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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

2010Open to Public
Inspection**A For the 2010 calendar year, or tax year beginning****and ending****B** Check if applicable

- ☐ Address change
☐ Name change
☐ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization**CUMBERLAND COMMUNITY ACTION PROGRAM, INC**

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

PO BOX 2009

Room/suite

City or town, state or country, and ZIP + 4

FAYETTEVILLE, NC 28302F Name and address of principal officer: **CYNTHIA WILSON****PO BOX 2009, FAYETTEVILLE, NC 28302****D Employer identification number****56-0845795****E Telephone number****(910) 485-6131****G Gross receipts \$ 17,680,711.****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.CCAP-INC.ORG****K Form of organization** ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶**L Year of formation 1965****M State of legal domicile NC****Part I Summary****1** Briefly describe the organization's mission or most significant activities: **CUMBERLAND COMMUNITY ACTION PROGRAM, INC. PROVIDES VARIOUS TYPES OF AIDS TO ECONOMICALLY WORKING****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 24****4** Number of independent voting members of the governing body (Part VI, line 1b)**4 24****5** Total number of individuals employed in calendar year 2010 (Part V, line 2a)**5 360****6** Total number of volunteers (estimate if necessary)**6 24****7 a** 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.****8** Contributions and grants (Part VIII, line 1h)

Prior Year	Current Year
10,324,831.	14,921,244.
2,592,562.	2,711,012.
3,449.	3,914.
30,581.	15,951.
12,951,423.	17,652,121.
649,995.	1,864,071.
0.	0.
7,362,415.	9,510,484.
0.	0.
4,038,687.	5,631,875.
12,051,097.	17,006,430.
900,326.	645,691.
Beginning of Current Year	End of Year
8,608,785.	8,953,766.
3,293,014.	2,992,304.
5,315,771.	5,961,462.

9 Program service revenue (Part VIII, line 2g)**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)**12** Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)**14** Benefits paid to or for members (Part IX, column (A), line 4)**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)**16 a** Professional fundraising fees (Part IX, column (A), line 11e)**b** Total fundraising expenses (Part IX, column (D), line 25) ▶ **5,482.****17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)**19** Revenue less expenses. Subtract line 18 from line 12**20** Total assets (Part X, line 16)**21** Total liabilities (Part X, line 26)**22** Net assets or fund balances. Subtract line 21 from line 20**Part II Signature Block**

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

Sign Here

Signature of officer

CYNTHIA WILSON, CEO

Type or print name and title

Date

17 Sept. 2011**Paid**

Print/Type preparer's name

KELLIANNE F. BENSON

Preparer's signature

Date

9.15.11Check if self-employed ☐

PTIN

Preparer Use OnlyFirm's name ▶ **CHERRY, BEKAERT & HOLLAND, L.L.P.**

Firm's EIN ▶

Firm's address ▶ **1111 METROPOLITAN AVENUE, SUITE 1000**Phone no **704-377-1678****CHARLOTTE, NC 28204**

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

032001 02-22-11 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)**SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION**SCANNED OCT 06 2011
Revenue
Expenses
Net Assets or Fund Balances

617 13

Part III Statement of Program Service Accomplishments

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

☒ X

1 Briefly describe the organization's mission:

IT IS THE MISSION OF CUMBERLAND COMMUNITY ACTION PROGRAM, INC. TO DEVELOP AND OPERATE PROJECTS THAT PROMOTE THE ECONOMIC AND SOCIAL WELL-BEING OF INDIVIDUALS, CHILDREN, FAMILIES, AND COMMUNITIES.

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 \$ 9,342,791. including grants of \$) (Revenue \$ 1,700,898.)
EARLY CHILDHOOD DEVELOPMENT-PROGRAMS SUCH AS HEAD START/EARLY HEAD START, CHILD NUTRITION, AND MORE AT FOUR PROVIDE COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT FOR AT-RISK INFANT, TODDLER AND PRESCHOOL CHILDREN.

CCAP, INC. HEAD START/EARLY HEAD START IS A FEDERALLY FUNDED GRANT PROGRAM ADMINISTERED IN CUMBERLAND COUNTY TO SERVE 900 PRESCHOOL AND INFANT/TODDLER CHILDREN. IN 2010 HEAD START/EARLY HEAD START PROVIDED CENTER-BASED EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL AND DISABILITY SERVICES TO A TOTAL OF 890 AT-RISK CHILDREN AGE BIRTH TO FIVE AND HOME-BASED SERVICES TO 10 INFANTS/TODDLERS AND PREGNANT WOMEN. CCAP INC. HEAD START/EARLY HEAD START HAS 21 EARLY CHILDHOOD CENTERS

4b (Code:) (Expenses \$ 3,901,473. including grants of \$) (Revenue \$ 954,725.)
COMMUNITY SERVICES PROGRAMS PROMOTE STRONG WORK ETHICS, ECONOMIC LITERACY, AND POSITIVE FAMILY VALUES THROUGHOUT THE COMMUNITY OF CUMBERLAND COUNTY.

