

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





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SCANNED APR 20 2000

ENVELOPE

Return of Organization Exempt From Income Tax

9 2010 nder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545 0047 2009

Denaitment of the TreasuMOCTA/ADV DATE

Inte	rnal Re	venue Service (V	NAKWI 6	Graphe organization	n may have to use	a copy of this return	i to satisfy state report	ing requirer	nents	Opt	FIT TO PUBLIC IF	taha centa			
	Fort	he 2009 calen	dar year,	or tax year begin	ıning		, 2009, and endin	9			,				
В	Check	if applicable		С					D Employ	er Ident	tification Number				
		ddress change	Piease use IRS label	HOMELANDS	RESEARCH	GROUP			74-2	2543	648				
	H	tanie change	or print or type	4 THE BYWA					E Telepho	ne num	ber				
	\vdash	-	See	ITHACA, NY					607-266-8128						
	\vdash	nitial return	specific Instruc-							200	0120				
	ТЩ	ermination	tions						l _		104				
	Ш [^]	mended return		<u> </u>					G Gross re			5,109.			
	^A	pplication pending	1	and address of principa	al officer				a group returi		iliates? Ye	s X No			
			SAME A	AS C ABOVE					affiliates incli attach a list		tructions)	s No			
$\overline{\Gamma}$	Ta	x-exempt statu	ıs X 501	(c) (3)	(insert no)	4947(a)(1	or 527	11 140	antach a nst	(300 1113	tructions/				
J				ELANDS . ORG				H(c) Group	exemption nu	mber 🏲	•				
<u>-</u>		n of organization	X Corpor		Association	Other ►	L Year of Format				legal domicile A	7			
	FOII			ation Trust	Association	Other	L rear or Format		1111 3	tate or s	egar domiche 11				
لفت		Summa					000 1001								
	1	Briefly descri	be the org	janization's miss	ion or most si	gnificant activitie	es <u>SEE ATTA</u>	CHED _							
9															
Activities & Governance				·		R.P.F.									
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ò	2	Check this bo					or disposed of mo	re than 2	5% of its	assets	;	_			
٠ 8	3			nbers of the gover						3		10			
9	4	Number of in	depender	nt voting member:	s of the gover	ning body (Part	VI, line 1b)		ļ	4		8			
ŧ	5		•	yees (Part V, line	•]	5		0			
듄	6	Total number	of volunt	teers (estimate if	necessary)				ļ	6		0			
ď	7 a	Total gross u	nrelated t	ousiness revenue	from Part VII	I, column (C), Iır	ne 12			7 a		0.			
	b	Net unrelated	business	taxable income	from Form 99	0-T, line 34				7 b		0.			
						•		Р	rior Year		Current \	Year			
	8	Contributions	and gran	nts (Part VIII, line	· 1h)				61,1	50		7,950.			
9	9		-	ue (Part VIII, line	-			_		51.		3,108.			
Revenue	10	-		art VIII, column (A		and 7d)		<u> </u>	$\frac{1}{1,3}$			51.			
æ						-		ļ	1,3	20.		<u> </u>			
	11			III, column (A), lir					62 6	21	100	100			
	12			nes 8 through 11			(A), line 12)	<u> </u>	62,6	<u> </u>	106	5,109.			
	13	Grants and si	ımılar amı	ounts paid (Part I	iX, column (A)), lines 1-3)									
	14														
_	15								51,5	1,556.		5,639.			
963	162			ig fees (Part IX, o	•		,			ĺ					
Expenses				•	• • •	•	1 060								
꿃				nses (Part IX, col			1,269.	ļ			 				
_	17	Other expens	es (Part I	IX, column (A), lir	nes 11a-11d,	l 1f-24f)			110,2	67.	69	975.			
	18	Total expense	es Add III	nes 13-17 (must e	equal Part IX,	column (A), line	25)		161,8	23.	105	5,614.			
	19	Revenue less	expense	s Subtract line 1	8 from line 12				-99,1	92.		495.			
h \$				· · · · · · · · · · · · · · · · · · ·				Posis			End of V				
# a	20	Total appoint	(David V 1	16\				Begin	ning of Ye		End of Y				
	20	Total assets (•	•					47,0			7,535.			
Net Assets or Fund Belances	21	Total liabilitie	s (Part X.	. line ∠6)						0.		<u> </u>			
24	22			ances Subtract III	ne 21 from lin	e 20			47,0	40.	47	7,535.			
J		Signatu	<u>ire Bloc</u>	<u>:k</u>					_						
		Under penaltie true correct, a	s of perfury	declare that I have &	amined this return	. including accompany	ring schedules and state	ements and	to the best of	mv kno	wledge and belief	. it is			
		true correct, a	nd complete	Declaration of prepare	A County than office	er) is based on all info	ring schedules and state rmation of which prepar	rer has any l	nowledge	•	•				
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He	re	Signatuje	of officer		1	11 11 11 11 11 11 11 11 11 11 11 11 11		Dai		<u>U UV</u>					
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KD.)- U	e signature	▼ 7 (11 WW	· () X	a I	11 12-1-6		,	P	00070114				
pai	er's e 厚[Funts-trame (A	MAR	TIN ZELDIN,	CPA, P.O	-			_						
ŲS			<u>≥ 292</u>		L AVENUE	<u></u>	-		0/	-07	01157				
On	ıy	address, and						EII			94457				
		ZIP + 4	TUCS					Ph	one no	(520		<u>66</u>			
				vith the preparer							X Yes	No			
BA	\ For	Privacy Act a	nd Paper	work Reduction A	Act Notice, se	e the separate in	structions.	_	TEEA0113L	12/29/0	9 Form 9 9	(2009)			

