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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

2011

Open to Public Inspection

A For the 2011 calendar year, or tax year beginning 01-01-2011 and ending 12-31-2011

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) | Room/suite
PO BOX 2009

City or town, state or country, and ZIP + 4
FAYETTEVILLE, NC 28302

D Employer identification number
56-0845795

E Telephone number
(910)485-6131

G Gross receipts $ 15,693,232

F Name and address of principal officer
CYNTHIA WILSON
PO BOX 2009
FAYETTEVILLE,NC 28302

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 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

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

Activities & Governance

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	22
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	22
5	Total number of individuals employed in calendar year 2011 (Part V, line 2a)	**5**	357
6	Total number of volunteers (estimate if necessary)	**6**	22
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	0
b	Net unrelated business taxable income from Form 990-T, line 34	**7b**	0

		Prior Year	Current Year
Revenue **8**	Contributions and grants (Part VIII, line 1h)	14,921,244	13,304,819
9	Program service revenue (Part VIII, line 2g)	2,711,012	2,322,896
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,914	3,009
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	15,951	33,938
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	17,652,121	15,664,662
Expenses **13**	Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,864,071	1,605,794
14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	9,510,484	9,287,756
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	20,467
b	Total fundraising expenses (Part IX, column (D), line 25) ▶20,512		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,631,875	4,721,800
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	17,006,430	15,635,817
19	Revenue less expenses Subtract line 18 from line 12	645,691	28,845

		Beginning of Current Year	End of Year
Net Assets or Fund Balances **20**	Total assets (Part X, line 16)	8,953,766	9,103,775
21	Total liabilities (Part X, line 26)	2,992,304	3,113,468
22	Net assets or fund balances Subtract line 21 from line 20	5,961,462	5,990,307

Part II Signature Block

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

Sign Here

****** | 2012-08-10
Signature of officer | Date

CYNTHIA WILSON CEO
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: KELLIANNE F BENSON | Date | Check if self-employed ☐ | Preparer's taxpayer identification number (see instructions) P01345659

Firm's name (or yours if self-employed), address, and ZIP + 4: CHERRY BEKAERT & HOLLAND LLP, 1111 METROPOLITAN AVENUE SUITE 1000, CHARLOTTE, NC 28204 | EIN ▶ 56-0574444 | Phone no ▶ (704) 377-1678

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission

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 organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 8,740,015 including grants of $ 1,151,371) (Revenue $ 1,411,006)

EARLY CHILDHOOD DEVELOPMENT-PROGRAMS SUCH AS HEAD START/EARLY HEAD START AND NC PRE-K (FORMERLY MORE AT FOUR) PROVIDE COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES 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 2011 HEAD START WAS IN ITS 45TH YEAR OF OPERATION 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 STATE LICENSED AT THE 4 OR 5 STAR LEVEL AND STRATEGICALLY LOCATED THROUGHOUT CUMBERLAND COUNTY SERVICES ARE FREE TO CUMBERLAND COUNTY RESIDENTS WHO MEET THE ELIGIBILITY CRITERIA AS PRIORITIZED BY THE POLICY COUNCIL GOVERNING BODY IN 2011, 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 FOR THE UPCOMING PROGRAM YEAR IF THE CHILD'S BIRTHDAY FALLS ON OR BEFORE AUGUST 30TH THE CHILD NUTRITION PROGRAM IS A FEDERAL PASS-THROUGH GRANT THAT SERVES NUTRITIOUS MEALS TO ALL CHILDREN ATTENDING THE HEAD START/EARLY HEAD START PROGRAM APPROXIMATELY, 382,884 MEALS WERE SERVED TO HEAD START/EARLY HEAD START CHILDREN IN 2011 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 DUALLY ENROLLED AND SERVED 292, NC PRE-K CHILDREN IN 2011 NC PRE-K 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 FULL DAY PROGRAM PROVIDES YOUNG CHILDREN WITH ACCESS TO AN EARLY CHILDHOOD CURRICULUM AND PRESCHOOL EXPERIENCE TO ENHANCE THEIR SCHOOL READINESS THE 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 SCHOOL READINESS GOALS HAVE BEEN DEVELOPED FOR EHS AND PRESCHOOL HEAD START CHILDREN FAMILIES ARE ENCOURAGED TO DEVELOP FAMILY PARTNERSHIP AGREEMENTS THAT INCLUDE GOALS SPECIFIC TO THE NEEDS AND DESIRES OF EACH FAMILY SUCH AS PURSUIT OF EDUCATION, PURCHASE OF A HOME, OBTAINING A DRIVER'S LICENSE, ETC IN 2011 ALL ENROLLED FAMILIES HAD DEVELOPED FAMILY PARTNERSHIP AGREEMENTS FAMILY ADVOCATES ARE AVAILABLE AT THE HEAD START CENTERS FOR ALL FAMILIES

4b (Code) (Expenses $ 3,011,117 including grants of $ 454,473) (Revenue $ 905,348)