THE COMMUNITY SERVICE BLOCK GRANT ASPIRE SELF-SUFFICIENCY PROGRAM PROVIDES COMPREHENSIVE SERVICES DESIGNED TO ASSIST LOW INCOME INDIVIDUALS AND FAMILIES BECOME SELF-SUFFICIENT AND RISE OUT OF POVERTY. IN 2010, 68 INDIVIDUALS AND THEIR FAMILIES WERE SERVED. THIRTY TWO (32) PARTICIPANTS OBTAINED EMPLOYMENT AND 8 OF THE 32 RECEIVED JOBS WITH MEDICAL BENEFITS. THE AVERAGE WAGE RATE WAS \$8.89, MORE THAN \$1 ABOVE MINIMUM WAGE. THIRTY THREE (33) PARTICIPANTS ACHIEVED EITHER ACADEMIC OR VOCATIONAL EDUCATION GOALS. SEVEN (7) OF

4c (Code:) (Expenses \$ 2,504,309. including grants of \$) (Revenue \$ 55,389.)
LOW INCOME HOUSING - THIS PROGRAM PROVIDES AFFORDABLE HOME OWNERSHIP AND RENTAL ASSISTED LIVING FOR ELIGIBLE PARTICIPANTS.

THE WEATHERIZATION ASSISTANCE PROGRAM IS A FEDERAL PASS THROUGH GRANT THAT PROVIDES ENERGY SAVING MEASURES AND IMPROVEMENTS TO FAMILIES WHO ARE AT OR BELOW 200% OF THE POVERTY GUIDELINE. THE SERVICES PROVIDED REDUCED AIR INFILTRATION INTO HOMES IN ORDER TO REDUCE ENERGY CONSUMPTION. CCAP OPERATED TWO WEATHERIZATION PROGRAMS, THE TRADITIONAL AND A SECOND FUNDED VIA THE AMERICAN RECOVERY AND REINVESTMENT ACT. FUNDING FOR HARRP WAS ONLY PROVIDED UNDER THE TRADITIONAL PROGRAM.

4d Other program services. (Describe in Schedule O)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 15,748,573.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		
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? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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 United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	137	
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0	
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	360	
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
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)?		X
4b	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?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds 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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Check if Schedule O contains a response 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	24	
1b Enter the number of voting members included in line 1a, above, who are independent	24	
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?		X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6 Does the organization have members or stockholders?		X
7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a The governing body?	X	
b Each committee with authority to act on behalf of the governing body?	X	
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		X

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?		X
10b 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?		
11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	X	
11b 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	X	
12b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13 Does the organization have a written whistleblower policy?	X	
14 Does the organization have a written document retention and destruction policy?	X	
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a The organization's CEO, Executive Director, or top management official	X	
b Other officers or key employees of the organization	X	
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?		X
16b 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?		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed **NC**

18 Section 6104 requires an organization to make its Forms 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.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KIMBERLY C. STAFFORD - (910) 485-6131**
316 GREEN ST., FAYETTEVILLE, NC 28301

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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. 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			
GEORGE QUIGLEY VICE CHAIRPERSON	1.00	X		X				0.	0.	0.
JAMES O'GARRA BOARD MEMBER	1.00	X						0.	0.	0.
TERRI THOMAS SECRETARY	1.00	X		X				0.	0.	0.
RUSTY LONG BOARD MEMBER	1.00	X						0.	0.	0.
JENNIFER WILSON-KERSH BOARD MEMBER	1.00	X						0.	0.	0.
CYNTHIA MANNS BOARD MEMBER	1.00	X						0.	0.	0.
SYLVIA WILLIAMS BOARD MEMBER	1.00	X						0.	0.	0.
BERTHA ELLIOTT BOARD MEMBER	1.00	X						0.	0.	0.
RICHARD EVERETT TREASURER	1.00	X		X				0.	0.	0.
DR. INDER NIJHAWAN BOARD MEMBER	1.00	X						0.	0.	0.
TINA ESTLE BOARD MEMBER	1.00	X						0.	0.	0.
MICHAEL PEMBERTON BOARD MEMBER	1.00	X						0.	0.	0.
LENWOOD EDWARDS CHAIRPERSON	2.00	X		X				0.	0.	0.
LISA CHANCE BOARD MEMBER	1.00	X						0.	0.	0.
GEORGE JAMISON CHAPLAIN	1.00	X						0.	0.	0.
RICHARD EVERETT BOARD MEMBER	1.00	X						0.	0.	0.
PEGGY KASER BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (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			
RON MCEL RATH BOARD MEMBER	1.00	X						0.	0.	0.
EMILY DICKENS BOARD MEMBER	1.00	X						0.	0.	0.
WENDY HUGHES BOARD MEMBER	1.00	X						0.	0.	0.
DR JAMES MCLAUGHLIN BOARD MEMBER	1.00	X						0.	0.	0.
ANN SHIPMAN BOARD MEMBER	1.00	X						0.	0.	0.
THERESA CAMPS BOARD MEMBER	1.00	X						0.	0.	0.
SHENA RAY BOARD MEMBER	1.00	X						0.	0.	0.
CYNTHIA WILSON CEO	40.00			X				108,435.	0.	5,422.
KIMBERLY STAFFORD FINANCE OFFICER	40.00			X				71,480.	0.	3,688.
1b Sub-total								179,915.	0.	9,110.
c Total from continuation sheets to Part VII, Section A								91,070.	0.	4,554.
d Total (add lines 1b and 1c)								270,985.	0.	13,664.