Form	990 (2009) HOMELANDS RESEARCH GROUP	74-2	54364	8		Page 2
4 8.4	Statement of Program Service Accomplishments					
1	Briefly describe the organization's mission					-
	SEE ATTACHED					
•						
•						
•						
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	X	No
	If 'Yes,' describe these new services on Schedule O		ب		لتت	
	Did the organization cease conducting, or make significant changes in how it conducts, any program :	services?	\Box	Yes	X	No
	If 'Yes,' describe these changes on Schedule O	SCI VICCS	ليا		<u>r</u>	140
		and by avant	soc So	stion F	01(0)	(2)
4	Describe the exempt purpose achievements for each of the organization's three largest program servi and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants	and allocation	ns to oth	ners. t	he tot	al
	expenses, and revenue, if any, for each program service reported					
_						
	(Code 99,871. including grants of \$) (Payanua	ċ			,
) (Revenue	٧			
	SEE ATTACHED					
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4b	(Code) (Expenses \$ including grants of \$	) (Revenue	\$			)
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4c	(Code) (Expenses \$	) (Revenue	Ś			)
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4d	Other program services (Describe in Schedule O )					. —
	(Expenses \$ including grants of \$ ) (Revenue	\$			)	
	Total program service expenses ► 99,871.					

Page 3

Forr	n 990 (2009) HOMELANDS RESEARCH GROUP 7 Checklist of Required Schedules	4-2543648		P	age
San Share	officerity of residence conceded		$\neg$	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' co	omplete	1	Х	
2	Schedule A  Is the organization required to complete Schedule B, Schedule of Contributors?	f	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to for public office? If 'Yes,' complete Schedule C, Part I	candidates	3		х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II		4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) or reporting requirement and proxy tax? If 'Yes,' complete Schedule C, Part III	otice and	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete So Part I	chedule D,	6	_	Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, environment, historic land areas or historic structures? If 'Yes,' complete Schedule D, Part II	the	7	_	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes complete Schedule D, Part III	,	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV	e	9	 	Х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-encinyes complete Schedule D, Part V	dowments? //	0		Х
11	Is the organization's answer to any of the following questions 'Yes'? If so, complete Schedule D, Parts VI, VIII, IX as applicable	K, or 1	1	х	
•	Did the organization report an amount for land, buildings and equipment in Part X, line 10° If 'Yes,' complete D, Part VI	e Schedule		-	24
•	• Did the organization report an amount for investments— other securities in Part X, line 12 that is 5% or more assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII	e of its total		-	
•	• Did the organization report an amount for investments— program related in Part X, line 13 that is 5% or mor assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII	e of its total			
	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total asset Part X, line 16? If 'Yes,' complete Schedule D, Part IX	· ·			
	• Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, F • Did the organization's separate or consolidated financial statements for the tax year include a footnote that a				,
12	the organization's liability for uncertain tax positions under FIN 48? If 'Yes,' complete Schedule D, Part X  Did the organization obtain separate, independent audited financial statement for the tax year? If 'Yes,' com Schedule D, Parts XI, XII, and XIII	plete			Х
12,	AWas the organization included in consolidated, independent audited financial statement for the tax  year? If 'Yes,' completing Schedule D, Parts XI, XII, and XIII is optional	Yes No			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13	3		Х
14:	Did the organization maintain an office, employees, or agents outside of the United States?	14	4a		<u>X</u>
ŀ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundrais business, and program service activities outside the United States? If 'Yes,' complete Schedule F, Part I	sing,	4b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any o or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	rganization 15	5		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistant individuals located outside the United States? If 'Yes.' complete Schedule F, Part III	ce to <u>16</u>	5		Х
17	Did the organization report a total of more than $15,000$ of expenses for professional fundraising services on column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I	Part IX.	,		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Fines 1c and 8a? If 'Yes,' complete Schedule G, Part II	Part VIII,	3		_X_
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? is complete Schedule G, Part III	19	- 1		X
20	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H	_20	<u>,                                    </u>		X

Form 990 (2009) HOMELANDS RESEARCH GROUP 74-2543648 Page 4 Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II 21 Х Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX. column (A), line 2° If 'Yes,' complete Schedule I, Parts I and III 22 Х 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? If 'Yes,' complete 23 X Schedule J 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, and that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and 24a Х complete Schedule K If 'No, go to line 25 24b 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? 24c d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d **25a Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I* 25 a Х 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? If 'Yes' complete 25b X Schedule L. Part I Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If 'Yes,' complete Schedule L. Part II Х 26 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection comittee member, or to a person related to such an individual? If 'Yes.' complete Schedule L. Part III 27 Х Was the organization a party to a business transation with one of the following parties (see Schedule L. Part IV instructions for applicable filing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV 28a b A family member of a current or former officer, director, trustee, or key employee? If 'Yes' complete Х 28b Schedule L. Part IV c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L, Part IV 28c Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M 29 X

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Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 contributions? If 'Yes,' complete Schedule M

Did the organization liquidate, terminate, or dissolve and cease operations? If 'Yes,' complete Schedule N. Part I.

Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If 'Yes,' complete 32 Schedule N. Part II

Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If 'Yes.' complete Schedule R, Part I 33

Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Parts II III, IV, and V, line 1

Is any related organization a controlled entity within the meaning of section 512(b)(13)? If 'Yes,' complete Schedule R. 35 Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization if Yes, complete Schedule R, Part V, line 2

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? If 'Yes,' complete Schedule R, Part VI 37

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? 38 Note. All Form 990 filers are required to complete Schedule O

Form 990 (2009)

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Page 5

-A*	Statements Regarding Other IRS Fillings and Tax Compilance			
			Yes	No
1	a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 9		e.55 .32	COMP.
	b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		٤	1
4	c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1 c	X	-
2	a 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  2a 0			77. <u>41.</u>
2	b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			٠.,
3	a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		х
- 1	b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule Q	3ь		
4	a 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)?	4a		x
	b If 'Yes,' enter the name of the foreign country		7 '	
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5	a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
ı	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5 b		X
•	c If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c		
6	a 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?	6a		х
1	b If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not deductible?	6b		
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?	7a		Χ
1	b If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	7 b		
(	c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7с		х
	d If 'Yes,' indicate the number of Forms 8282 filed during the year 7d			
•	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		Х
	g For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
١	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
	a Did the organization make any taxable distributions under section 4966?	9a		
ı	Did the organization make any distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter		,	
:	a Initiation fees and capital contributions included on Part VIII, line 12		ا تو	-
ı	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 other members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them )			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
ı	o If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year			

BAA Form 990 (2009) 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.