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 2011, 145 INDIVIDUALS AND THEIR FAMILIES WERE SERVED FORTY THREE (43) PARTICIPANTS OBTAINED EMPLOYMENT AND 12 OF THE 43 RECEIVED JOBS WITH MEDICAL BENEFITS THE AVERAGE WAGE RATE WAS $8 89, MORE THAN $1 ABOVE MINIMUM WAGE FORTY NINE (49) PARTICIPANTS ACHIEVED EITHER ACADEMIC OR VOCATIONAL EDUCATION GOALS THIRTEEN (13) OF THE PARTICIPANTS WERE ABLE TO SECURE STANDARD HOUSING, 24 OF THE PARTICIPANT ROSE ABOVE FEDERAL "POVERTY GUIDELINES FOR 2011" 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 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 8 MILLION POUNDS OF NUTRITIOUS FOOD IN 2011 THESE POUNDS TRANSLATED INTO 6 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 20,000 HOUSEHOLDS AND 102,000 INDIVIDUALS THE BACKPACK PROGRAM WAS ABLE TO DISTRIBUTE OVER 21,000 BAGS FOR BACKPACKS TO 21 ELEMENTARY SCHOOL LOCATIONS THE MOBILE FOOD PANTRY PROGRAM PROVIDED ASSISTANCE TO OVER 8,000 HOUSEHOLDS AND 28,000 INDIVIDUALS IN CUMBERLAND, HARNETT, AND ROBESON COUNTIES IN THE DISTRIBUTION OF 283,568 POUNDS OR 221,538 MEALS THE MOBILE FOOD PANTRY HAD OVER 585 VOLUNTEERS WITH 1,753 HOURS COMPLETED MULTIPLE FOOD DRIVES, COMMUNITY VOLUNTEER EFFORTS, TOOK PLACE IN 2011 AMONG THE FOOD DRIVES ARE LETTER CARRIERS, DOGWOOD FESTIVAL, STUDENTS AGAINST HUNGER, FAYETTEVILLE CROP WALK, FAYETTEVILLE DUCK DERBY, AND HEART OF CAROLINA FOOD DRIVE THE FOOD BANK SUCCESSFULLY HOSTED EVENTS SUCH AS THE 3RD ANNUAL DRIVING OUT HUNGER GOLF TOURNAMENT, STRIKE OUT HUNGER BOWL-A-THON, AND TACKLE HUNGER VIDEO GAME TOURNAMENT DURING OUR HUNGER DAYS CAMPAIGN

4c (Code) (Expenses $ 2,659,876 including grants of $) (Revenue $ 6,542)

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 AND AT 150% OF THE POVERTY GUIDELINE IN 2011 UNDER THE TRADITIONAL PROGRAM, 11 HOMES WERE WEATHERIZED IN CUMBERLAND COUNTY AND SAMPSON COUNTY THE HEATING APPLIANCE REPAIR REPLACEMENT PROGRAM IS A SECONDARY PROGRAM TO WEATHERIZATION AND 76 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 2011, 260 HOMES WERE WEATHERIZED IN CUMBERLAND, MOORE, MONTGOMERY, AND SAMPSON COUNTIES UNDER THE ARRA PROJECT ALL TOTALED, CCAP WEATHERIZED 271 HOMES AND REPAIRED/REPLACED 76 HEATING/COOLING UNITS IN 2011

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

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 IN 2011 ALL CHDO PROPERTIES WERE MANAGED BY A PROPERTY MANAGEMENT FIRM THAT FIRM OVERSAW AN UPGRADE AND RENOVATION OF ALL TEN UNITS IN 2012 THE MANAGEMENT FIRM ALSO HAS TAKEN STEPS TO ENSURE THAT THE PROPERTIES ARE CONTINUOUSLY LEASED TO LOW-INCOME FAMILIES CUMBERLAND COMMUNITY ACTION PROGRAM, INC (CCAP) ACCEPTED THE DONATION OF A PROPERTY ON HAIGH STREET, FAYETTEVILLE NC IN 2010 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 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