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 **1**

- 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual
- 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual
- 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person

	Yes	No
3		X
4		X
5		X

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
T & L COMPLETE CONSTRUCTION 7981 RENNERT ROAD, SHANNON, NC 28368	WEATHERIZATION SERVICES	170,856.
LEONARD POWELL HVAC 7021 TREVOR LANE, FAYETTEVILLE, NC 28314	HARRP SERVICES	164,633.
SUSTAINABLE BUILDING SOLUTIONS 619 FOSTER STREET, DURHAM, NC 27701	WEATHERIZATION SERVICES	133,263.
CAROLINA WEATHERIZATION 107 AGNEW COURT, WAKE FOREST, NC 27587	WEATHERIZATION SERVICES	115,658.

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 **4**

SEE PART VII, SECTION A CONTINUATION SHEETS

032201 12-21-10

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	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	23,425.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	14335566.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	562,253.			
	g	Noncash contributions included in lines 1a-1f \$		7,143,266.			
	h	Total. Add lines 1a-1f		14921244.			
	Program Service Revenue	2 a	EARLY CHILDHOOD DEVELO	Business Code 624410	1,700,898.	1,700,898.	
b		COMMUNITY SERVICES	624100	954,725.	954,725.		
c		LOW INCOME HOUSING & O	624200	55,389.	55,389.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,711,012.			
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		3,914.		
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a	Gross Rents	(i) Real (ii) Personal 42,366.				
	b	Less: rental expenses	24,207.				
	c	Rental income or (loss)	18,159.				
	d	Net rental income or (loss)		18,159.		18,159.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities (ii) Other				
	b	Less: cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
	8 a	Gross income from fundraising events (not including \$ 23,425. of contributions reported on line 1c). See Part IV, line 18	a	2,175.			
	b	Less: direct expenses	b	4,383.			
	c	Net income or (loss) from fundraising events		<2,208.>		<2,208.>	
	9 a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less: direct expenses	b				
	c	Net income or (loss) from gaming activities					
10 a	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				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions		17652121.	2,711,012.	0.	19,865.	

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	1,864,071.	1,864,071.		
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	189,025.		189,025.	
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	7,033,228.	6,526,906.	506,322.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	124,490.	115,126.	9,364.	
9 Other employee benefits	1,561,966.	1,444,482.	117,484.	
10 Payroll taxes	601,775.	556,512.	45,263.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other	947,113.	858,602.	88,211.	300.
12 Advertising and promotion	101,763.	91,142.	10,621.	
13 Office expenses	1,472,294.	1,354,063.	118,231.	
14 Information technology	84,872.	76,014.	8,858.	
15 Royalties				
16 Occupancy	738,863.	693,202.	45,661.	
17 Travel	400,501.	360,948.	39,553.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	419,223.	395,687.	19,342.	4,194.
23 Insurance	97,918.	84,331.	13,587.	
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 FOOD PURCHASES	584,361.	584,361.		
b REPAIRS & MAINTENANCE	571,110.	552,243.	18,532.	335.
c STAFF & BOARD TRAINING	188,886.	169,171.	19,715.	
d				
e				
f All other expenses	24,971.	21,712.	2,606.	653.
25 Total functional expenses. Add lines 1 through 24f	17,006,430.	15,748,573.	1,252,375.	5,482.
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	2,199,159.	1	1,625,268.
	2 Savings and temporary cash investments	53,244.	2	53,379.
	3 Pledges and grants receivable, net	1,568,250.	3	724,474.
	4 Accounts receivable, net	290,418.	4	360,859.
	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)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	15,606.	8	8,176.
	9 Prepaid expenses and deferred charges	70,006.	9	236,053.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10,294,500.		
	10b Less: accumulated depreciation	4,416,685.		
		4,403,852.	10c	5,877,815.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	8,250.	15	67,742.
	16 Total assets. Add lines 1 through 15 (must equal line 34)	8,608,785.	16	8,953,766.
Liabilities	17 Accounts payable and accrued expenses	757,777.	17	791,979.
	18 Grants payable	98,456.	18	97,298.
	19 Deferred revenue	663,519.	19	127,985.
	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	743,030.	23	1,581,683.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities. Complete Part X of Schedule D	1,030,232.	25	393,359.
	26 Total liabilities. Add lines 17 through 25	3,293,014.	26	2,992,304.
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	5,266,561.	27	5,956,435.
	28 Temporarily restricted net assets	49,210.	28	5,027.
	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	5,315,771.	33	5,961,462.
	34 Total liabilities and net assets/fund balances	8,608,785.	34	8,953,766.

Part XI Reconciliation of Net AssetsCheck 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	17,652,121.
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,006,430.
3	Revenue less expenses. Subtract line 2 from line 1	3	645,691.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,315,771.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	0.
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	5,961,462.

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII ☐

- 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?
- b Were the organization's financial statements audited by an independent accountant?
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 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 separate 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?
- 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

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

Form 990 (2010)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2010

Open to Public Inspection

Employer identification number
56-0845795

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?

(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?

(ii) A family member of a person described in (i) above?

(iii) A 35% controlled entity of a person described in (i) or (ii) above?

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

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

[illegible]

Schedule A (Form 990 or 990-EZ) 2010

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.")	8253402.	8450599.	8334360.	10314277.	14921244.	50273882.
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	8253402.	8450599.	8334360.	10314277.	14921244.	50273882.
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						50273882.