	Schedule & See Instructions.			
Sec	ction A. Governing Body and Management			
			Yes	No
	2 Enter the hamber of voting members of the governing body	10	- 1	
	b Enter the number of voting members that are independent  1b			
2	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?	2		X
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?	n <b>3</b>		Х
4	Did the organization make any significant changes to its organizational documents	4		Χ
_	since the prior Form 990 was filed?	_		v
_	Did the organization become aware during the year of a material diversion of the organization's assets?	5	<u> </u>	<u>X</u>
6		-		
	a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7 a		X
ĺ	<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
i	a The governing body?	8a	X	
(	<b>b</b> Each committee with authority to act on behalf of the governing body?	8ь	X	
9	Is there any officer, director or 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	9		Х
Sec	ction B. Policies (This Section B requests information about policies not required by the Interr	al		
Rev	venue Code )			
			Yes	No
10	a Does the organization have local chapters, branches, or affiliates?	10 a		<u>X</u>
ı	<b>b</b> If 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates and branches to ensure their operations are consistent with those of the organization?	10ь		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	Х	
11,	ADescribe in Schedule O the process, if any, used by the organization to review this Form 990 SEE SCHEDULE O	)		
12:	a Does the organization have a written conflict of interest policy? If 'No.' go to line 13	12a		X
1	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12Ь		
•	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
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?			
i	a The organization's CEO, Executive Director, or top management official	15 a		X
	<b>b</b> Other officers of key employees of the organization	15b		X
	If 'Yes' to line 15a or 15b, describe the process in Schedule O (See instructions.)			
16	a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	le 16a		
ı	b If 'Yes,' has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempostatus with respect to such arrangements?			
Ser	ction C. Disclosures	100		
	List the states with which a copy of this Form 990 is required to be filed AZ			
	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) inspection. Indicate how you make these available. Check all that apply	avaılabl	e for p	ublic
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how) the organization makes its governing documents, conflict of interest p statements available to the public	olicy, ar	nd fina	ncıal
	State the name, physical address, and telephone number of the person who possesses the books and records of the o ► ALAN WEISMAN PO BOX 44332 TUCSON AZ 85733 520-623-8251	rganızatı	on	

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

#### 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 organizations's tax year. Use Schedule J-2 if additional space is needed.
- 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. See instructions for definition of 'key employees.'
- 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 the organization did no		sate a	any			officer	, dir			r
(A)	(B)	(c) Position (check all that apply)						(D)	(E)	(F)
Name and Title	Average hours per week	ndividual trustee or director	ins itutional trustee	(checl		highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W 2/1099 MISC)	Estimated amount of other compensation from the organization and related organizations
SEE ATTACHED										
	0	}					l 	31,410.	0.	0.
			ļ 							
				_						
										·
						_				

990 (2009) HOMELANDS RESEARCH GROUP Section A. Officers, Directors, Trus	toos k	(av	Fm	ınle	)Ve	PS	an	d Highest Con	inensated Fm	niovees (cont
		Ley			c)	<u>cs,</u>	aii	(D)	(E)	
(A)	(B) Average	Posi	tion (	•	•	hat a	nnlv)	` ` '	· ·	(F)
Name and Title	per week	<u> </u>	Institutional trustee	Officer	_	employee		Reportable compensation from the organization (W 2/1099-MISC)	Reportable compensation from related organizations (W 2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
					ļ					
									<del></del>	
		_								
			_							
										ļ. <u></u>
1 b Total Total number of individuals (including but not limited							<u> </u>	31,410.	0	
from the organization 0  Did the organization list any former officer, director on line 1a? If 'Yes,' complete Schedule J for such in For any individual listed on line 1a, is the sum of rethe organization and related organizations greater the individual of Did any person listed on line 1a receive or accrue or rendered to the organization? If 'Yes,' complete Schedule 1 organization? If 'Yes,' complete Schedule 2 organization? If 'Yes,' complete Schedule 3 organization.	ndividua portable nan \$15 ompens	t con 0,00	nper 0? /	nsat If 'Y	ion es'	and com,	oth plet	er compensation l e Schedule J for s	rom uch	Yes I
Complete this table for your five highest compensation from the organization	ed indep	pend	ent	con	trac	tors	tha	t received more th	nan \$100,000 of	<del></del>
(A) Name and business address	S	-					_	(B) Description o	f Services	(C) Compensation
Total number of independent contractors (including)	hut not		1 4					<del> </del>		