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

CONSUMER CREDIT COUNSELING SERVICE OF FAYETTEVILLE (CCCS), DELIVERS COMPREHENSIVE HOUSING EDUCATION AND HOUSING COUNSELING, FINANCIAL LITERACY EDUCATION, AND CREDIT AND MONEY MANAGEMENT COUNSELING, NORTH CAROLINA BENEFIT COUNSELING AS WELL AS FREE TAX PREPARATION SERVICES THROUGH ITS NETWORK OF 10 BRANCH LOCATIONS SERVING EASTERN AND SOUTHEASTERN NORTH CAROLINA CCCS IS A MEMBER OF THE NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC) AND IN MANY CASES EXCEEDS THE QUALITY STANDARDS REQUIRED OF A MEMBER THE PROGRAM MAINTAINS HIGH STANDARDS FOR COUNSELORS IN TERMS OF ACQUIRING CERTIFICATIONS AND COMPLETING ONGOING TRAINING AND EDUCATION EACH COUNSELOR MUST EARN THEIR HOUSING COUNSELING CERTIFICATION THROUGH THE ASSOCIATION OF HOUSING COUNSELORS (TAHC), AND THEIR CREDIT COUNSELING CERTIFICATION THROUGH THE NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC) THOUGH THE QUALITY STANDARDS CALL FOR A COUNSELOR TO BE CREDIT CERTIFIED WITHIN ONE YEAR, THE PROGRAM AVERAGES 4 MONTHS TO GET A NEW COUNSELOR CERTIFIED IN ADDITION, AS CERTIFICATION CLASSES BECOME AVAILABLE, THE PROGRAM SENDS COUNSELORS FOR THEIR HECM/REVERSE MORTGAGE CERTIFICATION THROUGH THE NORTH CAROLINA HOUSING FINANCE AGENCY (NCHFA), AND LOSS MITIGATION TRAINING THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), NCHFA, AND NEIGHBOR WORKS THE PROGRAM HAS DEMONSTRATED WITH EACH HUD GRANT (FUNDED OVER 25 YEARS), THAT IT HAS THE ABILITY TO DELIVER SUCCESSFUL COMPLETION OF GRANT GOALS, AS EVIDENCED BY EARLY DEPLETION OF GRANT FUNDS AND TIMELY REPORTING ADDITIONALLY, IN 2011 CCCS RECEIVED TWO (2) DEFAULT MORTGAGE COUNSELING CONTRACTS FROM THE NORTH CAROLINA HOUSING FINANCE AGENCY THE FIRST CONTRACT WAS UNDER THE NATIONAL FORECLOSURE MITIGATION COUNSELING (NFMC) PROGRAM, ROUNDS 3 AND 4 THE SECOND CONTRACT WAS TO PROVIDE INTEREST FREE LOANS TO FAMILIES WHO WERE AT RISK FOR LOSING THEIR HOME DUE TO LOSS OF INCOME WE ALSO CONTRACTED WITH THE NORTH CAROLINA COMMISSIONER OF BANKS TO PROVIDE COUNSELING SERVICES TO NORTH CAROLINA FAMILIES IN FORECLOSURE THE PROGRAM MAINTAINS A STRONG AND COMMITTED PRESENCE IN THE COMMUNITIES WE SERVE AND HAS THE EXPERIENCE AND KNOWLEDGE TO GET HELP TO THE PEOPLE WHO NEED IT THE MOST WE EXCEEDED PROGRAM GOALS WITH BOTH GRANTS AND CONTRACTS FOR THE YEAR 2011 THE PROGRAM ACCOMPLISHES ITS GOALS BECAUSE EMPLOYEES ADHERE TO IN-DEPTH STANDARD OPERATING PROCEDURES AND EMPLOYEE POLICIES THAT ARE AN IMPORTANT PART OF EMPLOYEE TRAINING THESE BOTH CREATE EFFICIENCIES IN OPERATIONS AND A METHOD BY WHICH MANAGEMENT CAN MONITOR PROGRESS IN ACHIEVING OBJECTIVES THE PROGRAM MAINTAINS WEB BASED CASE MANAGEMENT SOFTWARE (CPR) WHICH SERVES AS A CONSTANT RUNNING COMMUNICATION TOOL THROUGHOUT THE BRANCH NETWORK SYSTEM THIS SOFTWARE ALLOWS US TO MANAGE BRANCH ACTIVITY LEVELS, REVIEW FILES, AND COMMUNICATE WITH ANYONE, ANYWHERE MANAGEMENT IS ABLE TO PULL REPORTS THAT PROVIDE INFORMATION ON WHAT WE HAVE ACCOMPLISHED, AS WELL AS INFORMATION ON FUTURE PENDING APPOINTMENTS THIS ALLOWS US TO SPOT TRENDS OR POTENTIAL PROBLEM AREAS BEFORE THEY MATERIALIZE THE EXISTENCE OF OPERATING PROCEDURES THAT CREATE UNIFORMITY, COMBINED WITH WEB BASED SOFTWARE THAT ALLOWS FOR REAL TIME COMMUNICATION AND DATA GATHERING, MEANS THAT THE AGENCY CAN IMPLEMENT PROGRAMS QUICKLY, COMMUNICATE THE GOALS AND OBJECTIVES QUICKLY, AND MONITOR THE EFFECTIVENESS AND PROGRESS OF OUR EFFORT IF MANAGEMENT DETERMINES THAT AN ADJUSTMENT OR CHANGE IS CALLED FOR, THAT IS EASILY IMPLEMENTED AS WELL IN 2011 WE RECEIVED FUNDING FOR OUR HECM PROGRAM THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AS OF LATE CLIENTS HAVE BEEN PAYING FOR THEIR OWN COUNSELING SESSIONS IT IS OUR POLICY THAT IF A CLIENT IS LOW INCOME UNDER THE FEDERAL GUIDELINES OR IS IN A HARDSHIP SITUATION, WE PROVIDE THE SERVICE FOR FREE OUR AGENCY HAS BEEN PROVIDING REVERSE MORTGAGE COUNSELING BEGINNING IN 1992 AND HAS CONTINUED TO PRESENT TIME AT PRESENT WE HAVE 4 NATIONALLY CERTIFIED HUD HECM COUNSELORS THE RESULTS OF OUR EDUCATION AND COUNSELING PROGRAM ARE AS FOLLOWS 5,500 COUNSELING SESSIONS WERE PROVIDED TO FAMILIES IN EASTERN AND SOUTHEASTERN NORTH CAROLINA, 590 RECEIVED FINANCIAL COUNSELING ONLY, 114 WERE PLACE ON OUR MONEY MANAGEMENT PROGRAM, 1,041 RECEIVED LOSS MITIGATION COUNSELING (DEFAULT COUNSELING), 50 RECEIVED BANKRUPTCY COUNSELING, 543 SENIORS RECEIVED REVERSE MORTGAGE COUNSELING, 60 RECEIVED PRE-PURCHASE COUNSELING, 2,740 RECEIVED CASE REVIEWS VITA FREE TAX PREPARATION PROJECT, 1,220 TOTAL FEDERAL AND STATE TAX RETURNS FILED, 18 VOLUNTEERS PROVIDING 2,058 VOLUNTEER HOURS TO THE COMMUNITY 134 FINANCIAL AND HOUSING EDUCATIONAL WORKSHOPS WERE PROVIDED TO 2,094 ATTENDEES 628 PARTICIPANTS PAID DOWN DEBT THROUGH OUR DEBT MANAGEMENT PROGRAM, 106 FAMILIES BECAME DEBT FREE AFTER COMPLETING THEIR DEBT SOLVER PLAN OF THE 1,041 FAMILIES THAT RECEIVED DEFAULT FORECLOSURE COUNSELING, ONLY SIX (3) LOST THEIR HOME TO FORECLOSURE

