

Form **990**

Return of Organization Exempt From Income Tax

2009

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

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

A For the 2009 calendar year, or tax year beginning and ending

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization CUMBERLAND COMMUNITY ACTION PROGRAM, INC		D Employer identification number 56-0845795
		Doing Business As		E Telephone number (910) 485-6131
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite PO BOX 2009		G Gross receipts \$ 12,977,765.
		City or town, state or country, and ZIP + 4 FAYETTEVILLE, NC 28302		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
F Name and address of principal officer: CYNTHIA WILSON PO BOX 2009, FAYETTEVILLE, NC 28302		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c) (3) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.CCAP-INC.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1965	
M State of legal domicile: NC				

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: CUMBERLAND COMMUNITY ACTION PROGRAM, INC. PROVIDES VARIOUS TYPES OF AIDS TO ECONOMICALLY		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	24
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	24
	5	Total number of employees (Part V, line 2a)	5	298
	6	Total number of volunteers (estimate if necessary)	6	24
	7a	Total gross 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.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year 8,344,360.	Current Year 10,324,831.
	9	Program service revenue (Part VIII, line 2g)	2,808,745.	2,592,562.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	349.	3,449.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,990.	30,581.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,166,444.	12,951,423.
	Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	654,848.
14		Benefits paid to or for members (Part IX, column (A), line 4)		
15		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,766,108.	7,362,415.
16a		Professional fundraising fees (Part IX, column (A), line 11e)	64,653.	
b		Total fundraising expenses (Part IX, column (D), line 25) ▶ 3,517.		
17		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	3,721,329.	4,038,687.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,206,938.	12,051,097.	
19	Revenue less expenses. Subtract line 18 from line 12	-40,494.	900,326.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year 6,684,979.	End of Year 8,608,785.
	21	Total liabilities (Part X, line 26)	2,269,534.	3,293,014.
	22	Net assets or fund balances. Subtract line 21 from line 20	4,415,445.	5,315,771.

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 ▶ *Cynthia L. Wilson* | *12 August 2010*
Signature of officer | Date

▶ **CYNTHIA WILSON, CEO**
Type or print name and title

Paid Preparer's Use Only ▶
Preparer's signature: *Anna G. Peetico* | Date: *8-10-10* | Check if self-employed: | Preparer's identifying number (see instructions):
Firm's name (or yours if self-employed), address, and ZIP + 4: **CHERRY, BEKAERT & HOLLAND, L.L.P.
1111 METROPOLITAN AVENUE, SUITE 1000
CHARLOTTE, NC 28204** | EIN ▶ | 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

1 Briefly describe the organization's mission:

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

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

SEE SCHEDULE O FOR CONTINUATION(S)

4a (Code:) (Expenses \$ 7,197,586. including grants of \$ 649,995.) (Revenue \$ 1,656,113.)

EARLY CHILDHOOD DEVELOPMENT-PROGRAMS SUCH AS HEAD START/EARLY HEAD START, CHILD NUTRITION, AND MORE AT FOUR THAT PROVIDE COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT FOR AT-RISK INFANT, TODDLER AND PRESCHOOL CHILDREN.

CCAP, INC. HEAD START/EARLY HEAD START IS A FEDERALLY FUNDED GRANT PROGRAM ADMINISTERED IN CUMBERLAND COUNTY TO SERVE 750 PRESCHOOL AND INFANT TODDLER CHILDREN. IN 2009 HEAD START/EARLY HEAD START PROVIDED CENTER-BASED EDUCATIONAL, HEALTH, NUTRITIONAL, SOCIAL AND DISABILITY SERVICES TO A TOTAL OF 866 AT-RISK CHILDREN AGE BIRTH TO FIVE. CCAP INC. HEAD START/EARLY HEAD START HAS NINETEEN EARLY CHILDHOOD CENTERS STRATEGICALLY LOCATED THROUGHOUT CUMBERLAND COUNTY. SERVICES ARE FREE

4b (Code:) (Expenses \$ 3,125,942. including grants of \$) (Revenue \$ 934,769.)

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. IN 2009, 152 INDIVIDUALS AND FAMILIES WERE SERVED. THE AVERAGE CHANGE IN ANNUAL INCOME PER PARTICIPANT WAS \$8,009. THE AVERAGE WAGE RATE WAS \$9.19. 9 OF THE PARTICIPANTS WERE ABLE TO SECURE STANDARD HOUSING.

IN 2008 CONSUMER CREDIT COUNSELING SERVICE OF FAYETTEVILLE PROVIDED

4c (Code:) (Expenses \$ 692,063. including grants of \$) (Revenue \$ 1,680.)