fs je	Statement of Revenue				
		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS	1 a Federated campaigns     1 a       b Membership dues     1 b       c Fundraising events     1 c       d Related organizations     1 d       e Government grants (contributions)     1 e				1 · · · · · · · · · · · · · · · · · · ·
NTRIBUTIC	f All other contributions, gifts, grants, and similar amounts not included above 1f 97, 950.  g Noncash contribus included in lns 1a-1f \$				
용	h Total. Add lines 1a-1f	97,950.			
REVENUE	Business Code  2 a BROADCASTING FEES  b	8,108.	8,108.		
PROGRAM SERVICE REVENUE	c				
ROGR	f All other program service revenue	0 100			
	g rotal. Add liftes 2a-21	8,108.			
	<ul> <li>Investment income (including dividends, interest and other similar amounts)</li> <li>Income from investment of tax-exempt bond proceeds</li> <li>Royalties</li> </ul>	51.			51.
	(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			<del></del>	
	b Less cost or other basis and sales expenses c Gain or (loss)	,			
	d Net gain or (loss)			<del></del>	
OTHER REVENUE	8a Gross income from fundraising events (not including \$				
HER	See Part IV, line 18 a b Less direct expenses b	`			
6	c Net income or (loss) from fundraising events				
	9a Gross income from gaming activities See Part IV, line 19	,			
	b Less direct expenses b				ļ
	c Net income or (loss) from gaming activities  10a Gross sales of inventory, less returns and allowances				
	<b>b</b> Less cost of goods sold <b>b</b>				
}	c Net income or (loss) from sales of inventory				
	Miscellaneous Revenue Business Code  11 a  b				
	d All other revenue				
	e Total. Add lines 11a-11d				
1	12 Total revenue. See instructions	106,109.	8,108.	0.	51.

Page 10

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do i 6b, .	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				¥
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4	Benefits paid to or for members		_		
5	Compensation of current officers, directors, trustees, and key employees	31,410.	28,269.	3,141.	C
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	337.	294.	43.	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits.	3,892.	3,503.	389.	
10	Payroll taxes				
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting	640.		640.	
d	Lobbying				
	Prof fundraising svcs See Part IV, In 17 Investment management fees				
	Other				
_	Advertising and promotion				
13	Office expenses	381.	381.		
14	Information technology				
15	Royalties .				
16	Occupancy	<del></del>			
17	Travel	9,465.	9,465.		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	3,403.	3,103.		
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	547.	547.		
23 24	Insurance Other expenses Itemize expenses not covered above (Expenses grouped together	5 4 .			
	and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below ).	20.			
а	PRODUCTION	37,581.	37,581.		
b	WEBSITE	9,625.	9,625.		
С	DEVELOPMENT	6,347.	5,078.		1,269
d	MARKETING & DISTRIBUTION	2,198.	2,198.		
	TELEPHONE	1,488.	1,339.	149.	
f	All other expenses	1,703.	1,591.	112.	
	Total functional expenses Add lines 1 through 24f	105,614.	99,871.	4,474.	1,269
	Joint costs. Check here Inf following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

2 . in.		Balance Sheet				
				(A) Beginning of year		( <b>B)</b> End of year
	1	Cash - non-interest-bearing		8,449.	1	33,009.
	2	Savings and temporary cash investments		37,828.	2	10,538.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Receivables from current and former officers, director and highest compensated employees. Complete Part	rs, trustees, key employees, II of Schedule L		5	
	6	Receivables from other disqualified persons (as defin	ed under section 4958(f)(1))			
	İ	and persons described in section 4958(c)(3)(B) Com	plete Part II of Schedule L		6	
Ş	7	Notes and loans receivable, net			7	
A S E T S	8	Inventories for sale or use			8	
S	9	Prepaid expenses and deferred charges			9	
	10 a	Land, buildings, and equipment cost or other basis	10a 36,593.			
	ĺ	Complete Part VI of Schedule D				
	l t	Less accumulated depreciation	10ы 32,605.	763	10 c	3,988.
	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	Í		15	
	16	Total assets Add lines 1 through 15 (must equal line	34)	47,040.	16	47,535.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue	[		19	
Ļ	20	Tax-exempt bond liabilities			20	
A	21	Escrow or custodial account liability Complete Part I	V of Schedule D		21	
1	22	Payables to current and former officers, directors, tru highest compensated employees, and disqualified per	stees, key employees, rsons Complete Part II			
I		of Schedule L			22	
E S	23	Secured mortgages and notes payable to unrelated th	nird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities Complete Part X of Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
Й		Organizations that follow SFAS 117, check here	and complete lines			
N E T	ļ	27 through 29 and lines 33 and 34.	_			
A S	27	Unrestricted net assets			27	
Ş	28	Temporarily restricted net assets			28	
-	29	Permanently restricted net assets	[		29	
R		Organizations that do not follow SFAS 117, check he	ere ► X and complete			
E		lines 30 through 34.				
F DZD	30	Capital stock or trust principal, or current funds			30	
Ŗ	31	Paid-in or capital surplus, or land, building, and equip	ment fund		31	
î	32	Retained earnings, endowment, accumulated income,		47,040.	32	47,535.
ANCES	33	Total net assets or fund balances		47,040.	33	47,535.
Š	34	Total liabilities and net assets/fund balances		47,040.	34	47,535.

BAA

Form 990 (2009)

**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

BAA

Form 990 (2009)