4d Other program services (Describe in Schedule O)

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

4e **Total program service expenses** ▶ $ 14,411,008

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		No
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9	Yes	
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line10? *If "Yes," complete Schedule D, Part VI.*	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII.*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII.*	11c		No
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX.*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X.*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X.*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12a	Yes	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional*	12b		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Part I*	14b		No
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the U S ? *If "Yes," complete Schedule F, Part II and IV*	15		No
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the U S ? *If "Yes," complete Schedule F, Part III and IV*	16		No
17	Did the organization report a total of more than $15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17	Yes	
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** All Form 990 filers that operated one or more hospitals must attach audited financial statements	20b		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	**21**		No
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	**22**	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	**23**		No
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to line 25*	**24a**		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	**24b**		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	**24c**		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	**24d**		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	**25a**		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	**25b**		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	**26**		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *If "Yes," complete Schedule L, Part III*	**27**		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28a**		No
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	**28b**		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or owner? *If "Yes," complete Schedule L, Part IV*	**28c**		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	**29**	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	**30**		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	**31**		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	**32**		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	**33**		No
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1*	**34**		No
35a	Is any related organization a controlled entity of the filing organization within the meaning of section 512(b)(13)?	**35a**		No
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	**35b**		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	**36**		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	**37**		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	**38**	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	83		
b	Enter the number of Forms W-2G included in line 1a *Enter -0-* if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c			
2a	Enter the number of employees reported on Form W-3, *Transmittal of Wage and Tax Statements* filed for the calendar year ending with or within the year covered by this return	2a	357		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Yes	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?	3a			No
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account or securities account)?	4a			No
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . .	5a			No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c			
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible?	6a			No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b			
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a			No
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b			
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			No
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e			No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .	7f			No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g			
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h			
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?	12a			
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? **Note.** All 501(c)(29) organizations must list in Schedule O each state in which they are licensed to issue qualified health plans, the amount of reserves required by each state, and the amount of reserves the organization allocated to each state	13a			
b	Enter the aggregate amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the aggregate amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O* . .	14b			

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

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

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	22		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	22		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? .		3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .		5		No
6	Did the organization have members or stockholders?		6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		7a		No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		7b		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	Yes	
b	Each committee with authority to act on behalf of the governing body?		8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		No

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

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

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LISA CHANCE BOARD CHAIRMAN	2 00	X		X				0	0	0
(2) TERRI THOMAS VICE CHAIRMAN	1 00	X		X				0	0	0
(3) EDWIN DEAVER TREASURER	2 00	X		X				0	0	0
(4) ANN SHIPMAN SECRETARY	1 00	X		X				0	0	0
(5) LENWOOD EDWARDS PARLIMENTARIAN	1 00	X						0	0	0
(6) PHILLIP GILFUS BOARD MEMBER	1 00	X						0	0	0
(7) JENNIFER WILSON-KERSH BOARD MEMBER	1 00	X						0	0	0
(8) DR JAMES MCLAUGHLIN BOARD MEMBER	1 00	X						0	0	0
(9) DR INDER NIJHAWAN BOARD MEMBER	1 00	X						0	0	0
(10) JAMES O'GARRA BOARD MEMBER	1 00	X						0	0	0
(11) TINA ESTLE BOARD MEMBER	1 00	X						0	0	0
(12) CYNTHIA MANNS BOARD MEMBER	1 00	X						0	0	0
(13) SYLIVIA WILLIAMS BOARD MEMBER	1 00	X						0	0	0
(14) BERTHA ELLIOTT BOARD MEMBER	1 00	X						0	0	0
(15) GEORGE JAMISON BOARD MEMBER	1 00	X						0	0	0
(16) MICHEAL PEMBERTON BOARD MEMBER	1 00	X						0	0	0
(17) RUSTY LONG 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 (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) RON MCELRATH CHAPLAIN	1 00	X						0	0	0
(19) RICHARD EVERETT BOARD MEMBER	1 00	X						0	0	0
(20) PEGGY KASER BOARD MEMBER	1 00	X						0	0	0
(21) CARLA GARRISON BOARD MEMBER	1 00	X						0	0	0
(22) EMILY DICKENS BOARD MEMBER	1 00	X						0	0	0
(23) CYNTHIA L WILSON CEO	40 00			X				117,593	0	5,880
(24) KAY TARPLEY HR/QA DIRECTOR (THRU 4/1/2011)	40 00			X				40,544	0	2,027
(25) THOMAS CUDGELL HR DIRECTOR (BEGAN 6/9/2011)	40 00			X				27,906	0	0
(26) KIMBERLY STAFFORD FINANCE OFFICER	40 00			X				72,995	0	3,066
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								259,038	0	10,973