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	8253402.	8450599.	8334360.	10314277.	14921244.	50273882.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	26,755.	22,919.	68,658.	54,926.	46,280.	219,538.
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)	713,351.	893,009.				1606360.
11 Total support. Add lines 7 through 10						52099780.
12 Gross receipts from related activities, etc. (see instructions)					12	10,550,561.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ► ☐						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	96.50	%
15 Public support percentage from 2009 Schedule A, Part II, line 14	15	94.64	%
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 a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ► ☐			
17a 10% -facts-and-circumstances test - 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 section 501(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 ☐

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.

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

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 can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		☐ 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 education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

9 In Part 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 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) 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 (ASC 958) 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a ☐ Public exhibition
 b ☐ Scholarly research
 c ☐ Preservation for future generations

- d ☐ Loan or exchange programs
 e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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
1c Beginning balance	21,931.
1d Additions during the year	3,430,358.
1e Distributions during the year	3,406,940.
1f Ending balance	45,349.

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 Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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:

- (i) unrelated organizations
 (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

Part VI 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		385,198.		385,198.
b Buildings		5,517,607.	2,459,258.	3,058,349.
c Leasehold improvements				
d Equipment		4,391,695.	1,957,427.	2,434,268.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				5,877,815.

Schedule D (Form 990) 2010

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		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must 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
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must 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
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must 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
(1) Federal income taxes	
(2) TEMPORARY BANK OVERDRAFT PAYABLE	393,359.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ►	

393,359.

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 (ASC 740)

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	17,652,121.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	17,006,430.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	645,691.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	645,691.

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	20,531,562.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	1,618,735.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,256,323.
e	Add lines 2a through 2d	2e	2,875,058.
3	Subtract line 2e from line 1	3	17,656,504.
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	<4,383.>
c	Add lines 4a and 4b	4c	<4,383.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	17,652,121.

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

1	Total expenses and losses per audited financial statements	1	19,885,871.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,618,735.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,260,706.
e	Add lines 2a through 2d	2e	2,879,441.
3	Subtract line 2e from line 1	3	17,006,430.
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	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	17,006,430.

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, line 2; 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.

PART IV, LINE 2B: THE ORGANIZATION PAYS THE BILLS FOR ITS CLIENTS. THE

ONLY MONIES HELD OVER ARE THOSE THAT PAYMENTS WERE NOT PAID OUT AS OF

12.31.10.

PART X, LINE 2: THE ORGANIZATION HAS EVALUATED THE EFFECT OF

ACCOUNTING PRINCIPLES GENERALLY ACCEPTED IN THE UNITED STATES OF AMERICA

GUIDANCE ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT

BELIEVES THAT THE ORGANIZATION CONTINUES TO SATISFY THE REQUIREMENTS OF A

Part XIV Supplemental Information (continued)

TAX-EXEMPT ORGANIZATION AND THEREFORE HAD NO UNCERTAIN INCOME TAX
POSITIONS AT DECEMBER 31, 2010.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND CHARGES	1,232,116.
RENTAL EXPENSES	24,207.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,256,323.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

FUNDRAISING EXPENSES INCLUDED NET OF REVENUE ON 990	-4,383.
---	---------

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND CHARGES	1,232,116.
RENTAL EXPENSES	24,207.
FUNDRAISING EXPENSES INCLUDED NET OF REVENUE ON 990	4,383.
TOTAL TO SCHEDULE D, PART XIII, LINE 2D	1,260,706.

Department of the Treasury
Internal Revenue Service

**Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,
or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.**

OMB No 1545-0047

2010

Open To Public Inspection

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a ☐ Mail solicitations
b ☐ Internet and email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services?

☐ Yes☐ **No**

- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

		(a) Event #1 DRIVING OUT HUNGER GOLF (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	25,600.			25,600.
	2 Less: Charitable contributions	23,425.			23,425.
	3 Gross income (line 1 minus line 2)	2,175.			2,175.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	1,900.			1,900.
	7 Food and beverages	455.			455.
	8 Entertainment				
	9 Other direct expenses	2,028.			2,028.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(4,383)
11 Net income summary. Combine line 3, column (d), and line 10				<2,208.>	

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

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

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

a Is the organization licensed to operate gaming activities in each of these states?

☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers?☐ Yes ☐ No**12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?☐ Yes ☐ No**13** Indicate the percentage of gaming activity operated in:**a** The organization's facility**13a** %**b** An outside facility**13b** %**14** Enter the name and address of the person who prepares the organization's gaming/special events books and records.

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?☐ Yes ☐ No**b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.**c** If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

☐ Director/officer☐ Employee☐ Independent contractor**17** Mandatory distributions:**a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?☐ Yes ☐ No**b** Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

[illegible]

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.
 Part III can be duplicated 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
CLIENT ASSISTANCE	68	1,377,797.	0.	FAIR MARKET VALUE	EDUCATION, INCLUDING BOOKS AND TUITION, FOOD PACKAGES, CLOTHES FOR EMPLOYMENT, BUS TICKETS TO GET TO WORK
FOOD SHELTER & CLOTHING FOR INDIGENTS	90000	486,274.	0.	FAIR MARKET VALUE	FOOD DISTRIBUTION

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

SCHEDULE I, PART I, LINE 2: SERVICE DELIVERY AND FOLLOW UP WITH PROGRAM

PARTICIPANTS:

CLIENTS ARE REMINDED THAT IT IS IMPERATIVE THAT THE CASE MANAGER BE MADE AWARE OF ANY ACTIONS TAKEN OR INACTIONS, CHANGE IN SITUATION AND ANY NEW PROBLEMS THAT MAY HAVE ARRIVED. ONGOING CONTACT WITH THE CASE MANAGER IS MANDATORY FOR PROGRAM PARTICIPANTS SO THAT THE CLIENT'S FILE MAY STAY CURRENT AND DISPLAY ACTIVITY.