3ь

#### SCHEDULE A (Form 990 or 990-EZ)

### **Public Charity Status and Public Support**

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

OMB No 1545 0047 2009

2005

Department of the Treasury Internal Revenue Service

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

Open to Mabile

Name	of the	organ	ization					*						Employe	er identifica	tion number		
HON	EL	AND:	S RES	SEARC	H GROUP									74-2	543648	8		
1		Re	ason	for Pu	iblic Char	ity Statu	ıs (A	II organization	ns r	must (	comple	ete this	part.	See I	instruct	ions		
The	orga	nızat	on is r	not a pr	ivate founda	ation beca	use it	is (For lines 1 th	nrou	ugh 11,	check o	nly one	box )					
1		A ch	urch, d	convent	ion of churc	hes or ass	ociati	on of churches d	esc	ribed in	n sectio	n 170(b)	(1)(A)(i)	).				
2	П	A sc	hool d	escribed	d in section	170(b)(1)(	A)(ii).	(Attach Schedul	le E	Ξ)								
3	П	A ho	spital	or coop	erative hosp	oital servic	e orga	anization describ	ed ı	ın <b>secti</b>	on 170(	b)(1)(A)	(iii).					
4	П	A m	edical	researc	h organizati	on operate	ed in d	conjunction with a	a ho	ospiłal i	describe	d in sec	ction 17	O(b)(1)(	A)(iii) E	nter the ho	spital's	s
				, and st														
5		An c <b>170(</b>	rganiz <b>b)(1)(A</b>	ation of <b>Xiv).</b> (	perated for t Complete P	the benefit art II )	of a	college or univers	sity	owned	or oper	ated by	a gove	rnmenta	al unit de	scribed in	sectio	n
6 7		An o	rganiz	ation th	-	receives a	subs	nmental unit des itantial part of its )						t or fron	n the gei	neral publi	c desc	ribed
8		A co	mmun	ity trust	described	n <b>section</b>	170(b	<b>)(1)(A)(vi).</b> (Comp	plete	e Part I	11)							
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								•	put	blic safe	ety See	section	n 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 <b>section 509(a)(3)</b> . 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																	
е		By c than	heckin	g this b	ox, I certify	that the or	rganız ın one	ation is not contr or more publicly	rolle	ed direc	tly or in	directly	by one	or more ed in se	e disquali ection 509	ified perso	ons oth	ner
f			orgar k this		received a	written de	termir	nation from the IF	RS t	that is a	a Type I	, Type I	l or Typ	e III sup	porting (	organizatio	n,	
g		Sinc	e Augı	ıst 17, 2	2006 has th	e organiza	ition a	accepted any gift	or	contrib	ution fr	om any	of the fo	ollowing	persons	3,5	Yes	No
		(i)	a per below	son who	o directly or overning boo	indirectly dy of the s	contro uppor	ols, either alone of ted organization	or to	ogether	with pe	ersons d	escribe	d in (ii)	and (III)	11 g (ı)	103	110
		(ii)	a fam	ily men	nber of a p	erson desc	cribed	ın (ı) above?								11 g (ii)		
		(iii)	a 35%	6 contro	olled entity of	of a persor	n desc	ribed in (i) or (ii)	ab	ove?						11 g (iii)		
h		Prov	ide the	follow	ng informat	ion about	the su	ipported organiza	ation	ns		·		p				
	(1)	Name Orç	of Supp janization	orted	(u) f	EIN	(0	) Type of organization escribed on lines 1.9 above or IRC section (see instructions))	ļ	organizat (i) listed gove	Is the tion in col d in your trning ment?	the organ	rou notify lization in (i) of upport?	organizal	is the tion in col ized in the S ?	(vii) Amoui	nt of Sup	port
			·-··-		ļ				_	Yes	No	Yes	No	Yes	No	<del></del>		
					<u> </u>			····				ļ	ļ	<u> </u>	<del>  </del>			
									- 1						i			
			<del></del> -				<b> </b>				<u> </u>	<del></del>			<del> </del>			
					<del> </del>	<del></del>		<del></del>	-		<del> </del>				<del>  </del>			
				· · · · · · · · · · · · · · · · · · ·	<del> </del>		<del> </del>		$\dashv$		<u> </u>				<del>  </del>			
Total								-										

Page 2

Sec	(Complete only if you check tion A. Public Support	ed the box on line	e 5, 7, or 8 of Par	11)						
Cale	endar year (or fiscal year nning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	09	(f) Total		
_	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)				<i>F</i>					
6	Public support. Subtract line 5 from line 4			,						
Sec	tion B. Total Support					<del></del>	<del></del> ,			
	ndar year (or fiscal year nning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total		
7	Amounts from line 4									
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form 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			~* qu						
12	Gross receipts from related activ	rities, etc (see in:	structions)				12			
	First five years. If the Form 990 organization, check this box and	stop here		nd, third, fourth,	or fifth tax year as	s a section	501(c)	(3)		
	tion C. Computation of Pu						<u> </u>			
	Public support percentage for 20	•	• • • • • • • • • • • • • • • • • • • •	e 11, column (f)			14	<u> </u>		
15	Public support percentage from	2008 Schedule A,	Part II, line 14			İ	15	%%		
16 a	33-1/3 support test — 2009. If the and stop here. The organization				the line 14 is 33	-1/3 % or m	iore, cl	heck this box		
t	<b>b 33-1/3 support test</b> — <b>2008.</b> 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 <b>stop here.</b> The organization qualifies as a publicly supported organization									
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain i	n Part	IV how		
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a	and-circumstances	test, check this	box and stop her	e. Explain i	n Part	IV how the		
18 BAA	Private foundation. If the organization	zation did not che	ck a box on line,	13, 16a <u>,</u> 16b, 17a				structions > 0 or 990-EZ) 2009		