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶1

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
SUSTAINABLE BUILDING SOLUTIONS 619 FOSTER STREET DURHAM, NC 27701	WEATHERIZATION SERVICES	219,222
T & L COMPLETE CONSTRUCTION 7981 RENNERT ROAD SHANNON, NC 28386	WEATHERIZATION SERVICES	178,568
LEONARD POWELL HVAC 7021 TREVOR LANE FAYETTEVILLE, NC 28314	WEATHERIZATION SERVICES	100,665

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

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	22,583			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	12,884,593			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	397,643			
	g	Noncash contributions included in lines 1a-1f $ 9,780,092					
	h	**Total.** Add lines 1a-1f		13,304,819			
Program Service Revenue			Business Code				
	2a	EARLY CHILDHOOD DEVELO	624410	1,411,006	1,411,006		
	b	COMMUNITY SERVICES	624100	905,348	905,348		
	c	LOW INCOME HOUSING & O	624200	6,542	6,542		
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a–2f		2,322,896			
	3	Investment income (including dividends, interest and other similar amounts)		3,009			3,009
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
			(i) Real	(ii) Personal			
	6a	Gross rents	60,369				
	b	Less rental expenses	23,954				
	c	Rental income or (loss)	36,415				
	d	Net rental income or (loss)		36,415			36,415
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory					
	b	Less cost or other basis and sales expenses					
	c	Gain or (loss)					
	d	Net gain or (loss)					
Other Revenue	8a	Gross income from fundraising events (not including $ 22,583 of contributions reported on line 1c) See Part IV, line 18	a 2,139				
	b	Less direct expenses	b 4,616				
	c	Net income or (loss) from fundraising events		-2,477			-2,477
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities					
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less cost of goods sold	b				
	c	Net income or (loss) from sales of inventory					
		Miscellaneous Revenue	Business Code				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a–11d					
	12	**Total revenue.** See Instructions		15,664,662	2,322,896	0	36,947

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in the United States See Part IV, line 22	1,605,794	1,605,794		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	270,011		270,011	
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	6,703,206	6,263,039	440,167	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	113,041	92,600	20,441	
9	Other employee benefits	1,596,936	1,498,463	98,473	
10	Payroll taxes	604,562	545,963	58,599	
11	Fees for services (non-employees)				
a	Management				
b	Legal				
c	Accounting				
d	Lobbying				
e	Professional fundraising *See Part IV, line 17* . .	20,467			20,467
f	Investment management fees				
g	Other	862,021	778,486	83,535	
12	Advertising and promotion	77,487	75,706	1,781	
13	Office expenses	781,244	686,938	94,306	
14	Information technology	40,367	21,569	18,798	
15	Royalties . .				
16	Occupancy	913,773	883,171	30,602	
17	Travel	140,789	122,078	18,711	
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	435,703	417,518	18,185	
23	Insurance	105,202	92,269	12,933	
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	665,801	665,801		
b	REPAIRS & MAINTENANCE	328,438	301,070	27,368	
c					
d					
e					
f	All other expenses	370,975	360,543	10,387	45
25	**Total functional expenses.** Add lines 1 through 24f	15,635,817	14,411,008	1,204,297	20,512
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		1,625,268	1	2,001,941
	2	Savings and temporary cash investments		53,379	2	53,564
	3	Pledges and grants receivable, net		724,474	3	758,446
	4	Accounts receivable, net		360,859	4	404,590
	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)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		8,176	8	4,543
	9	Prepaid expenses and deferred charges		236,053	9	233,302
	10a	Land, buildings, and equipment cost or other basis *Complete Part VI of Schedule D*	10a 10,495,667			
	b	Less accumulated depreciation	10b 4,856,677	5,877,815	10c	5,638,990
	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		67,742	15	8,399
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		8,953,766	16	9,103,775
Liabilities	17	Accounts payable and accrued expenses		791,979	17	701,789
	18	Grants payable		97,298	18	97,298
	19	Deferred revenue		127,985	19	387,800
	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		1,581,683	23	1,515,090
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D		393,359	25	411,491
	26	**Total liabilities.** Add lines 17 through 25		2,992,304	26	3,113,468
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		5,956,435	27	5,985,280
	28	Temporarily restricted net assets		5,027	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		5,961,462	33	5,990,307
	34	Total liabilities and net assets/fund balances		8,953,766	34	9,103,775

Part XI Reconcilliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12) . . .	1	15,664,662
2	Total expenses (must equal Part IX, column (A), line 25)	2	15,635,817
3	Revenue less expenses Subtract line 2 from line 1	3	28,845
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . .	4	5,961,462
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	5,990,307

