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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2010

Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
TELAMON CORPORATION

Doing Business As

Number and street (or P O box if mail is not delivered to street address) | Room/suite
5560 MUNFORD RD STE 201

City or town, state or country, and ZIP + 4
RALEIGH, NC [redacted]

D Employer identification number
56-1022483

E Telephone number
(919) 851-7611

G Gross receipts $ 61,232,568

F Name and address of principal officer
DAVID CROOKE
5560 MUNFORD RD SUITE 201
RALEIGH, NC 27612

H(a) Is this a group return for affiliates? ☐ Yes ☑ No

H(b) Are all affiliates included? ☐ Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶

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

J Website: ▶ WWW TELAMON ORG

K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other ▶ | **L** Year of formation 1972 | **M** State of legal domicile NC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
PROVIDING RESOURCES & CREATING OPPORTUNITIES FOR THOSE IN NEED

2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	26
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	**5**	2,137
6	Total number of volunteers (estimate if necessary)	**6**	144
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue			
8	Contributions and grants (Part VIII, line 1h)	58,151,736	60,068,606
9	Program service revenue (Part VIII, line 2g)	325,394	368,430
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	189,541	58,923
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	335,175	336,295
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	59,001,846	60,832,254
Expenses			
13	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	5,612,198	6,919,021
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	35,383,618	37,170,585
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶0		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	17,448,373	16,604,222
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	58,444,189	60,693,828
19	Revenue less expenses Subtract line 18 from line 12	557,657	138,426
Net Assets or Fund Balances		**Beginning of Current Year**	**End of Year**
20	Total assets (Part X, line 16)	13,573,247	12,712,139
21	Total liabilities (Part X, line 26)	10,562,716	9,625,360
22	Net assets or fund balances Subtract line 21 from line 20	3,010,531	3,086,779

Part II Signature Block

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

Sign Here

****** | 2012-05-31
Signature of officer | Date

DAVID CROOKE DIRECTOR OF FINANCE
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed ▶☐	PTIN
JOHN LUNSFORD	JOHN LUNSFORD			
Firm's name ▶ LUNSFORD & STRICKLAND PA				Firm's EIN ▶
Firm's address ▶ 4325 LAKE BOONE TRAIL STE 100 RALEIGH, NC 27607				Phone no ▶ (919) 783-7073

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III . . . . . ☑

1 Briefly describe the organization's mission

PROVIDING RESOURCES & CREATING OPPORTUNITIES FOR THOSE IN NEED

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? . . . . . ☐ Yes ☑ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? . . . . . ☐ Yes ☑ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code) (Expenses $ 12,493,010 including grants of $ 3,234,631) (Revenue $)

EMPLOYMENT AND TRAINING-CLASSROOM TRAINING,WORK EXPERIENCE, ON-THE-JOB TRAINING, SUPPORTIVE SERVICES AND COUNSELING TO MIGRANT & SEASONAL FARMWORKERS AND OTHER RURAL POOR FUNDING US DOL & STATES OF IN,NC,GA,MD,& SC, EST 5,307 SERVED

4b (Code) (Expenses $ 38,675,306 including grants of $ 1,452,778) (Revenue $)

CHILD CARE-CONSIST OF HEAD START DAY CARE SERVICES TO MIGRANT CHILDREN AND OTHER RURAL POOR FUNDING US DHHS & STATES OF NC,DE,TN,MI,VA,WV & ECMHSP, INC ESTIMATED 5,637 SERVED

4c (Code) (Expenses $ 3,686,601 including grants of $ 274,946) (Revenue $ 370,210)

HOUSING-PROVIDE HOUSING REHAB, SELF-HELP HOUSING, WEATHERIZATION, AFFORDABLE HOUSING, TRANSITIONAL HOUSING, COUNSELING, HOUSING TRAINING & TECHNICAL ASSISTANCE, FUNDING HUD, USDA, DOE, US DEPT OF TREASURY, US DEPT OF HOMELAND SECURITY, US EPA, US DEPT OF VETERANS AFFAIRS, US DEPT OF EDUCATION & STATES IN,WV,NC,SC,VA,GA,MI,DE,TN,AL EST 875 SERVED

4d Other program services (Describe in Schedule O) **See also Additional Data for Description**

(Expenses $ 1,865,616 including grants of $ 193,196) (Revenue $ 334,515)

4e **Total program service expenses** ▶ $ 56,720,533

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	2		No
3	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*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in term, permanent,or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Parts II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I (see instructions)*	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		No
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)	20b		

Part IV Checklist of Required Schedules *(continued)*

21	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**	Yes	
22	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**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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 Schedule J*	**23**	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
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*	**25a**		No
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 Schedule L, Part I*	**25b**		No
26	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*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	**35**		No
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2* ☐ Yes ☑ No			
36	**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*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V . . . . . .