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

	(Complete only if you che	cked the box on li	ne 9 of Part I )				
Sec	tion A. Public Support	<u>,</u>					
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	<b>(e)</b> 2009	(f) Total
	Gifts, grants, contributions and membership fees received (Do not include 'unusual grants')	101,688.	152,500.	200,972.	61,150.	97,950.	614,260.
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						0.
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	101,688.	152,500.	200,972.	61,150.	97,950.	614,260.
7 a	Amounts included on lines 1, 2, 3 received from disqualified persons	0.	0.	0.	0.	0.	0.
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.
_	Add lines 7a and 7b	0.	0.	0.	0.	0.	0.
8	Public support (Subtract line	26.12.34					
<u> </u>	7c from line 6 ) tion B. Total Support						614,260.
	IION B. LOTAL SUDDOM						
				4			
Cale	ndar year (or fiscal yr beginning in)	(a) 2005	<b>(b)</b> 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
Cale:	ndar year (or fiscal yr beginning in) Amounts from line 6	(a) 2005 101, 688.	<b>(b)</b> 2006 152, 500.	(c) 2007 200, 972.	(d) 2008 61,150.	<b>(e)</b> 2009 97, 950.	(f) Total 614, 260.
Cale:	ndar year (or fiscal yr beginning in)	101,688.	152,500.	200,972.	61,150.	97,950.	614,260.
Caler 9 10 a	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form	101,688. 74.		1,515.	1,330.	97,950.	3,439. 0.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b	101,688.	152,500.	200,972.	61,150.	97,950.	3,439.
Caler 9 10 a b	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	101,688. 74.	152,500. 469.	1,515.	1,330.	97,950.	3,439. 0.
Cale: 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV	101,688. 74.	152,500. 469.	200,972. 1,515. 1,515.	1,330.	97,950.	3,439. 0. 3,439. 0.
Calei 9 10 a b c 11	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12,)	74. 74.	152,500. 469. 469.	200,972. 1,515. 1,515.	1,330. 1,330.	97,950. 51. 51.	3,439. 0. 3,439. 0. 68,061. 685,760.
Calei 9 10 a b c 11 12	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and	74. 74. 33, 343.	152,500. 469. 469.	200,972. 1,515. 1,515.	1,330. 1,330.	97,950. 51. 51.	3,439. 0. 3,439. 0. 68,061. 685,760.
Calei 9 10 a b c 11 12 13 14 Sec	Amounts from line 6 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 Add lines 10a and 10b Net income from unrelated business activities not included inline 10b, whether or not the business is regularly carried on Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) SEE PART IV Total support. (add ins 9, 10c, 11, and 12.) First five years. If the Form 990 organization, check this box and tion C. Computation of Putiness.	33, 343.  33 of the organiza stop here	152,500. 469. 469.	200, 972.  1, 515.  25, 550.  third, fourth, o	1,330. 1,330.	97, 950. 51. 51. 8, 108. a section 501(c)(3	3,439. 0. 3,439. 0. 68,061. 685,760. 3) ►
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Schedule A	(Form	990 or 9	90·EZ)	2009	HOMEL	ANDS I	RESEAR	CH GRO	JUP				-23430	040	Page 4
Schedule A	Suppl Part I	ement I, line	<b>al Info</b> 17a or	rmatio 17b, a	n. Con nd Par	nplete t III, Iir	this pai ne 12 f	rt to pro ⊇rovide	vide thany ot	ne expla her add	ınatıons ııtıonal ı	require nformat	d by Pa ion Sei	art II, Iine e instruc	e 10; tions.
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TEEA0404L 02/05/10

Schedule A (Form 990 or 990-EZ) 2009

BAA

## SCHEDULE D (Form 990)

**Supplemental Financial Statements** 

Complete if the organization answered 'Yes,' to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12.
 ► Attach to Form 990.
 ► See separate instructions

OMB No 1545-0047

Open to Rublic Inspection Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization

HC	MELANDS RESEARCH GROUP					
_				74-2543648		
	Organizations Maintaining Dono the organization answered 'Yes'	or Advised Funds or Other to Form 990, Part IV, line	er Similar Funds or Acc e 6	counts Complete If		
		(a) Donor advised	funds (b) f	Funds and other accounts		
1	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	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?  Yes No					
6	Did the organization inform all grantees, don- used only for charitable purposes and not for purpose conferring impermissible private ben	r the benefit of the donor or doi	ing that grant funds may be nor advisor or for any other	Yes No		
- SE	Conservation Easements Compl	lete if the organization ar	iswered 'Yes' to Form 9	90, Part IV, line 7		
1	Purpose(s) of conservation easements held to	by the organization (check all the	nat apply)			
	Preservation of land for public use (e.g.,	recreation or pleasure)	Preservation of an historic	cally important land area		
	Protection of natural habitat		Preservation of certified h	istoric structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organizal last day of the tax year	tion held a qualified conservation	on contribution in the form of	a conservation easement on the		
				Held at the End of the Year		
	a Total number of conservation easements					
	<b>b</b> Total acreage restricted by conservation ease	ements	2b			
	c Number of conservation easements on a cert	tified historic structure included	` '			
	<b>d</b> Number of conservation easements included	• • •	2d			
3	Number of conservation easements modified	, transferred, released, extingu	ished, or terminated by the or	rganization during the tax		
	year ►					
4	Number of states where property subject to c	conservation easement is locate	ed ►			
5	and enforcement of the conservation easeme	ent it holds?		lations, Yes No		
	Staff and volunteer hours devoted to monitor during the year		_			
	<ul> <li>Amount of expenses incurred in monitoring, induring the year.</li> </ul>		\$ _			
8	Does each conservation easement reported of 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?	on line 2(d) above satisfy the re	equirements of section	Yes No		
9	9 In Part XIV, 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					
	Organizations Maintaining Collection Complete if the organization ans	ections of Art, Historical swered 'Yes' to Form 990	Treasures, or Other Sin , Part IV, line 8	nilar Assets		
1	a If the organization elected, as permitted unde treasures, or other similar assets held for put the text of the footnote to its financial statem	blic exhibition, education, or res	search in furtherance of public			
	b If the organization elected, as permitted unde treasures, or other similar assets held for put amounts relating to these items	er SFAS 116, to report in its re- blic exhibition, education, or res	venue statement and balance search in furtherance of public	c service, provide the following		
	(i) Revenues included in Form 990, Part VIII	l, line 1		•\$		
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of a amounts required to be reported under SFAS	art, historical treasures, or othe 116 relating to these items	er similar assets for financial (	gain, provide the following		
	a Revenues included in Form 990, Part VIII, line	e 1		<b>*</b> \$		
	b Assets included in Form 990, Part X			<b>\$</b>		