Part XII Financial Statements and Reporting

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

			Yes	No
1	Accounting method used to prepare the Form 990 ☐ Cash ☑ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . .	2a		No
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both ☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separated basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits . .	3b	Yes	

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SCHEDULE A (Form 990 or 990EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CUMBERLAND COMMUNITY ACTION PROGRAM INC

Employer identification number
56-0845795

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

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

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

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

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

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

_____

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

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

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

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

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

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

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I **b** ☐ Type II **c** ☐ Type III - Functionally integrated **d** ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization? **11g(i)**		
(ii) a family member of a person described in (i) above? **11g(ii)**		
(iii) a 35% controlled entity of a person described in (i) or (ii) above? **11g(iii)**		

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

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

Part II **Support Schedule for Organizations Described in IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	8,450,599	8,334,360	10,314,277	14,921,244	13,304,819	55,325,299
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	8,450,599	8,334,360	10,314,277	14,921,244	13,304,819	55,325,299
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						55,325,299

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	8,450,599	8,334,360	10,314,277	14,921,244	13,304,819	55,325,299
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	22,919	68,658	54,926	46,280	63,378	256,161
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income (Explain in Part IV) Do not include gain or loss from the sale of capital assets	893,009					893,009
11 **Total support** (Add lines 7 through 10)						56,474,469

12	Gross receipts from related activities, etc (See instructions)	12	11,412,782

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

Section C. Computation of Public Support Percentage

14	Public Support Percentage for 2011 (line 6 column (f) divided by line 11 column (f))	14	97 970 %
15	Public Support Percentage for 2010 Schedule A, Part II, line 14	15	96 500 %

16a **33 1/3% support test—2011.** 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—2010.** If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2011.** 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—2010.** 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 IRC 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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(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 501(c)(3) organization, check this box and **stop here** ▶☐

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2011 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2011** (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from **2010** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2011.** 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—2010.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶☐

20 **Private Foundation** If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ▶☐

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

Facts And Circumstances Test

Explanation

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SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b
▶ Attach to Form 990. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

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 may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit ☐ Yes ☐ No

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

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

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

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

		Amount
c Beginning balance	1c	45,349
d Additions during the year	1d	2,951,079
e Distributions during the year	1e	2,979,672
f Ending balance	1f	16,756

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

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

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

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

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

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

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

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

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		385,198		385,198
b Buildings		5,517,607	2,650,444	2,867,163
c Leasehold improvements				
d Equipment		4,592,862	2,206,233	2,386,629
e Other				
Total. Add lines 1a-1e *(Column (d) should equal Form 990, Part X, column (B), line 10(c).)* ▶				5,638,990

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

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

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

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

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

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

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

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
TEMPORARY BANK OVERDRAFT PAYABLE	411,491
Total. *(Column (b) should equal Form 990, Part X, col (B) line 25)* ▶	411,491

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

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	15,664,662
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	15,635,817
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	28,845
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 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	28,845

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	18,596,113
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	1,690,752		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d	1,236,083		
e	Add lines **2a** through **2d**			2e	2,926,835
3	Subtract line **2e** from line **1**			3	15,669,278
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	-4,616		
c	Add lines **4a** and **4b**			4c	-4,616
5	Total Revenue Add lines **3** and **4c.** (This should equal Form 990, Part I, line 12)			5	15,664,662

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

1	Total expenses and losses per audited financial statements			1	18,567,268
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1,690,752		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIV)	2d	1,240,699		
e	Add lines **2a** through **2d**			2e	2,931,451
3	Subtract line **2e** from line **1**			3	15,635,817
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 should equal Form 990, Part I, line 18)			5	15,635,817

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete this part to provide any additional information

Identifier	Return Reference	Explanation
	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 11
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	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 TAX-EXEMPT ORGANIZATION AND THEREFORE HAD NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2011
PART XII, LINE 2D - OTHER ADJUSTMENTS		INTERFUND CHARGES 1,212,129 RENTAL EXPENSES 23,954
PART XII, LINE 4B - OTHER ADJUSTMENTS		FUNDRAISING EXPENSES INCLUDED NET OF REVENUE ON 990 -4,616
PART XIII, LINE 2D - OTHER ADJUSTMENTS		INTERFUND CHARGES 1,212,129 RENTAL EXPENSES 23,954 FUNDRAISING EXPENSES INCLUDED NET OF REVENUE ON 990 4,616

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

2011

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.

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

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

2a 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 Form 990-EZ filers are not required to complete this table

(i) Name and address of individual or entity (fundraiser)	**(ii)** Activity	**(iii)** Did fundraiser have custody or control of contributions? Yes	**(iii)** No	**(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
ALPHA DOG INC 489 CURVE ROAD DELAWARE, OH 43015	MAIL SOLICITATIONS		No	43,805	20,467	23,338
Total . . . . . ▶				43,805	20,467	23,338

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

NC

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000.