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable . .	**1a**	259		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	**1b**	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			**1c**	
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	**2a**	2,137		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?			**2b**	Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)					
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?			**3a**		No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*			**3b**		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?			**4a**		No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .			**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			**5b**		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?			**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax 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**		No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			**7b**		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**				
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .			**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			**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**		
b	Did the organization make a 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 . . .	**10a**				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**				
11	**Section 501(c)(12) organizations.** Enter					
a	Gross income from members or shareholders	**11a**				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**				
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**					
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** See the instructions for additional information the organization must report on Schedule O			**13a**		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	**13b**				
c	Enter the amount of reserves on hand	**13c**				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .			**14b**		

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

Check if Schedule O contains a response to any question in this Part VI . . . . . ☑

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	26		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	26		
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		No
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? . .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Does the organization have members or stockholders?		6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		No
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . .		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	Yes	
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?	10b	Yes	
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
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	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		No
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 exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the States with which a copy of this Form 990 is required to be filed ▶ NC , GA , SC , VA , WV , TN , IN , MI , MD , DE , AL , FL

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available Check all that apply

☐ Own website ☐ Another's website ☑ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶

DAVID A CROOKE
5560 MUNFORD ROAD STE 201
RALEIGH, NC 27612
(919) 851-7611

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

Check if Schedule O contains a response to any question in this Part VII . . . . . ☐

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b **Sub-Total**										
c **Total from continuation sheets to Part VII, Section A**										
d **Total (add lines 1b and 1c)**								499,671	0	148,732

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 3

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

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
MASS MUTUAL FINANCIAL 401 HARRISON OAKS BLVD CARY, NC 27513	INSURANCE	2,294,582
INTERACTIVE MEDICAL SYSTEMS 5621 DEPARTURE DRIVE RALEIGH, NC 27616	HEALTH INSURANCE ADMINISTRATION	832,560
ARTEX RISK SOLUTIONS INC TWO PIERCE PLACE ITASCA, IL 60143	ALTERNATIVE RISK SOLUTIONS	785,011
HIT SOLUTIONS LLC 103 6TH AVENUE NE CONOVER, NC 28613	COMPUTER SERVICES	592,147
KIDS FIRST ACADEMY 99 WOOD GREEN DRIVE WENDELL, NC 27591	DELEGATED AGENCY HEAD START SERVICES	520,741

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 50

Part VIII Statement of Revenue

			(A) 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	1a Federated campaigns . .	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations . . .	1d				
	e Government grants (contributions)	1e	59,119,693			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	948,913			
	g Noncash contributions included in lines 1a-1f $		840,911			
	h **Total.** Add lines 1a-1f . . . . . ▶		60,068,606			
Program Service Revenue		Business Code				
	2a SALES & FEES FOR HOUSI	531390	368,430	368,430		
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g **Total.** Add lines 2a–2f . . . . . ▶		368,430			
	3 Investment income (including dividends, interest and other similar amounts) . . . . . ▶		59,237			59,237
	4 Income from investment of tax-exempt bond proceeds . . ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross Rents	1,780				
	b Less rental expenses					
	c Rental income or (loss)	1,780				
	d Net rental income or (loss) . . . . . ▶		1,780	1,780		
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	400,000				
	b Less cost or other basis and sales expenses	400,314				
	c Gain or (loss)	-314				
	d Net gain or (loss) . . . . . ▶		-314			-314
Other Revenue	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 . . . a					
	b Less direct expenses . . . b					
	c Net income or (loss) from fundraising events . . ▶					
	9a Gross income from gaming activities See Part IV, line 19 . a					
	b Less direct expenses . . . . . b					
	c Net income or (loss) from gaming activities . . . ▶					
	10a Gross sales of inventory, less returns and allowances . a					
	b Less cost of goods sold . . b					
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a OTHER PROGRAM INCOME	900099	305,634	305,634		
	b INSURANCE LOSS REIMBUR	900099	28,881	28,881		
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶		334,515			
	12 **Total revenue.** See Instructions . . . ▶		60,832,254	704,725	0	58,923

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	1,763,471	1,763,471		
2 Grants and other assistance to individuals in the U S See Part IV, line 22	5,155,550	5,155,550		
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	681,413		681,413	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	24,725,986	23,818,390	907,596	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	1,303,252	1,123,377	179,875	
9 Other employee benefits	8,485,041	7,995,776	489,265	
10 Payroll taxes	1,974,893	1,864,829	110,064	
a Fees for services (non-employees) Management				
b Legal	8,708	1,708	7,000	
c Accounting	80,230		80,230	
d Lobbying				
e Professional fundraising services *See Part IV, line 17*				
f Investment management fees				
g Other	344,275	292,919	51,356	
12 Advertising and promotion				
13 Office expenses	246,659	176,429	70,230	
14 Information technology	809	809		
15 Royalties				
16 Occupancy	5,981,876	5,777,043	204,833	
17 Travel	2,117,545	1,960,767	156,778	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	176,414	71,013	105,401	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	230,371		230,371	
23 Insurance	49,582	32,132	17,450	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a SUPPLIES	2,948,463	2,735,877	212,586	
b CONTRACTOR PAYMENTS	1,501,492	1,501,492		
c STAFF TRAINING COSTS	1,099,179	1,017,737	81,442	
d VEHICLE OPERATING COSTS	974,164	973,360	804	
e EQUIPMENT RENTAL & MAIN	228,617	51,667	176,950	
f All other expenses	615,838	406,187	209,651	
25 **Total functional expenses.** Add lines 1 through 24f	60,693,828	56,720,533	3,973,295	0
26 **Joint costs.** Check here ▶ ☐ if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