(1) BI-WEEKLY TELEPHONE CONTACTS OR HOME VISITS ARE MADE TO FOLLOW

Part IV Supplemental Information

UP ON CLIENTS' PERFORMANCE

(2) WEEKLY CONTACTS ARE MADE IF CLIENT'S SITUATION BECOMES UNSTABLE

(3) INFORMATION IS DOCUMENTED IN FILE AS REPORTED BY TELEPHONE
CONTACTS, WRITTEN CONTACTS, OR HOME VISITS WITHIN 24 HOURS OF EVENT

(4) EMPLOYERS AND INSTRUCTORS ARE CONTACTED TO DISCUSS JOB
PERFORMANCE AND CLASS PERFORMANCE

(5) CERTIFICATES, CLASS SCHEDULES, GRADES, PAY STUBS, ACCEPTANCE LETTERS
AWARD LETTERS AND EMPLOYMENT EVALUATIONS ARE PHOTOCOPIED AND PUT IN FILE

(6) TRANSPORTATION IS PROVIDED TO SEEK EMPLOYMENT, COMPLETE HOUSING
APPLICATIONS, REGISTER FOR CLASSES, AND TO ATTEND EMPLOYMENT INTERVIEWS.
DURING CRISIS SITUATIONS CASE MANAGERS MAY TRANSPORT CLIENTS TO AND FROM
WORK UNTIL OTHER ARRANGEMENTS ARE MADE.

(7) CASE MANAGERS ADHERE TO POLICY AND PROCEDURES CONCERNING
CONFIDENTIALITY.

(8) IF DIRECT SERVICES ARE PROVIDED, THE CASE MANAGER VERIFIES THE REQUE
FOR ASSISTANCE BY OBTAINING THE NECESSARY DOCUMENTS ASSOCIATED WITH THE
REQUEST I.E.: ESTIMATES, QUOTES, BILLING STATEMENTS, ETC

(9) CASE MANAGERS ARE RESPONSIBLE FOR SUBMITTING THE REQUEST FOR SERVICE
ON BEHALF OF THE PARTICIPANT. IF THE REQUEST IS APPROVED BY THE SELF
SUFFICIENCY MANAGER AND PROGRAM DIRECTOR, THE FUNDS ARE RELEASED IN THE
FORM OF A PURCHASE ORDER AND/OR CHECK.

(10) CASE MANAGERS ARE TO COMPLETE THE TRANSACTION WITH THE VENDOR MAKIN
SURE THAT A RECEIPT OF PAYMENT IS OBTAINED.

(11) ALL DOCUMENTS ARE RETURNED TO THE FINANCE DEPARTMENT AND COPIES OF
SERVICES PROVIDED ARE DOCUMENTED IN THE REPORTING SOFTWARE AND CLIENT FILE.

(12) NO FUNDS ARE RELEASED TO THE CLIENTS.

**SCHEDULE M
(Form 990)**Department of the Treasury
Internal Revenue Service**Noncash Contributions**

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

OMB No 1545-0047

2010Open to Public
Inspection

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number
56-0845795**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
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	X	1	10,000.	FAIR MARKET VALUE
16 Real estate - Commercial				
17 Real estate - Other	X	10	86,975.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory	X	20	5,603,318.	\$1.60 PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ► (OTHER)	X	200	1,442,973.	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

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?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash
contributions?

b If "Yes," describe in Part II.

33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,
describe in Part II.

	Yes	No
30a		X
31	X	
32a		X
33		

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2010)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010
Open to Public
Inspection

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number
56-0845795

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

POOR & LOW INCOME FAMILIES IN SOUTHEASTERN NORTH CAROLINA. THE ORGANIZATION RECEIVES GRANT FUNDS FROM VARIOUS FEDERAL, STATE, AND LOCAL AGENCIES. SOME OF THE ORGANIZATION'S FUNCTIONS INCLUDE OPERATING DISTRIBUTION CENTERS FOR FOOD THROUGH ITS FOOD BANK PROGRAMS, PROVIDING CREDIT COUNSELING SERVICES AND WEATHERIZATION ASSISTANCE, AS WELL AS ADMINISTERING THE CUMBERLAND COUNTY HEAD START PROGRAM.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

STRATEGICALLY LOCATED THROUGHOUT CUMBERLAND COUNTY. HEAD START SERVICES ARE FREE TO CUMBERLAND COUNTY RESIDENTS WHO MEET THE ELIGIBILITY CRITERIA AS PRIORITIZED BY THE POLICY COUNCIL GOVERNING BODY.

IN 2010, CCAP, INC. HEAD START/EARLY HEAD START WAS FUNDED TO OFFER COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES FOR 786 PRE-SCHOOL AGED CHILDREN AND THEIR FAMILIES, AND 114 INFANTS, TODDLERS AND PREGNANT WOMEN. INDIVIDUALIZED PROGRAMS ARE DEVELOPED FOR EACH PARTICIPANT AND THEIR FAMILY TO ENSURE THEIR SPECIFIC NEEDS ARE MET. CHILDREN OF PREGNANT WOMEN ARE ACCEPTED INTO THE PROGRAM AT 6 WEEKS OF AGE AND REMAIN ELIGIBLE FOR SERVICES UNTIL AGE 3, AT WHICH TIME PARENTS MUST REAPPLY FOR PRESCHOOL HEAD START SERVICES.