		(a) Event #1 DRIVING OUT HUNGER GOLF TOURNAMENT (event type)	(b) Event #2 (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	24,722			24,722
	2 Less Charitable contributions	22,583			22,583
	3 Gross income (line 1 minus line 2)	2,139			2,139
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	1,903			1,903
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	2,713			2,713
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(4,616)
	11 Net income summary Combine lines 3 and 10 in column (d) ▶				-2,477

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 Non-cash 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 lines 1 and 7 in column (d) ▶				

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 Provide 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

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 distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation

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Schedule I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CUMBERLAND COMMUNITY ACTION PROGRAM INC

Employer identification number
56-0845795

Part I General Information on Grants and Assistance

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

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

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

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed . . . . . ▶ ☐

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . . . . . ▶

3 Enter total number of other organizations listed in the line 1 table . . . . . ▶

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
(1) CLIENT ASSISTANCE	435	1,151,371		FAIR MARKET VALUE	EDUCATION, INCLUDING BOOKS AND TUITION, FOOD PACKAGES, CLOTHES FOR EMPLOYMENT, BUS TICKETS TO GET TO WORK
(2) FOOD SHELTER & CLOTHING FOR INDIGENTS	90000	454,423		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.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	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 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 REQUEST 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 SERVICES 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 MAKING 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

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

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

OMB No 1545-0047

2011

Open 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) Contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining contribution amounts
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution—Historic structures				
14	Qualified conservation contribution—Other				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other				
18	Collectibles				
19	Food inventory	X	20	8,337,119	$1 66 PER POUND
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (SUPPLIES)	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

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

Part II

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

Identifier	Return Reference	Explanation

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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
CUMBERLAND COMMUNITY ACTION PROGRAM INC

Employer identification number
56-0845795

Identifier	Return Reference	Explanation
	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 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 DURING THE YEAR, A BOARD MEMBER WOULD RECUSE HIMSELF OR HERSELF 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

Additional Data

Software ID:
Software Version:
EIN: 56-0845795
Name: CUMBERLAND COMMUNITY ACTION PROGRAM INC

Form 990, Special Condition Description:

Special Condition Description

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

4d. Other program services

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

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 IN 2011 ALL CHDO PROPERTIES WERE MANAGED BY A PROPERTY MANAGEMENT FIRM THAT FIRM OVERSAW AN UPGRADE AND RENOVATION OF ALL TEN UNITS IN 2012 THE MANAGEMENT FIRM ALSO HAS TAKEN STEPS TO ENSURE THAT THE PROPERTIES ARE CONTINUOUSLY LEASED TO LOW-INCOME FAMILIES CUMBERLAND COMMUNITY ACTION PROGRAM, INC (CCAP) ACCEPTED THE DONATION OF A PROPERTY ON HAIGH STREET, FAYETTEVILLE NC IN 2010 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 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

