by a governmental unit to the organization without charge						0.
6 Total. Add lines 1 through 5	196,174.	430,912.	279,333.	349,669.	405,376.	1,661,464.
7a Amounts included on lines 1, 2, 3 received from disqualified persons	950.	1,400.	1,050.	1,150.	1,522.	6,072.
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the amount on line 13 for the year	0.	0.	0.	0.	0.	0.
c Add lines 7a and 7b	950.	1,400.	1,050.	1,150.	1,522.	6,072.
8 Public support (Subtract line 7c from line 6)						1,655,392.

Section B. Total Support

Calendar year (or fiscal yr beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	196,174.	430,912.	279,333.	349,669.	405,376.	1,661,464.
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources			218.			218.
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0.
c Add lines 10a and 10b	0.	0.	218.	0.	0.	218.
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						0.
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	40.	607.	458.	208.	3,860.	5,173.
13 Total support. (add lns 9, 10c, 11, and 12)						1,666,855.

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	99.3%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16	99.5%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17	0.0%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18	0.0%

19a 33-1/3 support tests - 2009. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33-1/3 support tests - 2008. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

CLIENT HIGH

HIGHLAND SUPPORT PROJECT

54-1681703

2/14/11

02:25PM

STATEMENT 1
FORM 990-EZ, PART I, LINE 8
OTHER REVENUE

MISCELLANEOUS

	\$	3,860.
TOTAL	\$	<u>3,860.</u>

STATEMENT 2
FORM 990-EZ, PART I, LINE 10
GRANTS AND SIMILAR AMOUNTS PAID

CLASS OF ACTIVITY:	STOVES PROJECT
DONEE'S NAME:	ASSOCIATION OF HIGHLAND WOMEN
DONEE'S ADDRESS:	5TA. AVE 6 CALLE 6-17 ZONA 1 QUETZALTENANGO, GUATEMALA
RELATIONSHIP OF DONEE:	NONE

CASH AMOUNT GIVEN:	\$	10,381.
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CLASS OF ACTIVITY:	AMA, VARIOUS PROGRAMS
DONEE'S NAME:	ASSOCIATION OF HIGHLAND WOMEN
DONEE'S ADDRESS:	5TA. AVE 6 CALLE 6-17 ZONA 1 QUETZALTENANGO, GUATEMALA
RELATIONSHIP OF DONEE:	NONE

CASH AMOUNT GIVEN:	\$	34,910.
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STATEMENT 3
FORM 990-EZ, PART I, LINE 16
OTHER EXPENSES

AUTOMOBILE	\$	471.
BANK CHARGES & FEES		742.
CONTRACT SERVICES		4,832.
DEPRECIATION		462.
DUES & SUBSCRIPTIONS		559.
FEES & TAXES		413.
FUND DEVELOPMENT		1,079.
INFORMATION TECHNOLOGY		412.
INSURANCE		6,624.
INTEREST		993.
OTHER		210.
PARTICIPANT EXPENSES		107,061.
SUPPLIES		990.
TRAVEL		86,183.
TOTAL	\$	<u>211,031.</u>

CLIENT HIGH

HIGHLAND SUPPORT PROJECT

54-1681703

2/14/11

02 25PM

**STATEMENT 4
FORM 990-EZ, PART II, LINE 24
OTHER ASSETS**

	<u>BEGINNING</u>	<u>ENDING</u>
MACHINERY AND EQUIPMENT	\$ 1,239.	\$ 2,295.
TOTAL	<u>\$ 1,239.</u>	<u>\$ 2,295.</u>

**STATEMENT 5
FORM 990-EZ, PART II, LINE 26
TOTAL LIABILITIES**

	<u>BEGINNING</u>	<u>ENDING</u>
CREDIT CARD PAYABLE	\$ 0.	\$ 262.
PARTICIPANT DEPOSITS	0.	21,814.
PAYROLL TAXES PAYABLE	6,805.	2,412.
TOTAL	<u>\$ 6,805.</u>	<u>\$ 24,488.</u>

**STATEMENT 6
FORM 990-EZ, PART III
ORGANIZATION'S PRIMARY EXEMPT PURPOSE**

THE HIGHLAND SUPPORT PROJECT (THE ORGANIZATION) PROVIDES FINANCIAL AND TECHNICAL ASSISTANCE TO MAYAN COMMUNITY ORGANIZATIONS IN ORDER TO EMPOWER COMMUNITIES THROUGH A PROCESS OF ECONOMIC AND SOCIAL TRANSFORMATION. THESE ORGANIZATIONS ARE INCORPORATED UNDER GUATEMALAN LAW AS NON-PROFIT OR COOPERATIVE ASSOCIATIONS DEDICATED TO CHARITABLE PURPOSES.