				(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest-bearing		2,669,424	1	1,444,245
	2	Savings and temporary cash investments			2	267,165
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		5,568,600	4	4,855,309
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		362,001	9	766,336
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 5,845,801			
	b	Less accumulated depreciation	10b 1,959,421	3,621,285	10c	3,886,380
	11	Investments—publicly traded securities		1,039,763	11	1,134,715
	12	Investments—other securities See Part IV, line 11		162,174	12	195,102
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		150,000	15	162,887
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		13,573,247	16	12,712,139
Liabilities	17	Accounts payable and accrued expenses		5,235,830	17	3,985,606
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability *Complete Part IV of Schedule D*			21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons *Complete Part II of Schedule L*			22	
	23	Secured mortgages and notes payable to unrelated third parties		907,491	23	798,906
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities Complete Part X of Schedule D		4,419,395	25	4,840,848
	26	**Total liabilities.** Add lines 17 through 25		10,562,716	26	9,625,360
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☑ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		3,010,531	27	3,086,779
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		3,010,531	33	3,086,779
	34	Total liabilities and net assets/fund balances		13,573,247	34	12,712,139

Part XI Reconcilliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI . . . . . ☑

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	60,832,254
2	Total expenses (must equal Part IX, column (A), line 25)	2	60,693,828
3	Revenue less expenses Subtract line 2 from line 1	3	138,426
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	3,010,531
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-62,178
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	3,086,779

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII . . . . . ☐

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
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 . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

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

2010

Open to Public Inspection

Name of the organization
TELAMON CORPORATION

Employer identification number
56-1022483

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

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

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state

_____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☑ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)

9 ☐ An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2).** (Complete Part III)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box 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 it 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?

	Yes	No
(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 the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col (i) of your support? Yes	(v) No	(vi) Is the organization in col (i) organized in the U S ? Yes	(vi) No	(vii) Amount of support
Total									

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	46,817,567	48,061,545	51,165,501	58,151,736	60,068,606	264,264,955
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3	46,817,567	48,061,545	51,165,501	58,151,736	60,068,606	264,264,955
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						264,264,955

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	46,817,567	48,061,545	51,165,501	58,151,736	60,068,606	264,264,955
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	124,799	171,737	84,787	65,107	49,297	495,727
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)	623,993	-590,586	742,479	335,175	334,515	1,445,576
11 **Total support** (Add lines 7 through 10)						266,206,258

12	Gross receipts from related activities, etc (See instructions)	12	1,625,694

13 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	99 270 %
15	Public Support Percentage for 2009 Schedule A, Part II, line 14	15	99 260 %

16a **33 1/3% support test—2010.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☑

b **33 1/3% support test—2009.** If the organization did not check the 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—2010.** 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—2009.** 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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public Support** (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	**(a)** 2006	**(b)** 2007	**(c)** 2008	**(d)** 2009	**(e)** 2010	**(f)** Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support** (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15	Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	**15**	
16	Public support percentage from 2009 Schedule A, Part III, line 15	**16**	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2010** (line 10c column (f) divided by line 13 column (f))	**17**	
18	Investment income percentage from **2009** Schedule A, Part III, line 17	**18**	

19a **33 1/3% support tests—2010.** 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—2009.** If the organization did not check a box on line 14 or line 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 ▶☐

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
TELAMON CORPORATION

Employer identification number
56-1022483

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

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

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

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

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

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

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

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

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

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

- a ☐ Public exhibition
- b ☐ Scholarly research
- c ☐ Preservation for future generations
- d ☐ Loan or exchange programs
- e ☐ Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as

- a Board designated or quasi-endowment ▶
- b Permanent endowment ▶
- c Term endowment ▶

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		789,329		789,329
b Buildings		1,781,933	105,332	1,676,601
c Leasehold improvements		1,217,377	242,752	974,625
d Equipment		2,057,162	1,611,337	445,825
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				3,886,380

Part VII Investments—Other Securities. See Form 990, Part X, line 12.

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

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. *(Column (b) should equal Form 990, Part X, col (B) line 13)* ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. *(Column (b) should equal Form 990, Part X, col.(B) line 15.)* . . . . . ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PAYROLL	1,632,597
ACCRUED EMPLOYEE LEAVE	944,097
ACCRUED PAYROLL TAXES	506,552
ACCRUED SELF-INSURED HEALTH PLAN OBLIGATION	622,624
CAPTIVE INSURANCE ARRANGEMENT OBLIGATION	836,625
EMPLOYEE BENEFIT LIABILITIES	298,353
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	4,840,848

2. Fin 48 (ASC 740) Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	60,832,254
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	60,693,828
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	138,426
4	Net unrealized gains (losses) on investments	4	-50,458
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-11,720
9	Total adjustments (net) Add lines 4 - 8	9	-62,178
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	76,248

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	59,929,165
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12				
a	Net unrealized gains on investments	2a	-50,458		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	-50,458
3	Subtract line **2e** from line **1**			3	59,979,623
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	852,631		
c	Add lines **4a** and **4b**			4c	852,631
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	60,832,254