Organizations Mainta	<u>ining Colle</u>	ctions of	Art, Histo	orical Treasures, o	r Other Similar Ass	ets (conti	nued)
3 Using the organization's acquisit items (check all that apply)	ion accession	and other r	ecords, che	ck any of the following	that are a significant u	se of its colle	ction
a Public exhibition	a Public exhibition d Loan or exchange programs						
<b>b</b> Scholarly research	b Scholarly research e Other						
c Preservation for future gene	rations						
4 Provide a description of the organization APART AIV	4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV						
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							
Escrow and Custodia 9, or reported an amo	I Arrangemount on Form	i <b>ents</b> Con n 990, Pa	nplete if our t	rganization answe 21.	red 'Yes' to Form 9	90. Part I\	/, line
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>b</b> If 'Yes,' explain the arrangement	t in Part XIV a	nd complete	e the follow	ng table			
						Amount	
c Beginning balance					1 c	<del></del>	
<b>d</b> Additions during the year					1 d	·	<del></del>
e Distributions during the year					1 e		
f Ending balance			_		<u> </u>	<del></del>	<del></del> .
2a Did the organization include an a		m 990, Pari	t X, line 21 ⁷			∐ Yes	∐No
<b>b</b> If 'Yes,' explain the arrangement		<del></del>					
Endowment Funds Co						-γ	
	(a) Current	year	(b) Prior year	(c) Two years bac	k (d) Three years back	(e) Four y	ears back
1a Beginning of year balance						<del></del>	<del></del>
<b>b</b> Contributions	<del></del>					<del> </del>	
c Net Investment earnings, gains, and losses				y()			Land Land
d Grants or scholarships						1	
<ul> <li>Other expenditures for facilities and programs</li> </ul>				· ·		ļ	
f Administrative expenses				<u> </u>		<del></del>	
<b>g</b> End of year balance	L						
2 Provide the estimated percentag	-	end balance	held as				
Board designated or quasi-endov			_ %				
<b>b</b> Permanent endowment ►							
c Term endowment ►	<del>}</del>						
3a Are there endowment funds not organization by	in the possess	ion of the o	rganization	that are held and adm	inistered for the	Yes	. No
(i) unrelated organizations						3a(i)	
(ii) related organizations						3a(II)	
<b>b</b> If 'Yes' to 3a(II), are the related of	*					3b	
4 Describe in Part XIV the intender							
Investments—Land, B		nd Equipr	nent. See	Form 990, Part X	, line 10	<del></del>	
Description of investment		(a) Cost or o (invest		(b) Cost or other basis (other)	(c) Accumulated Depreciation	(d) Book	Value ————
1a Land	ļ.	-					
<b>b</b> Buildings	1						
c Leasehold improvements	Ļ					<del></del>	
<b>d</b> Equipment	Ļ					<del></del>	
e Other			<u> </u>	36,593.	32,605.		3,988.
Total. Add lines 1a through 1e (Colum	n (d) must equ	ual Form 99	0, Part X, c	olumn (B), line 10(c) ).	•		<u>3,988.</u>
BAA					Sched	ule <b>D</b> (Form	990) 2009

74-2543648

Page 2

Schedule D (Form 990) 2009 HOMELANDS RESEARCH GROUP

Schedule D (Form 990) 2009 HOMELANDS RESEARCI		74-25436	48 Page
Investments-Other Securities See Fo			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market v	value
Financial derivatives			
Closely-held equity interests			<u></u>
Other			<del></del>
			<del></del>
	-		
	<del></del>		
			· · · · · · · · · · · · · · · · · · ·
Total (Column (b) must equal Form 990 Part X, col (B) line 12)		-	
Investments-Program Related (See I	orm 990, Part X, lini	e 13) N/A	
(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market v	raluo
		Cost of end-of-year market v	raiue
			<del></del>
Total. (Column (b) must equal Form 990, Part X, Col (B) line 13)  Other Assets (See Form 990, Part X,	line 15) N/A		<u> </u>
	line 15) N/A scription		(b) Book value
(a) De	scription		(b) Dook Value
	<del></del>		
Table (0-1			
Total. (Column (b) must equal Form 990, Part X, col (B), li	ne 15) Y line 25)		
(a) Description of Liability	( <b>b</b> ) Amount		1250
Federal Income Taxes	(b) Amount	-	,漢
Courter most no Toxes		<del>-</del>   `` _	,
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Tabal (Caluma (h) quat court France (00) Part V (10) (10)		-	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	nato to the assessment	financial statements that are state.	ampation to the total
2. FIN 48 Footnote In Part XIV, provide the text of the footn	iote to the organization's	imanciai statements triat reports the orga	anization's Hability

74-2543648

Schedule D (Form 990) 2009 HOMELANDS RESEARCH GROUP	74-254	13648	Page 4
Reconciliation of Change in Net Assets from Form 990 to Financial Statements		N/A	
1 Total revenue (Form 990, Part VIII,column (A), line 12)			
2 Total expenses (Form 990, Part IX, column (A), line 25)			
3 Excess or (deficit) for the year Subtract line 2 from line 1			
4 Net unrealized gains (losses) on investments			
5 Donated services and use of facilities			
6 Investment expenses			
7 Prior period adjustments			
8 Other (Describe in Part XIV)			
9 Total adjustments (net) Add lines 4 through 8			
10 Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9			
Reconciliation of Revenue per Audited Financial Statements With Revenue per	Return	N/A	
1 Total revenue, gains, and other support per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a Net unrealized gains on investments 2a	-		
b Donated services and use of facilities 2b	$\dashv$		
c Recoveries of prior year grants	_		
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1		ĺ	
a Investments expenses not included on Form 990, Part VIII, line 76	[ '		
b Other (Describe in Part XIV)			
c Add lines 4a and 4b	4c		
5 Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	. 5		
Reconciliation of Expenses per Audited Financial Statements With Expenses p		irn N/A	
1 Total expenses and losses per audited financial statements	1		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25			
a Donated services and use of facilities 2a			
b Prior year adjustments 2b			
c Other losses 2c			
d Other (Describe in Part XIV)			
e Add lines 2a through 2d	2e		
3 Subtract line 2e from line 1	3		
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:			_
a Investments expenses not included on Form 990, Part VIII, line 7b. 4a			
b Other (Describe in Part XIV)  4b	$\neg$		
c Add lines 4a and 4b	4c	I	
5 Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)	5		
Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part line 4, Part X, line 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this information	IV, lines part to p	1b and 2b, P provide any ac	art V, Iditional
			<del>-</del> -

Schedule D (Form 990) 2009 HOMELANDS RESEARCH GROUP	74-2543648	Page 5
Schedule D (Form 990) 2009 HOMELANDS RESEARCH GROUP  Supplemental Information (continued)		
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#### **SCHEDULE O** (Form 990)

## **Supplemental Information to Form 990**

OMB No 1545 0047

2009

Open to Public. Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990.