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 150% OF THE POVERTY GUIDELINE. THE SERVICES PROVIDED REDUCE AIR INFILTRATION INTO HOMES IN ORDER TO REDUCE ENERGY CONSUMPTION. IN 2009, 140 HOMES WERE WEATHERIZED IN THE CUMBERLAND AND SAMPSON COUNTIES. THE HEATING APPLIANCE REPAIR REPLACEMENT PROGRAM IS A SECONDARY PROGRAM TO WEATHERIZATION AND 49 FAMILIES RECEIVED REPAIRS OR REPLACEMENT TO THEIR HEATING OR COOLING UNIT.

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

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

4e Total program service expenses ► \$ 11,015,591.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>	X	
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11	Is the organization's answer to any of the following questions "Yes"? <i>If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>	X	
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>		
	• Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>		
	• Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		
	• Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>		
	• Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>		
	• 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? <i>If "Yes," complete Schedule D, Part X.</i>		
12	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional</i>	Yes	No
			X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
14b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Part I</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20	Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>		X
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable		
1a	57		
1b	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	298		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
2b			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3a			
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		
3b			
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4a			
b	If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
4b			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5a			
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5b			
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		
5c			
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6a			
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?		X
7a			
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?		X
7c			
d	If "Yes," indicate the number of Forms 8282 filed during the year		
7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7e			
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7f			
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
7g			
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
7h			
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
8			
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the organization make any taxable distributions under section 4966?		
9a			
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	

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body		
1a		24	
b	Enter the number of voting members that are independent		
1b		24	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

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

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

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NC**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
 Own website Another's website Upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **KIMBERLY C. STAFFORD - (910) 485-6131**
316 GREEN ST., FAYETTEVILLE, NC 28301

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

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

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

Check this box if the organization did not compensate any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
JAMES O'GARRA BOARD MEMBER	1.00	X					0.	0.	0.	
RUSTY LONG BOARD MEMBER	1.00	X					0.	0.	0.	
JENNIFER WILSON-KERSH BOARD MEMBER	1.00	X					0.	0.	0.	
CYNTHIA MANNS BOARD MEMBER	1.00	X					0.	0.	0.	
SYLVIA WILLIAMS BOARD MEMBER	1.00	X					0.	0.	0.	
BERTHA ELLIOTT BOARD MEMBER	1.00	X					0.	0.	0.	
CHARLES EVANS BOARD MEMBER	1.00	X					0.	0.	0.	
FLOYD JOHNSON BOARD MEMBER	1.00	X					0.	0.	0.	
MICHAEL PEMBERTON BOARD MEMBER	1.00	X					0.	0.	0.	
LISA CHANCE BOARD MEMBER	1.00	X					0.	0.	0.	
ROBERT MCLAURIN PARLIMENTARIAN	1.00	X					0.	0.	0.	
RICHARD EVERETT BOARD MEMBER	1.00	X					0.	0.	0.	
PEGGY KASER BOARD MEMBER	1.00	X					0.	0.	0.	
SHELLY SEGARS BOARD MEMBER	1.00	X					0.	0.	0.	
EMILY DICKENS BOARD MEMBER	1.00	X					0.	0.	0.	
WENDY HUGHES BOARD MEMBER	1.00	X					0.	0.	0.	
DR JAMES MCLAUGHLIN BOARD MEMBER	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
ANN SHIPMAN BOARD MEMBER	1.00	X					0.	0.	0.	
THERESA CAMPS BOARD MEMBER	1.00	X					0.	0.	0.	
JIMMY KEEFE BOARD MEMBER	1.00	X					0.	0.	0.	
CYNTHIA WILSON CEO	40.00			X			108,110.	0.	5,214.	
KIMBERLY STAFFORD FINANCE OFFICER	40.00			X			72,905.	0.	3,670.	
GEORGE QUIGLEY VICE CHAIRPERSON	2.50			X			0.	0.	0.	
TERRI THOMAS SECRETARY	1.00			X			0.	0.	0.	
EDWIN DEAVER TREASURER	1.00			X			0.	0.	0.	
LENWOOD EDWARDS CHAIRPERSON	1.00			X			0.	0.	0.	
1b Total							181,015.	0.	8,884.	