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	59,852,917
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)	2d			
e	Add lines **2a** through **2d**			2e	0
3	Subtract line **2e** from line **1**			3	59,852,917
4	Amounts included on Form 990, Part IX, line 25, but not on line **1:**				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b	840,911		
c	Add lines **4a** and **4b**			4c	840,911
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	60,693,828

Part XIV 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 IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	TELAMON CORPORATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER IRC SECTION 501(C)(3) THE ORGANIZATION IS ALSO EXEMPT FROM STATE INCOME TAXES IN ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTIONS DEDUCTION UNDER SECTION 170(B)(1)(A) OF THE U S INTERNAL REVENUE CODE FURTHER, THE ORGANIZATION HAS BEEN DETERMINED NOT TO BE A PRIVATE FOUNDATION UNDER SECTION 509(A) OF THE U S INTERNAL REVENUE CODE ACCORDINGLY, NO PROVISION OR EXPENSE HAS BEEN MADE FOR FEDERAL OR STATE INCOME TAXES ASC 740 WAS EFFECTIVE FOR THE ORGANIZATION'S SEPTEMBER 30, 2011 FINANCIAL STATEMENTS AND DID NOT HAVE A SIGNIFICANT IMPACT
PART XI, LINE 8 - OTHER ADJUSTMENTS		DEEMED DIVIDEND -9,940 RENTAL INCOME -1,780
PART XII, LINE 4B - OTHER ADJUSTMENTS		DEEMED DIVIDEND 9,940 RENTAL INCOME 1,780 DONATED SUPPLIES 840,911
PART XIII, LINE 4B - OTHER ADJUSTMENTS		DONATED SUPPLIES 840,911

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments and Individuals in the United States

Complete if the organization answered "Yes," to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
TELAMON CORPORATION

Employer identification number
56-1022483

Part I General Information on Grants and Assistance

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

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Part II can be duplicated if additional space is needed. . . . . ▶ ☐

1 (a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) BUEN PASTOR MINITRIES INC111 W 13TH ST HOLLAND,MI 49423	38-3282619	501(C)(3)	227,433				TO DELIVER MIGRANT HEAD START SERVICES TO ELIGIBLE CHILDREN AND FAMILIES
(2) NEWAYGO COUNTY DAY CARE5764 DIVISION ST NEWAYGO,MI 49337	39-2027943	501(C)(3)	166,605				TO DELIVER MIGRANT HEAD START SERVICES TO ELIGIBLE CHILDREN AND FAMILIES
(3) DELAWARE EARLY CHILDCARE CENTER (DECC)MISPILLION AND WEST STREETS HARRINGTON,DE 19952	51-6000279	GOVERNMENT	382,427				TO DELIVER HOME BASED EARLY HEAD START SERVICES TO 40 ELIGIBLE CHILDREN AND FAMILIES INCLUDING PREGNANT WOMEN
(4) SHAW UNIVERSITY118 E SOUTH ST RALEIGH,NC 27601	56-0530235	501(C)(3)	225,809				TO DELIVER EARLY HEAD START SERVICES TO ELIGIBLE CHILDREN AND FAMILIES
(5) CHAPEL HILL TRAINING OUTREACH PROJECT800 EASTOWNE DR STE 105 CHAPEL HILL,NC 27514	58-2046321	501(C)(3)	234,002				TO DELIVER EARLY HEAD START SERVICES TO ELIGIBLE CHILDREN AND FAMILIES
(6) KIDS FIRST ACADEMY 3308 POOLE RD RALEIGH,NC 27610	27-1294274		527,195				TO DELIVER EARLY HEAD START AND REGIONAL HEAD START SERVICES TO ELIGIBLE CHILDREN AND FAMILIES

2 Enter total number of section 501(c)(3) and government organizations . . . . . ▶ 5

3 Enter total number of other organizations . . . . . ▶ 6

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a)Type of grant or assistance	(b)Number of recipients	(c)Amount of cash grant	(d)Amount of non-cash assistance	(e)Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
(1) WORK EXPERIENCE WAGES - PLANNED, STRUCTURED LEARNING EXPERIENCE THAT TAKES PLACE IN A WORKPLACE FOR A LIMITED TIME TO PROMOTE THE DEVELOPMENT OF GOOD WORK HABITS AND BASIC WORK SITE BEHAVIORS	119	684,315			
(2) PARTICIPANT SERVICES - DISABILITY - SPEECH THERAPY, MENTAL HEALTH OBSERVATIONS IN THE CLASSROOMS, DEVELOPMENTAL SCREENING MATERIALS PARENT COST - REIMBURSEMENTS, CHILD CARE,PARENT MEETINGS, FOOD FOR CENTER PARENT COMMITTEE AND POLICY COUNCIL MEETINGS, PARENT TRAINING HEAD START FOOD - FOOD TO MEET NUTRITIONAL NEEDS AS WELL AS INTEGRATE EDUCATION AND SOCIALIZATION OPPORTUNITIES INTO THE CLASSROOM ROUTINE	5637	355,891	1,109,169	FAIR MARKET VALUE	MEALS FOR STUDENTS AT THE HEAD-START CENTERS
(3) OJT EMPLOYER INCENTIVES - FINANCIAL INCENTIVES TO EMPLOYERS TO HIRE AND TRAIN ELIGIBLE PARTICIPANTS	35	71,945			
(4) HOUSING PROGRAM COSTS - RENT AND UTILITIES RELATED TO HOUSING, EDUCATION AND ON-SITE DEMONSTRATIONS ABOUT THE BASIC ELEMENTS OF FAMILY HOUSING AND MAY INCLUDE FINANCING, SITE SELECTION, PERMITS AND CONTRUCTION SKILLS LEADING TOWARDS HOME OWNERSHIP, BUILD AND/OR REPAIR AND UPGRADE ON-FARM HOUSING	305	341,095			
(5) CLASSROOM TRAINING - ONE OR MORE COURSES OR CLASSES, OR A STRUCTURED REGIMEN, THAT UPON SUCCESSFUL COMPLETION, LEADS TO A CERTIFICATE, AN ASSOCIATE DEGREE, BACCALAUREATE DEGREE, OR THE SKILLS OR COMPETENCIES NEEDED FOR A SPECIFIC JOB	433	816,743			
(6) EMERGENCY SERVICES - SHORT-TERM EMERGENCY, NEEDS RELATED, SUPPORTIVE, TRASPORTATION, HOUSING, CHILD CARE, AND MEDICAL ASSISTANCE FOR PARTICIPANTS	2259	1,776,392			