ADDITIONALLY, THE ORGANIZATION FUNCTIONS AS A NORTH AMERICAN FUNDING SOURCE WITH AN ACCOUNTABLE AND REPRESENTATIVE AGENT IN THE HIGHLANDS OF GUATEMALA.

**STATEMENT 7
FORM 990-EZ, PART III, LINE 28
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

PARTNERS IN SERVICE IS A SERVICE LEARNING PROGRAM. 302 STUDENT VOLUNTEERS FROM UNIVERSITIES, HIGH SCHOOLS AND CHURCH YOUTH GROUPS WORKED IN MAYA VILLAGES AND HAD LIFE CHANGING EXPERIENCES. THESE VOLUNTEERS PROVIDED AN ESTIMATED 9,664 HOURS TOWARDS BUILDING CAMPAIGNS, CLASSROOM INSTRUCTION AND TRAINING. HIGHLIGHTS OF THE YEAR WERE A KNITTING CLASS, A QUILTING CLASS, AN ITALIAN COOKING CLASS, AND FIRST AID CLASSES THAT WERE TAUGHT BY VOLUNTEERS.

**STATEMENT 8
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS**

THE STOVE PROJECT BUILT 375 FUEL EFFICIENT STOVES IN THE HOMES OF RURAL MAYAN FAMILIES. THESE STOVES ELIMINATE THE PRIMARY CAUSE OF ILLNESS IN THE REGION BY EVACUATING SMOKE FROM SMALL UNVENTILATED DWELLINGS. THE STOVES ALSO SAVE WOMEN SIGNIFICANT RESOURCES IN FUEL EFFEMINACY AS WELL AS TIME. THE TIME AND MONEY

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STATEMENT 8 (CONTINUED)
FORM 990-EZ, PART III, LINE 29
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

SAVING ALLOW WOMEN TO PARTICIPATE IN WOMEN'S CIRCLE MEETINGS.

STATEMENT 9
FORM 990-EZ, PART III, LINE 30
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

THE ASSOCIATION OF HIGHLAND WOMEN (AMA) ORGANIZES WOMEN INTO MUTUAL SUPPORT NETWORKS TO ENGAGE IN A TRANSFORMATIONAL PROGRAM OF EMPOWERMENT. 246 WOMEN PARTICIPATED IN WEEKLY MEETINGS THAT INCLUDED MENTAL HEALTH SERVICES, GENERAL EDUCATION THEMES, CIVIC PARTICIPATION ACTIVITIES AND ECONOMIC EDUCATION. FOUR REGIONAL LEADERSHIP TRAINING CONFERENCES WERE HELD THAT WERE ATTENDED BY 26 COMMUNITY LEADERS. THESE MULTI-DAY TRAINING PROGRAMS EMPOWERED WOMEN TO ENGAGE IN DEVELOPING THEIR OWN PROGRAMS.