THE CHILD NUTRITION PROGRAM IS A FEDERAL PASS-THROUGH GRANT THAT SERVICES NUTRITIOUS MEALS TO ALL CHILDREN ATTENDING THE HEAD START/EARLY HEAD START PROGRAM. APPROXIMATELY 313,756 MEALS WERE

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

SERVED TO HEAD START/EARLY HEAD START CHILDREN IN 2010. THE NUTRITION SERVICE AREA PROVIDES EACH CHILD WITH 1/2 TO 2/3 OF THEIR DAILY NUTRITIONAL NEEDS AND CONTRIBUTES TO EACH CHILD'S PHYSICAL, EMOTIONAL AND SOCIAL DEVELOPMENT. A REGISTERED DIETICIAN IS AVAILABLE TO REVIEW MENUS TO ENSURE ALL DIETARY REQUIREMENTS ARE MET. THE NUTRITION COORDINATOR PRESENTS MENUS TO THE HEALTH/NUTRITION ADVISORY COMMITTEE FOR INPUT AND APPROVAL. CHILDREN WITH ALLERGIES ARE PROVIDED INDIVIDUALIZED SERVICE FOR EACH AND EVERY MEAL. MEALS ARE NOT ONLY NUTRITIOUS; THEY ALSO REFLECT VARIETY AND CULTURAL DIVERSITY. CLASSROOM ACTIVITIES RELATING TO NUTRITION ARE PROVIDED AS WELL AS THE INVOLVEMENT OF PARENTS IN NUTRITION TRAININGS. PARENTS ARE ALSO REFERRED TO THE LOCAL WIC PROGRAM AND PROVIDED INFORMATION ON THE FOOD STAMP PROGRAM AS WELL AS REFERRAL TO THE FOOD BANK OPERATED UNDER CCAP, INC.

CCAP, INC. HEAD START DUALY ENROLLED AND SERVED 458 MORE AT FOUR CHILDREN IN 2010. MORE AT FOUR IS A STATE-FUNDED, COMMUNITY-BASED PRE-KINDERGARTEN PROGRAM DESIGNED TO PROVIDE 4-YEAR-OLD CHILDREN, WHO MAY NOT OTHERWISE BE SERVED WITH A VALUABLE EDUCATIONAL EXPERIENCE. THIS 6 1/2 HOUR DAY PROGRAM PROVIDES YOUNG CHILDREN WITH ACCESS TO A SPECIFIC CURRICULUM AND PRESCHOOL EXPERIENCE TO ENHANCE THEIR SCHOOL READINESS. THE MORE AT FOUR PRE-KINDERGARTEN STANDARDS ARE BUILT ON THE PREMISE THAT IN ORDER TO BE SUCCESSFUL ACADEMICALLY IN SCHOOL, CHILDREN NEED TO BE PREPARED IN ALL FIVE MAJOR DOMAINS OF DEVELOPMENT.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

THE PARTICIPANTS WERE ABLE TO SECURE STANDARD HOUSING; 17 OF THE PARTICIPANTS ROSE ABOVE FEDERAL "POVERTY GUIDELINES FOR 2010".

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number
56-0845795

CUMBERLAND COMMUNITY ACTION PROGRAM, INC. WAS AWARDED FUNDING THROUGH THE AMERICAN RECOVERY AND REINVESTMENT ACT TO DEVELOP AND IMPLEMENT A SHORT TERM SELF-SUFFICIENCY PROGRAM FOR CUMBERLAND COUNTY. JULY 2010 CCAP WAS ALSO AWARDED FUNDING TO PROVIDE SELF-SUFFICIENCY SERVICES TO MOORE AND MONTGOMERY COUNTIES, TWO COUNTIES WHICH WOULD NOT HAVE OTHERWISE RECEIVED THE BENEFIT OF ARRA FUNDING.

AS WITH THE TRADITIONAL ASPIRE SELF-SUFFICIENCY PROGRAM, THE ARRA ASPIRE SELF-SUFFICIENCY PROGRAM PROVIDED COMPREHENSIVE SERVICES DESIGNED TO ASSIST LOW INCOME INDIVIDUALS AND FAMILIES GAIN THE SKILLS TO SUSTAIN A RISE ABOVE POVERTY. UNDER THE ARRA ASPIRE PROGRAM IN 2010, 424 INDIVIDUALS AND FAMILIES WERE SERVED IN CUMBERLAND, MOORE, AND MONTGOMERY COUNTIES. TWENTY (20) JOBS WERE CREATED AND/OR SAVED; 46 PARTICIPANTS OBTAINED EMPLOYMENT; 18 OF THE 46 OBTAINED JOBS WITH MEDICAL BENEFITS; THE AVERAGE WAGE RATE WAS \$9.30 AND THE AVERAGE INCREASE IN ANNUAL INCOME PER PARTICIPANT WAS \$8,350. FORTY-FIVE (45) PARTICIPANTS COMPLETED EDUCATION OR TRAINING PROGRAMS; 24 PARTICIPANTS WERE ABLE TO SECURE STANDARD HOUSING. WE WERE ABLE TO ASSIST 6 PARTICIPANTS SAVE THEIR HOMES BY PREVENTING FORECLOSURE. THIRTEEN (13) OF THE PARTICIPANTS ROSE ABOVE FEDERAL POVERTY GUIDELINES.