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 SUPERVISORS MONITOR THEIR PROJECTS USING REPORT NET FROM COGNOS WHERE THEY ARE ABLE TO VIEW PROJECT STATUS REPORTS ALONG WITH DETAILED LABOR AND NON-LABOR REPORTS WHICH ARE UPDATED NEAR REAL TIME (TWICE DAILY) TELAMON ALSO HAS AN INTERNAL MONITORING DEPARTMENT THAT REVIEWS PROGRAMS THROUGH REPORTS/TRANSACTIONS ON A PERIODIC BASIS ALONG WITH SUPERVISORY PERSONNEL IN THE STATE AND CORPORATE OFFICES AND BOARD MEMBERS ALL TRANSACTIONS OVER $2,000 ARE REVIEWED BY THE DIRECTOR OF FINANCE OR THE ACCOUNTING MANAGER TO MONITOR GRANTEES, TELAMON FOLLOWS THE FEDERAL MONITORING PROTOCAL ESTABLISHED BY OHS FOR ALL DELEGATES AND MONITOR ANNUALLY TELAMON REVIEWS MONTHLY FINANCIAL REPORTS AND SUPPORTING DOCUMENTATION FROM THE DELEGATES

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Schedule J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
TELAMON CORPORATION

Employer identification number
56-1022483

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items ☐ First-class or charter travel ☐ Housing allowance or residence for personal use ☐ Travel for companions ☐ Payments for business use of personal residence ☐ Tax idemnification and gross-up payments ☐ Health or social club dues or initiation fees ☐ Discretionary spending account ☐ Personal services (e g , maid, chauffeur, chef)			
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement orprovision of all the expenses described above? If "No," complete Part III to explain	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	**2**	Yes	
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply ☐ Compensation committee ☑ Written employment contract ☐ Independent compensation consultant ☑ Compensation survey or study ☑ Form 990 of other organizations ☑ Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment from the organization or a related organization?	**4a**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**	Yes	
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	**5a**		No
b	Any related organization?	**5b**		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	**6a**		No
b	Any related organization?	**6b**		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	**8**		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions on row (ii) Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) RICHARD JOANIS	(i)	176,787	0	0	68,675	19,355	264,817	0
	(ii)	0	0	0	0	0	0	0
(2)								
(3)								
(4)								
(5)								
(6)								
(7)								
(8)								
(9)								
(10)								
(11)								
(12)								
(13)								
(14)								
(15)								
(16)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4B	RICHARD JOANIS PARTICIPATED IN A NONQUALIFIED RETIREMENT PLAN THE ORGANIZATION CONTRIBUTED $68,675 ON MR JOANIS' BEHALF

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶Complete if the organization answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
TELAMON CORPORATION

Employer identification number
56-1022483

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (SUPPLIES)	X		840,911	FAIR MARKET VALUE
26 Other ▶( )				
27 Other ▶( )				
28 Other ▶ ( )				

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

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

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

Open to Public Inspection

Name of the organization
TELAMON CORPORATION

Employer identification number
56-1022483

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		TELAMON HIRED THE CPA FIRM, LUNSFORD & STRICKLAND, PA TO PREPARE THE FORM 990 ONCE LUNSFORD & STRICKLAND PREPARES THE FORM 990, TELAMON WILL CIRCULATE THE FORM TO THE BOARD FOR THEIR REVIEW AND COMMENT ONCE COMMENTS AND CHANGES FROM THE BOARD ARE RECEIVED AND INCORPORATED INTO THE FORM 990, THE FORM 990 WILL BE FILED

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	ALL PERSONNEL ARE COVERED UNDER THE CONFLICT OF INTEREST POLICY THE IMMEDIATE SUPERVISOR AND ALL SUPERVISORY LEVELS ABOVE ARE RESPONSIBLE FOR ENSURING NO CONFLICTS OF INTEREST OCCUR IF DISCOVERED, THE CONFLICT IS RESOLVED THROUGH DISCIPLINARY ACTION AND THE SITUATION THAT CAUSED THE CONFLICT IS REMOVED SO THERE IS NO CONFLICT