	Employer Identification number
HOMELANDS RESEARCH GROUP	74-2543648
FORM 990, PART VI. LINE 11 - FORM 990 REVIEW PROCESS	
EXECUTIVE DIRECTOR HAS REVIEWED ALL PARTS AND SCHEDULES OF FORM	1 990
EVECOLIAE DIVECTOR INSTREATMENT THE LYBES WAS SCIEDORES OF LORD	

Homelands Research Group, Inc. 4 The Byway Ithaca, NY 14850 Tax ID: 74-2543648

<b>Grants and Donation</b>	ns during 2009
----------------------------	----------------

	<u>Name</u>	mount	Type
1	Corporation for Public Broadcasting 401-9th Street, N.W. Washington, DC 20004	\$68,000.00	Grant
2	International Labour Organization 4 Rues Des Morillons CH-1211, Geneva 22, Switzerland	\$18,750.00	Grant
3	Individual Donors	\$11,200.00	Donation

Homelands Research Group, Inc. 4 The Byway Ithaca, NY 14850 Tax ID: 74-2543648

Statement of Activities for 2009, Form 990

Homelands Research Group, Inc., pursued the following journalistic and educational activities during 2009:

- (1) Production of seven radio features and web packages for WORKING, a monthly series about workers in the global economy, broadcast on Marketplace, the daily public radio program about business and economics. Stories were reported in England, Pakistan, Vietnam, Bangladesh, Mexico and Kenya. The project won three national journalism awards during 2009.
- (2) Resale of pieces from the WORKING series and previous projects to a variety of outlets.
- (3) Continuing research and writing on a book by poet Jim Schley, with Homelands serving as a fiscal agent.
- (4) Design, planning and fundraising for a new project, about hunger, in collaboration with NPR, two universities and a photo agency.

Homelands Research Group, Inc., held its annual meeting, as required by law, on December 19, 2009, by telephone conference call. Present were board members Cecilia Vaisman (president), Andrew Tolan (vice president), Alan Weisman (secretary/treasurer), and members Orville Schell, Raul Ramirez, Maria Blanco, Dori Maynard, Priscilla Pierce Goldstein and executive director Jonathan Miller (ex oficio board member). The officers were reelected for another one-year term. Minutes are available on request.

Income was received from grants by the Corporation for Public Broadcasting, International Labour Organization and Polson Institute of Global Development; acquisition fees paid by American Public Media and Station Resource Group; and from individual donors.

Homelands Research Group, Inc.
4 The Byway
Ithaca, NY 14850
Tax ID # 74-2543648
2008 Current Officers, Directors, Trustees, and Contractors

<u>Name</u>	<u>Title</u>	Compensation	<b>Benefits</b>
Cecilia Vaisman 515 West Oakdale Ave. Chicago, IL 60657	President	\$ -	\$ -
Andrew Tolan 637 N. Alta Vista Los Angeles, CA 90036	Vice President (Contract)	\$ 4,350.00	\$ 435.00
Alan Weisman PO Box 77 Cummington, MA 01026	Sec'y/Treas.	\$ -	\$ -
Jonathan Miller 4 The Byway Ithaca, NY 14850	Exec. Director (Contract)	\$ 27,060.00	\$ 2,185.00
Maria Blanco PO Box 42045 Tucson, AZ 85733	Director		
Priscilla Pierce Goldstein PO Box 42045 Tucson, AZ 85733	Director		
Dori Maynard PO Box 42045 Tucson, AZ 85733	Director		
Michael Pollan PO Box 42045 Tucson, AZ 85733	Director		
Raul Ramirez PO Box 42045 Tucson, AZ 85733	Director		
Orville Schell PO Box 42045 Tucson, AZ 85733	Director		
Virginia Marques 208 Dubois Rd. Ithaca, NY 14850	Office Manager (Contract)	\$ 12,720.00	\$ 1,272.00

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## SCHEDULE A, PART IV - SUPPLEMENTAL INFORMATION PAGE 5

### **HOMELANDS RESEARCH GROUP**

74-2543648

PART III	. LINE	12 -	<b>OTHER</b>	INCOME
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NATURE AND SOURCE	2009	2008	2007	2006	2005
BROADCASTING FEES TOTAL	\$ 8,108. \$ 8,108.	\$ 151. \$ 151.	25,550. \$ 25,550. \$	909. 909.	33,343. \$ 33,343.

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## **FEDERAL WORKSHEETS**

PAGE 1

**HOMELANDS RESEARCH GROUP** 

74-2543648

# FORM 990, PART IX, LINE 24 OTHER EXPENSES

		(A)	(B)	(C)	(D)
		TOTAL	PROGRAM SERVICES	MANAGEMENT & GENERAL	FUNDRAISING
BANK CHARGES		112.		112.	
CONSULTANTS		100.	100.		
DUES & SUBSCRIPTIONS		245.	245.		
POSTAGE AND SHIPPING		347.	347.		
PRINTING AND PUBLICATIONS		225.	225.		
PROMOTION		46.	46.		
REPAIRS & MAINT		563.	563.		
RESEARCH		65.	65.		
	TOTAL	\$ 1,703.	\$ 1,591.	\$ 112.	\$ 0.