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

	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		X
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		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. **NONE**

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **0**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1 a	Federated campaigns					
	b	Membership dues					
	c	Fundraising events	10,554.				
	d	Related organizations					
	e	Government grants (contributions)	9,673,675.				
	f	All other contributions, gifts, grants, and similar amounts not included above	640,602.				
	g	Noncash contributions included in lines 1a-1f: \$					
	h	Total. Add lines 1a-1f		10324831.			
	Program Service Revenue	2 a	EARLY CHILDHOOD DEVELO	624410	1,656,113.	1,656,113.	
		b	COMMUNITY SERVICES	624100	934,769.	934,769.	
c		LOW INCOME HOUSING & O	624200	1,680.	1,680.		
d							
e							
f		All other program service revenue					
g		Total. Add lines 2a-2f		2,592,562.			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		3,449.		3,449.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties					
	6 a		(i) Real				
			(ii) Personal				
			Gross Rents	51,477.			
			Less: rental expenses	20,896.			
	c	Rental income or (loss)	30,581.				
	d	Net rental income or (loss)		30,581.		30,581.	
	7 a		(i) Securities				
			(ii) Other				
			Gross amount from sales of assets other than inventory				
			Less: cost or other basis and sales expenses				
	c	Gain or (loss)					
	d	Net gain or (loss)					
8 a		Gross income from fundraising events (not including \$ 10,554. of contributions reported on line 1c). See Part IV, line 18					
	a		5,446.				
	b	Less: direct expenses	5,446.				
c	Net income or (loss) from fundraising events		0.				
9 a		Gross income from gaming activities. See Part IV, line 19					
	a						
	b	Less: direct expenses					
c	Net income or (loss) from gaming activities						
10 a		Gross sales of inventory, less returns and allowances					
	a						
	b	Less: cost of goods sold					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue			Business Code				
11 a							
b							
c							
d	All other revenue						
e	Total. Add lines 11a-11d						
12	Total revenue. See instructions.		12951423.	2,592,562.	0.	34,030.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	649,995.	649,995.		
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	189,899.		189,899.	
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	5,377,926.	4,952,490.	425,436.	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	112,586.	103,310.	9,276.	
9 Other employee benefits	1,221,845.	1,121,180.	100,665.	
10 Payroll taxes	460,159.	422,248.	37,911.	
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	457,314.	393,928.	63,026.	360.
12 Advertising and promotion	119,032.	110,715.	8,317.	
13 Office expenses	948,485.	874,111.	74,374.	
14 Information technology	42,218.	39,268.	2,950.	
15 Royalties				
16 Occupancy	619,594.	576,008.	43,586.	
17 Travel	285,314.	262,627.	22,687.	
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	375,776.	353,190.	19,455.	3,131.
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a FOOD PURCHASES	748,678.	748,678.		
b REPAIRS & MAINTENANCE	286,263.	262,758.	23,505.	
c STAFF & BOARD TRAINING	52,428.	48,764.	3,664.	
d				
e				
f All other expenses	103,585.	96,321.	7,238.	26.
25 Total functional expenses. Add lines 1 through 24f	12,051,097.	11,015,591.	1,031,989.	3,517.
26 Joint costs. Check here <input type="checkbox"/> if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation ...				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	728,903.	1	2,199,159.
	2	Savings and temporary cash investments	53,086.	2	53,244.
	3	Pledges and grants receivable, net	1,041,971.	3	1,568,250.
	4	Accounts receivable, net	266,886.	4	290,418.
	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	13,922.	8	15,606.
	9	Prepaid expenses and deferred charges	79,185.	9	70,006.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 8,918,080.		
	b	Less: accumulated depreciation	10b 4,514,228.		
			4,501,026.	10c	4,403,852.
	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	0.	15	8,250.	
16	Total assets. Add lines 1 through 15 (must equal line 34)	6,684,979.	16	8,608,785.	
Liabilities	17	Accounts payable and accrued expenses	657,542.	17	757,777.
	18	Grants payable	97,325.	18	98,456.
	19	Deferred revenue	199,469.	19	663,519.
	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	765,216.	23	743,030.
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities. Complete Part X of Schedule D	549,982.	25	1,030,232.
	26	Total liabilities. Add lines 17 through 25	2,269,534.	26	3,293,014.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27	Unrestricted net assets	4,400,359.	27	5,266,561.
	28	Temporarily restricted net assets	15,086.	28	49,210.
	29	Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	4,415,445.	33	5,315,771.	
34	Total liabilities and net assets/fund balances	6,684,979.	34	8,608,785.	

Part XI Financial Statements and Reporting

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

Form 990 (2009)

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8128467.	8253402.	8450599.	8334360.	10314277.	43481105.
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	8128467.	8253402.	8450599.	8334360.	10314277.	43481105.
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.						43481105.