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	TELAMON CONDUCTS A WAGE COMPARABILITY STUDY BIENNIALLY FOR ALL POSITIONS ACROSS THE CORPORATION THE LAST STUDY WAS DONE IN 2010 THE STUDY USES SALARY DATABASE SOFTWARE, THE SALARY ASSESSOR & GEOGRAPHIC ASSESSOR, PUBLISHED BY THE ECONOMIC RESEARCH INSTITUTE TO COMPARE SALARY INFORMATION FOR SIMILAR POSITIONS IN SIMILAR GEOGRAPHIC REGIONS THE ONLY EXCEPTION IN TERMS OF METHODOLOGY WOULD BE THE MOST RECENT STUDY OF THE EXECUTIVE DIRECTORY SALARY, CONDUCTED IN 2007 USING GUIDESTAR'S EXECUTIVE COMPENSATION REPORT (2006) FOR NON-PROFIT, HUMAN SERVICES AGENCIES NATIONWIDE WITH BUDGETS OF $25 TO $50 MILLION THE FIGURES AND RECOMMENDATIONS FROM BOTH OF THESE PROCESSES WERE THEN SHARED WITH THE EXECUTIVE COMMITTEE OF THE BOARD FOR FURTHER DISCUSSION AND ACTION

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	TELAMON MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC BY REQUEST

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -50,458 DEEMED DIVIDEND -9,940 RENTAL INCOME -1,780 TOTAL TO FORM 990, PART XI, LINE 5 -62,178

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Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No 1545-0172

2010

Attachment Sequence No **67**

Name(s) shown on return	Business or activity to which this form relates	**Identifying number**
TELAMON CORPORATION	FORM 990 PAGE 10	56-1022483

Part I **Election To Expense Certain Property Under Section 179**

Note: *If you have any listed property, complete Part V before you complete Part I.*

1 Maximum amount See the instructions for a higher limit for certain businesses	**1**	500,000
2 Total cost of section 179 property placed in service (see instructions)	**2**	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	**3**	2,000,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	**4**	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	**5**	

6	**(a)** Description of property	**(b)** Cost (business use only)	**(c)** Elected cost

7 Listed property Enter the amount from line 29	**7**		
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	**8**		
9 Tentative deduction Enter the **smaller** of line 5 or line 8	**9**		
10 Carryover of disallowed deduction from line 13 of your 2009 Form 4562	**10**		
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	**11**		
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	**12**		
13 Carryover of disallowed deduction to 2011 Add lines 9 and 10, less line 12 ▶	**13**		

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property **)** (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	**14**	
15 Property subject to section 168(f)(1) election	**15**	
16 Other depreciation (including ACRS)	**16**	

Part III **MACRS Depreciation (Do not** include listed property.**)** (See instructions.)

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2010	**17**	230,371
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B—Assets Placed in Service During 2010 Tax Year Using the General Depreciation System

(a) Classification of property	**(b)** Month and year placed in service	**(c)** Basis for depreciation (business/investment use only—see instructions)	**(d)** Recovery period	**(e)** Convention	**(f)** Method	**(g)** Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2010 Tax Year Using the Alternative Depreciation System

20a Class life					S/L	
b 12-year			12 yrs		S/L	
c 40-year			40 yrs	MM	S/L	

Part IV **Summary** (see instructions)

21 Listed property Enter amount from line 28	**21**	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instructions	**22**	230,371
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	**23**	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* ***only*** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A—Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.***)**

24a Do you have evidence to support the business/investment use claimed? ☐ **Yes** ☐ **No** | **24b** If "Yes," is the evidence written? ☐ **Yes** ☐ **No**

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation/ deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions)						**25**		
26 Property used more than 50% in a qualified business use								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1						**28**		
29 Add amounts in column (i), line 26 Enter here and on line 7, page 1						**29**		

Section B—Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person
If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

	(a) Vehicle 1		(b) Vehicle 2		(c) Vehicle 3		(d) Vehicle 4		(e) Vehicle 5		(f) Vehicle 6	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal(noncommuting) miles driven												
33 Total miles driven during the year Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons (see instructions)

	Yes	**No**
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use? (See instructions)		
Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles		

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2010 tax year (see instructions)					
43 Amortization of costs that began before your 2010 tax year				**43**	
44 Total. Add amounts in column (f) See the instructions for where to report				**44**	

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TY 2010 Category 3 filer statement

Name: TELAMON CORPORATION

EIN: 56-1022483

Amount Of Indebtedness	Type Of Indebtedness	Name	Address	Identifying Number	Number Of Shares
	N/A - THERE IS NO IN	NA - THERE ARE CURRENTLY NO SUBSCRIPTIONS FOR ANY			
	AND RELATED PARTIES.	OF THE GENERATIONS GROUP LTD'S STOCK			

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TY 2010 Earnings and Profits Other Adjustments Statement

Name: TELAMON CORPORATION

EIN: 56-1022483

Description	Amount
MOVEMENT IN PROVISIONAL ASSESSMEN	-259,636
LOSS EXPERIENCE CHARGE	-857,052
CHANGE IN PREPAID EXPENSES	-6,643
CHANGE IN BROKER RISK SHARE	-4,059
TAIL FUND ASSESSMENTS	-103,025