STATEMENT 10
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
<p>THE MAYAN ART PROGRAM (MAP) IS A PROGRAM TO FOSTER CREATIVE AND CRITICAL THINKING SCHOOLS IN GUATEMALAN PUBLIC SCHOOLS BY IMPROVING THE INFRASTRUCTURE, PROVIDING TEACHERS WITH CONTINUING EDUCATION PROGRAMMING AND ORGANIZING PARENTS TO TAKE AN ACTIVE ROLE THROUGH PARENT TEACHER ASSOCIATIONS. THROUGH THE MAP PROGRAM, APPROXIMATELY 800 STUDENTS RECEIVED AMBULATORY ART ACTIVITIES. 20 TEACHERS WERE PROVIDED WITH 100 HOURS OF TRAINING IN CREATIVE PEDAGOGY. FIVE PARENTS' COMMUNITIES WERE CONSOLIDATED WHO PROVIDED OVER A 1,000 HOURS OF VOLUNTEER SERVICES TO THEIR SCHOOLS, RAISED OVER \$3,000 FOR CIVIC PARTICIPATION PROJECTS WITH THEIR SCHOOLS AND PROVIDED LABOR TO BUILD ONE NEW SCHOOL KITCHEN, A NEW CLASS ROOM, AND A PLAYGROUND. FURTHERMORE, A SPECIALIST IN THE ANCIENT MAYA BALL GAME WAS CONTRACTED TO TEACH THE SPORT TO 300 PRIMARY SCHOOL STUDENTS.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: YES</p>	7,700.	25,868.
<p>DESIGN HOUSE PIXAN WAS A PROGRAM DEVELOPED TO AID 350 FEMALE ARTISANS IN THE WESTERN HIGHLANDS OF GUATEMALA TO GAIN ACCESS TO GLOBAL MARKETS. THE PROGRAM ORGANIZED INDEPENDENT ARTISANS INTO PRODUCTION NETWORKS TO FACILITATE CAPACITY BUILDING AND INCREASE SCALE. ADDITIONALLY, ASSISTANCE WAS PROVIDED TO THE ORGANIZATION IN OBTAINING A \$147,000 GRANT FROM THE INTERN AMERICAN FOUNDATION TO IMPROVE THE QUALITY OF HANDICRAFT PRODUCTION. FACILITATED MARKET INTELLIGENCE AND EXPORT</p>		

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STATEMENT 10 (CONTINUED)
FORM 990-EZ, PART III, LINE 31
STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

DESCRIPTION	GRANTS	PROGRAM SERVICE EXPENSES
<p>ASSISTANCE FROM THE ITALIAN EMBASSY FOR PARTICIPANTS. SUBSIDIZED MEMBERSHIP IN NATIONAL EXPORTERS ASSOCIATION AS WELL AS PARTICIPATION IN TRADE SHOWS IN GUATEMALA, MEXICO, AND NICARAGUA.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		12,960.
<p>THE HIGHLAND SUPPORT PROJECT SPONSORED TWO SPEAKING TOURS OF MAYAN WOMEN TO RAISE AWARENESS ABOUT MAYAN CULTURE. 150 PRIMARY AND HIGH SCHOOL STUDENTS IN THE UNITED STATES PARTICIPATED WITH CLASSROOM EXCHANGES WITH GUATEMALA THAT INCLUDED VISITS TO THEIR SCHOOLS BY MAYAN EDUCATORS.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		11,450.
<p>ASSISTED LEADERS IN THE MAYAN HEALTH SECTOR IN THE DEVELOPMENT OF A PROGRAM TO SUSTAIN TRADITIONAL PRACTICES AND PROMOTE APPROPRIATE AND SUSTAINABLE HEALTH PROGRAMMING IN RURAL COMMUNITIES. THROUGH THIS PROGRAM, 25 RURAL MIDWIVES RECEIVED A YEAR OF TRAINING IN MANAGING PROBLEMATIC PREGNANCIES. ADDITIONALLY, 312 WOMEN RECEIVED NUTRITION AND PUBLIC HEALTH PROGRAMMING.</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p> <p style="text-align: right;">INCLUDES FOREIGN GRANTS: NO</p>		8,000.
TOTAL		\$ <u>7,700.</u> \$ <u>58,278.</u>

STATEMENT 11
FORM 990-EZ, PART V
REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS

(A) DID THE ORGANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT? NO

(B) DID THE ORGANIZATION, DURING THE YEAR, PAY PREMIUMS, DIRECTLY OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT? NO

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PART III, LINE 12 - OTHER INCOME

NATURE AND SOURCE	2009	2008	2007	2006	2005
OTHER	3,860.	208.	458.	607.	40.
TOTAL	<u>\$ 3,860.</u>	<u>\$ 208.</u>	<u>\$ 458.</u>	<u>\$ 607.</u>	<u>\$ 40.</u>