THE SECOND HARVEST FOOD BANK OF SOUTHEAST NORTH CAROLINA (SHFB SENC) IS ONE OF SEVEN CERTIFIED AFFILIATES OF FEEDING AMERICA LOCATED IN NORTH CAROLINA. THE FOOD BANK IS A MEMBER OF THE NORTH CAROLINA ASSOCIATION OF FEEDING AMERICA MEMBERS. THE FOOD BANK'S PRIMARY SERVICE AREA INCLUDES, BLADEN, CUMBERLAND, DUPLIN, HARNETT, HOKE, ROBESON AND SAMPSON COUNTIES.

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

OUR MISSION IS TO FEED THE HUNGRY BY SOLICITING AND JUDICIOUSLY DISTRIBUTING FOOD AND GROCERY PRODUCTS THROUGH A NETWORK OF MEMBER NON-PROFIT AGENCIES AND EDUCATING THE PUBLIC ABOUT THE NATURE OF AND SOLUTIONS TO THE PROBLEMS OF DOMESTIC HUNGER. THE FOOD BANK PROVIDES NUTRITIOUS FOOD TO THOSE AT RISK OF HUNGER THROUGH A NETWORK OF OVER 250 NON-PROFIT MEMBER AGENCIES.

OUR VISION IS A HUNGER-FREE SOUTHEAST NORTH CAROLINA. WE STRIVE TO PROVIDE ASSISTANCE IN THE FIGHT AGAINST HUNGER THROUGHOUT NORTH CAROLINA AND AMERICA. "HUNGER FREE" IS A COMPLEX TERM TO DEFINE. OUR FUNDAMENTAL MEANING IS THAT NO ONE, FACED WITH THE RISK OR PROSPECT OF HUNGER, SHOULD BE UNABLE TO ACCESS SUFFICIENT FOOD TO PREVENT OR REMEDIATE THAT HUNGER.

THE FOOD BANK WAS ABLE TO DISTRIBUTE OVER 6.7 MILLION POUNDS OF NUTRITIOUS FOOD IN 2010. THESE POUNDS TRANSLATED INTO 5.2 MILLION MEALS TO THOSE AT RISK OF HUNGER. THE FOOD DISTRIBUTED TO OUR MEMBER AGENCIES ALLOWED THE FOOD BANK TO PROVIDE ASSISTANCE ON AVERAGE TO OVER 18,000 HOUSEHOLDS AND 90,000 INDIVIDUALS.

THE BACKPACK PROGRAM WAS ABLE TO DISTRIBUTE OVER 21,000 BAGS FOR BACKPACKS TO 21 ELEMENTARY SCHOOL LOCATIONS. THE NEW MOBILE PANTRY PROGRAM STARTED IN DECEMBER PROVIDING ASSISTANCE TO OVER 1,000 HOUSEHOLDS AND 3,000 INDIVIDUALS IN ROBESON COUNTY.

MULTIPLE FOOD DRIVES, COMMUNITY VOLUNTEER EFFORTS, TOOK PLACE IN 2010. AMONG THE FOOD DRIVES ARE: NC LETTER CARRIERS, DOGWOOD FESTIVAL, INTERNATIONAL FOLK FESTIVAL, STUDENTS AGAINST HUNGER, SPOOKY TO BE HUNGRY, CROP WALK, AND HEART OF CAROLINAS.

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

IN 2010 UNDER THE TRADITIONAL PROGRAM, 19 HOMES WERE WEATHERIZED IN CUMBERLAND COUNTY AND SAMPSON COUNTY. THE HEATING APPLIANCE REPAIR REPLACEMENT PROGRAM IS A SECONDARY PROGRAM TO WEATHERIZATION AND 49 FAMILIES RECEIVED REPAIRS OR REPLACEMENT TO THEIR HEATING AND/OR COOLING UNIT.

THE RECOVERY WEATHERIZATION ASSISTANCE PROGRAM IS A FEDERAL PASS THROUGH GRANT PROVIDING ENERGY SAVING MEASURES AND IMPROVEMENTS TO FAMILIES WHO ARE AT OR BELOW 200% OF THE POVERTY GUIDELINE. THE SERVICES PROVIDED REDUCED AIR INFILTRATION INTO HOMES IN ORDER TO REDUCE ENERGY CONSUMPTION. IN ADDITION TO CUMBERLAND AND SAMPSON COUNTIES, CCAP PROVIDED THESE SERVICES TO MOORE AND MONTGOMERY COUNTIES VIA THE ARRA PROJECT. IN 2010, 361 HOMES WERE WEATHERIZED IN CUMBERLAND, MOORE, MONTGOMERY, AND SAMPSON COUNTIES UNDER THE ARRA PROJECT.

ALL TOTALED, CCAP WEATHERIZED 380 HOMES AND REPAIRED 49 HEATING/COOLING UNITS IN 2010.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

THE CCAP-COMMUNITY HOUSING DEVELOPMENT PROGRAM HAS BEEN ESTABLISHED TO PROVIDE AFFORDABLE HOUSING IN CUMBERLAND COUNTY THROUGH THE ACQUISITION, REHABILITATION, OR CONSTRUCTION OF HOMES.