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

CONSUMER CREDIT COUNSELING SERVICE OF FAYETTEVILLE (CCCS), DELIVERS COMPREHENSIVE HOUSING EDUCATION AND HOUSING COUNSELING, FINANCIAL LITERACY EDUCATION, AND CREDIT AND MONEY MANAGEMENT COUNSELING, NORTH CAROLINA BENEFIT COUNSELING AS WELL AS FREE TAX PREPARATION SERVICES THROUGH ITS NETWORK OF 10 BRANCH LOCATIONS SERVING EASTERN AND SOUTHEASTERN NORTH CAROLINA CCCS IS A MEMBER OF THE NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC) AND IN MANY CASES EXCEEDS THE QUALITY STANDARDS REQUIRED OF A MEMBER THE PROGRAM MAINTAINS HIGH STANDARDS FOR COUNSELORS IN TERMS OF ACQUIRING CERTIFICATIONS AND COMPLETING ONGOING TRAINING AND EDUCATION EACH COUNSELOR MUST EARN THEIR HOUSING COUNSELING CERTIFICATION THROUGH THE ASSOCIATION OF HOUSING COUNSELORS (TAHC), AND THEIR CREDIT COUNSELING CERTIFICATION THROUGH THE NATIONAL FOUNDATION FOR CREDIT COUNSELING (NFCC) THOUGH THE QUALITY STANDARDS CALL FOR A COUNSELOR TO BE CREDIT CERTIFIED WITHIN ONE YEAR, THE PROGRAM AVERAGES 4 MONTHS TO GET A NEW COUNSELOR CERTIFIED IN ADDITION, AS CERTIFICATION CLASSES BECOME AVAILABLE, THE PROGRAM SENDS COUNSELORS FOR THEIR HECM/REVERSE MORTGAGE CERTIFICATION THROUGH THE NORTH CAROLINA HOUSING FINANCE AGENCY (NCHFA), AND LOSS MITIGATION TRAINING THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT (HUD), NCHFA, AND NEIGHBOR WORKS THE PROGRAM HAS DEMONSTRATED WITH EACH HUD GRANT (FUNDED OVER 25 YEARS), THAT IT HAS THE ABILITY TO DELIVER SUCCESSFUL COMPLETION OF GRANT GOALS, AS EVIDENCED BY EARLY DEPLETION OF GRANT FUNDS AND TIMELY REPORTING ADDITIONALLY, IN 2011 CCCS RECEIVED TWO (2) DEFAULT MORTGAGE COUNSELING CONTRACTS FROM THE NORTH CAROLINA HOUSING FINANCE AGENCY THE FIRST CONTRACT WAS UNDER THE NATIONAL FORECLOSURE MITIGATION COUNSELING (NFMC) PROGRAM, ROUNDS 3 AND 4 THE SECOND CONTRACT WAS TO PROVIDE INTEREST FREE LOANS TO FAMILIES WHO WERE AT RISK FOR LOSING THEIR HOME DUE TO LOSS OF INCOME WE ALSO CONTRACTED WITH THE NORTH CAROLINA COMMISSIONER OF BANKS TO PROVIDE COUNSELING SERVICES TO NORTH CAROLINA FAMILIES IN FORECLOSURE THE PROGRAM MAINTAINS A STRONG AND COMMITTED PRESENCE IN THE COMMUNITIES WE SERVE AND HAS THE EXPERIENCE AND KNOWLEDGE TO GET HELP TO THE PEOPLE WHO NEED IT THE MOST WE EXCEEDED PROGRAM GOALS WITH BOTH GRANTS AND CONTRACTS FOR THE YEAR 2011 THE PROGRAM ACCOMPLISHES ITS GOALS BECAUSE EMPLOYEES ADHERE TO IN-DEPTH STANDARD OPERATING PROCEDURES AND EMPLOYEE POLICIES THAT ARE AN IMPORTANT PART OF EMPLOYEE TRAINING THESE BOTH CREATE EFFICIENCIES IN OPERATIONS AND A METHOD BY WHICH MANAGEMENT CAN MONITOR PROGRESS IN ACHIEVING OBJECTIVES THE PROGRAM MAINTAINS WEB BASED CASE MANAGEMENT SOFTWARE (CPR) WHICH SERVES AS A CONSTANT RUNNING COMMUNICATION TOOL THROUGHOUT THE BRANCH NETWORK SYSTEM THIS SOFTWARE ALLOWS US TO MANAGE BRANCH ACTIVITY LEVELS, REVIEW FILES, AND COMMUNICATE WITH ANYONE, ANYWHERE MANAGEMENT IS ABLE TO PULL REPORTS THAT PROVIDE INFORMATION ON WHAT WE HAVE ACCOMPLISHED, AS WELL AS INFORMATION ON FUTURE PENDING APPOINTMENTS THIS ALLOWS US TO SPOT TRENDS OR POTENTIAL PROBLEM AREAS BEFORE THEY MATERIALIZE THE EXISTENCE OF OPERATING PROCEDURES THAT CREATE UNIFORMITY, COMBINED WITH WEB BASED SOFTWARE THAT ALLOWS FOR REAL TIME COMMUNICATION AND DATA GATHERING, MEANS THAT THE AGENCY CAN IMPLEMENT PROGRAMS QUICKLY, COMMUNICATE THE GOALS AND OBJECTIVES QUICKLY, AND MONITOR THE EFFECTIVENESS AND PROGRESS OF OUR EFFORT IF MANAGEMENT DETERMINES THAT AN ADJUSTMENT OR CHANGE IS CALLED FOR, THAT IS EASILY IMPLEMENTED AS WELL IN 2011 WE RECEIVED FUNDING FOR OUR HECM PROGRAM THROUGH THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT AS OF LATE CLIENTS HAVE BEEN PAYING FOR THEIR OWN COUNSELING SESSIONS IT IS OUR POLICY THAT IF A CLIENT IS LOW INCOME UNDER THE FEDERAL GUIDELINES OR IS IN A HARDSHIP SITUATION, WE PROVIDE THE SERVICE FOR FREE OUR AGENCY HAS BEEN PROVIDING REVERSE MORTGAGE COUNSELING BEGINNING IN 1992 AND HAS CONTINUED TO PRESENT TIME AT PRESENT WE HAVE 4 NATIONALLY CERTIFIED HUD HECM COUNSELORS THE RESULTS OF OUR EDUCATION AND COUNSELING PROGRAM ARE AS FOLLOWS 5,500 COUNSELING SESSIONS WERE PROVIDED TO FAMILIES IN EASTERN AND SOUTHEASTERN NORTH CAROLINA, 590 RECEIVED FINANCIAL COUNSELING ONLY, 114 WERE PLACE ON OUR MONEY MANAGEMENT PROGRAM, 1,041 RECEIVED LOSS MITIGATION COUNSELING (DEFAULT COUNSELING), 50 RECEIVED BANKRUPTCY COUNSELING, 543 SENIORS RECEIVED REVERSE MORTGAGE COUNSELING, 60 RECEIVED PRE-PURCHASE COUNSELING, 2,740 RECEIVED CASE REVIEWS VITA FREE TAX PREPARATION PROJECT, 1,220 TOTAL FEDERAL AND STATE TAX RETURNS FILED, 18 VOLUNTEERS PROVIDING 2,058 VOLUNTEER HOURS TO THE COMMUNITY 134 FINANCIAL AND HOUSING EDUCATIONAL WORKSHOPS WERE PROVIDED TO 2,094 ATTENDEES 628 PARTICIPANTS PAID DOWN DEBT THROUGH OUR DEBT MANAGEMENT PROGRAM, 106 FAMILIES BECAME DEBT FREE AFTER COMPLETING THEIR DEBT SOLVER PLAN OF THE 1,041 FAMILIES THAT RECEIVED DEFAULT FORECLOSURE COUNSELING, ONLY SIX (3) LOST THEIR HOME TO FORECLOSURE