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TY 2010 Itemized Other Assets Schedule

Name: TELAMON CORPORATION

EIN: 56-1022483

Corporation Name	Corporation EIN	Other Assets Description	Beginning Amount	Ending Amount
GENERATIONS GROUP LTD	98-0397266	PROVISIONAL LOSS ASSESSMENTS	1,996,401	2,256,038
		LOSS DEPOSIT	933,000	933,000
		OCCACC RECOVERABLE	100,406	31,750

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TY 2010 Itemized Other Current Assets Schedule

Name: TELAMON CORPORATION

EIN: 56-1022483

Corporation Name	Corporation EIN	Other Current Assets Description	Beginning Amount	Ending Amount
GENERATIONS GROUP LTD	98-0397266	REINSURANCE RECEIVABLE	-138,154	422,839
		LOSS EXPERIENCE CHARGE	1,070,863	978,422
		PREPAID EXPENSES & OTHER ASSETS	11,913	18,556
		BROKER RISK SHARE	4,540	5,982

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TY 2010 Other Deductions Schedule

Name: TELAMON CORPORATION

EIN: 56-1022483

Description	Foreign Amount (should only be used when attached to 5471 Schedule C Line 16)	Amount
UNDERWRITING EXPENSES		10,239,470
AUDIT FEES		34,650
AWARDS		1,474
MANAGEMENT FEES		88,000
BANK CHARGES		1,991
DIRECTORS LIABILITY INSURANCE		13,500
LETTER OF CREDIT CHARGES		78,929
TRAVEL & MEETINGS		106,663
COMMUNICATION EXPENSES		4,715
REGISTERED OFFICE FEES		1,200
PROFESSIONAL FEES		40,756
IMAC MEMBERSHIP		175
GOVERNMENT FEES		14,573

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TY 2010 Itemized Other Investments Schedule

Name: TELAMON CORPORATION

EIN: 56-1022483

Corporation Name	Corporation EIN	Other Investments Description	Beginning Amount	Ending Amount
GENERATIONS GROUP LTD	98-0397266	STRATEGIC INVESTMENTS, SPC	22,946,398	24,316,431

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TY 2010 Itemized Other Liabilities Schedule

Name: TELAMON CORPORATION

EIN: 56-1022483

Corporation Name	Corporation EIN	Other Liabilities Description	Beginning Amount	Ending Amount
GENERATIONS GROUP LTD	98-0397266	LOSSES & LOSS EXPENSES PAID	748,873	1,100,954
		PROVISION FOR LOSSES & LOSS EXPENSES	11,894,766	12,514,378

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TY 2010 Paid-In or Capital Surplus Reconciliation Statement

Name: TELAMON CORPORATION

EIN: 56-1022483

Description	Beginning Amount	Ending Amount
BALANCE AT 9/30/10		3,324,186
ISSUE OF SHARES	49,998	49,998
CASH SECURITY FROM MEMBERS FOR LOSS ASSESSMENTS & PROVISIONAL ASSESSMENT	992,718	1,855,799
REDEMPTION OF SHARES	-300	-24,900
BALANCE AT 9/30/11	3,324,186	5,205,083

Additional Data

Software ID:
Software Version:
EIN: 56-1022483
Name: TELAMON CORPORATION

Form 5471 Schedule O, Part II, Section B - U.S. Persons Who Are Officers or Directors of the Foreign Corporation:

(a) Name of U.S. officer or director	(b) Address	(c) Social Security Number	(d) Check appropriate box(es)	
			Officer	Director
BOB MILLIRON	755 STONEWOOD DRIVE SALEM,VA 24153	[redacted]		X
JEFF MAY	2005 NOTTINGHAM LANE BURLINGTON,NC 27215	[redacted]		X
JAMES BRAME JR	3940 NOTTAWAY ROAD DURHAM,NC 27707	[redacted]		X
JIM BULLOCK JR	6875 BOWMAN DAIRY ROAD LIBERTY,NC 27298	[redacted]		X
LARRY RYDER	1101 OLD LIBERTY DRIVE AXTON,VA 24054	[redacted]		X
GREGORY FISHER	3400 TERRAULT DRIVE GREENSBORO,NC 27410	[redacted]	X	X
WALKER SYNDOR	204 OAKWOOD PLACE LYNCHBURG,VA 24503	[redacted]		X
RICHARD JONES	RT 759 BOYD TAVERN KESWICK,VA 22947	[redacted]		X
TOM MILLS	608 SUSANNAH PLACE LYNCHBURG,VA 24502	[redacted]		X
LARRY MCGEE	4204 OAK PARK COURT FORT WORTH,TX 76109	[redacted]		X
RICHARD MILLER	3300 OLDE SEDGEFIELD WAY GREENSBORO,NC 27407	[redacted]		X
ROY ROBERT CHRISTIAN	3911 KATIE DRIVE GREENSBORO,NC 27410	[redacted]		X
BILL RICHARDSON	8749 US HWY 429 WEST GREENSBORO,NC 27409	[redacted]	X	X
RONALD MACK	301 RIDGEWAY DRIVE GREENSBORO,NC 27403	[redacted]		X
RICHARD JOANIS	202 COCHET COURT CARY,NC 27511	[redacted]		X
ARTHUR SAMET	310 WAVERLY WAY GREENSBORO,NC 27403	[redacted]		X
RICHARD DANIEL BOWEN	226 CORAL ROAD DUDLEY,NC 28333	[redacted]		X
MARK ROMER	5510 RIVERSIDE DRIVE RICHMOND,VA 23225	[redacted]		X
TOM ALLEN	4217 BITTERNUT TRAIL GREENSBORO,NC 27410	[redacted]		X
SANDY MACKINNON	334 BLANCA AVENUE TAMPA,FL 33606	[redacted]		X
GARY CRYSEL	7161 FALCON WAY TRINITY,NC [redacted]	[redacted]		X
TOM VAN DORN	2269 CASCADIA CT SAINT AUGUSTINE,FL 32092	[redacted]		X
CHRISTOPHER LEE	635 BRIDLEPATH RD EARLYSVILLE,VA 22936	[redacted]		X
THOMAS S STEWART	13110 CLARK STREET CLIVE,IA 50325	[redacted]		X
JOHN THOMAS HALLEX	1894 BEECHWOOD ROAD CHARLESTON,SC 29414	[redacted]		X
GREG KISER	5929 TARLETON DRIVE OAK RIDGE,NC 27310	[redacted]		X
MARC ORLANDO	12631 WALHONDING ROAD SENECAVILLE,OH 43780	[redacted]		X
RICHARD POLAN	1622 LOWELL LANE NEW CUMBERLAND,PA 17070	[redacted]		X
RAB SUMMERS	119 CHESTNUT RIDGE DRIVE JONESBOROUGH,TN 37659	[redacted]		X
CHRIS O'CONNOR	2800 GLENDALE RD CHARLOTTE,NC 28209	[redacted]		X

Additional Data

Software ID:
Software Version:
EIN: 56-1022483
Name: TELAMON CORPORATION

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
T JEROME CHEEK BOARD MEMBER	1 50	X						0	0	0
LEILA BORRERO KROUSE BOARD MEMBER	1 50	X						0	0	0
ARACELI BUENO BOARD MEMBER	1 50	X						0	0	0
KAREN HASENAUER BOARD MEMBER	1 50	X						0	0	0
ERNESTINE PAYNE BOARD MEMBER	1 50	X						0	0	0
HILDA GUERRERO BOARD MEMBER	1 50	X						0	0	0
B AGYAPON OPARE BOARD MEMBER	1 50	X						0	0	0
DAVID WHITAKER BOARD MEMBER	1 50	X						0	0	0
ESTHER GRAHAM BOARD MEMBER	1 50	X						0	0	0
TRACEY BETHEL BOARD MEMBER	1 50	X						0	0	0
NICOLE WILLIAMS TREASURER - BOARD OF DIREC	1 50	X						0	0	0
MARY C WILLIAMS BOARD MEMBER	1 50	X						0	0	0
DOLORES DIXON SECRETARY - BOARD OF DIREC	1 50	X						0	0	0
MARY WEDGEWORTH BOARD MEMBER	1 50	X						0	0	0
JOHN H NEWMAN CHAIR - BOARD OF DIRECTORS	1 50	X						0	0	0
DARYL TURNER BOARD MEMBER	1 50	X						0	0	0
NEDA BIGGS BOARD MEMBER	1 50	X						0	0	0
MARY BROWN BOARD MEMBER	1 50	X						0	0	0
JAMES D BENHAM BOARD MEMBER	1 50	X						0	0	0
VICTOR GOMEZ VICE CHAIR - BOARD OF DIRE	1 50	X						0	0	0
HERBERT WILLIAMS BOARD MEMBER	1 50	X						0	0	0
CRAIG L UMSTEAD BOARD MEMBER	1 50	X						0	0	0
MARIA INES PEREZ BOARD MEMBER	1 50	X						0	0	0
SAMUEL PUCKETT BOARD MEMBER	1 50	X						0	0	0
MARGARET HILL BOARD MEMBER	1 50	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
ESTHER VARGAS BOARD MEMBER	1 50	X						0	0	0
RICHARD JOANIS EXECUTIVE DIRECTOR	40 00			X				176,787	0	88,030
SUZANNE OROZCO DEPUTY EXECUTIVE DIRECTOR	40 00			X				117,711	0	7,568
DAVID CROOKE DIRECTOR OF FINANCE	40 00			X				106,145	0	27,226
LINDA SWIFT DEPUTY EXECUTIVE DIRECTOR	40 00			X				99,028	0	25,908
MARION TUCKER HUMAN RESOURCES DIRECTOR	40 00				X			98,883	0	27,979

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services

(Code) (Expenses $ 1,865,616 including grants of $ 193,196) (Revenue $ 334,515)

COMMUNITY SERVICES-PROVIDE EDUCATION & TRAINING IN NUTRITION, LANGUAGE, FAMILY PLANNING, IMMUNIZATION, HEALTH, PESTICIDE SAFETY AND SUPPORTIVE SERVICES FUNDING USDOJ & STATES OF IN,MI GA,SC,NC,VA,MD,WV,SISTERS OF CHARITY & OTHERS EST 7,355 SERVED