THERE ARE TEN HOUSING UNITS IN CCAP'S COMMUNITY HOUSING DEVELOPMENT ORGANIZATION (CHDO) PROGRAM. JULY 2010 MANAGEMENT SECURED THE SERVICES

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

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OF A PROPERTY MANAGEMENT FIRM. THAT FIRM OVERSAW AN UPGRADE AND
RENOVATION OF ALL TEN UNITS IN 2010. THE MANAGEMENT FIRM ALSO HAS
TAKEN STEPS TO ENSURE THAT THE PROPERTIES ARE CONTINUOUSLY LEASED.

IN FEBRUARY 2010 CUMBERLAND COMMUNITY ACTION PROGRAM, INC. (CCAP)
ACCEPTED THE DONATION OF A PROPERTY ON HAIGH STREET, FAYETTEVILLE NC.
AFTER EVALUATION IT WAS DETERMINED THAT THE PROPERTY WAS NOT SUITED FOR
REHABILITATION. (IN APRIL 2011 THE BUILDING WAS DEMOLISHED VIA A GRANT
PROVIDED BY THE CITY OF FAYETTEVILLE. CCAP WILL BE PURSUING GRANT
OPPORTUNITIES IN 2011 AND 2012 THAT WOULD ALLOW US TO PURCHASE LAND
ADJACENT TO THE DEMOLISHED PROPERTY AND FURTHER, TO ALLOW US TO
CONSTRUCT A TWO UNIT RENTAL BUILDING ON THE PROPERTY.)

CONSUMER CREDIT COUNSELING SERVICE OF FAYETTEVILLE (CCCS), DELIVERS
COMPREHENSIVE HOUSING EDUCATION AND HOUSING COUNSELING, FINANCIAL
LITERACY EDUCATION, CREDIT AND MONEY MANAGEMENT COUNSELING, NORTH
CAROLINA BENEFIT COUNSELING AND (INCOME ELIGIBLE) TAX PREPARATION
SERVICES THROUGH ITS NETWORK OF 10 BRANCH LOCATIONS SERVING EASTERN AND
SOUTHEASTERN NORTH CAROLINA.

213 FINANCIAL AND HOUSING EDUCATIONAL WORKSHOPS WERE PROVIDED TO 4,083
ATTENDEES.

OF THE 1,404 FAMILIES THAT RECEIVED DEFAULT FORECLOSURE COUNSELING,
ONLY SIX (6) LOST THEIR HOME TO FORECLOSURE.

FORM 990, PART VI, SECTION B, LINE 11: THE 990 WILL BE PRESENTED AT A
QUARTERLY BOARD MEETING AND REVIEWED BY THE FINANCE OFFICER. A COPY OF THE

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

990 WILL BE PROVIDED TO THE ENTIRE BOARD FOR REVIEW & APPROVAL PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C: EMPLOYEES ARE REQUIRED TO REPORT ANY CONFLICTS OF INTEREST AS THEY ARISE. ACCOUNTING STAFF HAVE TO SIGN A CONFLICT OF INTEREST STATEMENT EACH YEAR AND MUST REPORT CONFLICTS AS THEY ARISE. SHOULD A CONFLICT ARISE, A BOARD MEMBER WOULD RECUSE THEMSELVES AND AN EMPLOYEE WOULD HAVE TO RESOLVE THE CONFLICT OR REFRAIN FROM WORKING ON THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCE DIRECTOR DOES A SALARY AND WAGE STUDY EVERY 3 YEARS IN ORDER TO DETERMINE REASONABLE CEO COMPENSATION FOR THE CEO AND ANY KEY EMPLOYEE. THE BOARD OF DIRECTORS APPROVES THE STUDY AND THE RESULTING COMPENSATION PACKAGES. THE DECISION IS DOCUMENTED IN THE BOARD MINUTES.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print	Name of exempt organization CUMBERLAND COMMUNITY ACTION PROGRAM, INC	Employer identification number 56-0845795
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions PO BOX 2009	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. FAYETTEVILLE, NC 28302	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

KIMBERLY C. STAFFORD

• The books are in the care of ► **316 GREEN ST. - FAYETTEVILLE, NC 28301**
Telephone No. ► **(910) 485-6131** FAX No. ► **(910) 485-7479**

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2011**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
► ☒ calendar year **2010** or
► ☐ tax year beginning _____, and ending _____

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2011)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)	
Type or print File by the extended due date for filing your return. See instructions	Name of exempt organization	Employer identification number
	CUMBERLAND COMMUNITY ACTION PROGRAM, INC	56-0845795
	Number, street, and room or suite no. If a P O box, see instructions PO BOX 2009	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions FAYETTEVILLE, NC 28302	

Enter the Return code for the return that this application is for (file a separate application for each return)

01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KIMBERLY C. STAFFORD

- The books are in the care of ☒ 316 GREEN ST. - FAYETTEVILLE, NC 28301

Telephone No. ☒ (910) 485-6131

FAX No. ☒ (910) 485-7479

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) ☐. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until NOVEMBER 15, 2011.

5 For calendar year 2010, or other tax year beginning , and ending .

6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

ADDITIONAL TIME IS REQUIRED IN ORDER TO GATHER THE INFORMATION NECESSARY TO FILE A COMPLETE AND ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form

Signature ☒ William R

Title ☒ Manager

Date ☒ 8/1/11

Form 8868 (Rev. 1-2011)