Section B. Total Support

Calendar year (or fiscal year beginning in)▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4	8128467.	8253402.	8450599.	8334360.	10314277.	43481105.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	23,139.	26,755.	22,919.	68,658.	54,926.	196,397.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	661,811.	713,351.	893,009.			2268171.
11 Total support. Add lines 7 through 10						45945673.
12 Gross receipts from related activities, etc. (see instructions)					12	9,702,126.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f))	14	94.64	%
15 Public support percentage from 2008 Schedule A, Part II, line 14	15	93.13	%
16a 33 1/3% support test - 2009. 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	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
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	<input type="checkbox"/>		

Part III Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 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) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

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

Section D. Computation of Investment Income Percentage

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

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

b 33 1/3% support tests - 2008. If the organization did not check a box on line 14 or 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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, or 990-PF.

OMB No. 1545-0047

2009

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization

Employer identification number

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

56-0845795

Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1		\$ 6,177,813.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2		\$ 845,038.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3		\$ 918,685.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4		\$ 371,019.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5		\$ 1,573,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6		\$ 635,409.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization CUMBERLAND COMMUNITY ACTION PROGRAM, INC	Employer identification number 56-0845795
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Part I Contributors (see instructions)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
7	<hr/> <hr/> <hr/> <hr/>	\$ 559,940.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	<hr/> <hr/> <hr/> <hr/>	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Schedule D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2009

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?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> 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).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or pleasure)	<input type="checkbox"/> Preservation of an historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, 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 acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

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

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

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

Part IV Escrow and Custodial Arrangements. Complete if 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:

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

	Amount
1c	91,270.
1d	4,529,704.
1e	4,599,043.
1f	21,931.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

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

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

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		323,132.		323,132.
b Buildings		4,268,238.	2,241,759.	2,026,479.
c Leasehold improvements				
d Equipment		4,326,710.	2,272,469.	2,054,241.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				4,403,852.

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	12,951,423.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	12,051,097.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	900,326.
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	0.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	900,326.

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	15,568,417.
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	1,558,651.
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	1,052,897.
e	Add lines 2a through 2d	2e	2,611,548.
3	Subtract line 2e from line 1	3	12,956,869.
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	-5,446.
c	Add lines 4a and 4b	4c	-5,446.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	12,951,423.

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

1	Total expenses and losses per audited financial statements	1	14,668,091.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	1,558,651.
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	1,058,343.
e	Add lines 2a through 2d	2e	2,616,994.
3	Subtract line 2e from line 1	3	12,051,097.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	12,051,097.

Part XIV Supplemental Information

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

PART IV, LINE 2B: THE ORGANIZATION PAYS THE BILLS FOR ITS CLIENTS. THE ONLY MONIES HELD OVER ARE THOSE THAT PAYMENTS WERE NOT PAID OUT AS OF 12.31.09.

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 THAT BECAME EFFECTIVE THIS YEAR. MANAGEMENT BELIEVES THAT THE ORGANIZATION CONTINUES

Part XIV Supplemental Information (continued)

TO SATISFY THE REQUIREMENTS OF A TAX-EXEMPT ORGANIZATION AND THEREFORE HAD
NO UNCERTAIN INCOME TAX POSITIONS AT DECEMBER 31, 2009.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND CHARGES: 1032001.

RENTAL EXPENSES: 20896.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENT EXPENSES INCLUDED NET OF REVENUE ON 990: -5446.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

INTERFUND CHARGES: 1032001.

RENTAL EXPENSES: 20896.

SPECIAL EVENT EXPENSES INCLUDED NET OF REVENUE ON 990: 5446.

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		DRIVING OUT HUNGER GOLF (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	16,000.		16,000.
	2	Less: Charitable contributions	10,554.		10,554.
	3	Gross income (line 1 minus line 2)	5,446.		5,446.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes	1,127.		1,127.
	6	Rent/facility costs	2,592.		2,592.
	7	Food and beverages			
	8	Entertainment			
	9	Other direct expenses	1,727.		1,727.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			(5,446)
	11	Net income summary. Combine line 3, column (d), and line 10			0.

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			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
	7	Direct expense summary. Add lines 2 through 5 in column (d)			()
	8	Net gaming income summary. Combine line 1, column (d), and line 7			

	Yes	No
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? _____	9a	
b If "No," explain: _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? _____	10a	
b If "Yes," explain: _____		
11 Does the organization operate gaming activities with nonmembers? _____	11	
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? _____	12	

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

	Yes	No
13a		
13b		
14		
15a		
16		
17a		

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 Part IV and 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
CLIENT ASSISTANCE	152	0.	212,506.	FAIR MARKET VALUE	EDUCATION, INCLUDING BOOKS AND TUITION, FOOD PACKAGES, CLOTHES FOR EMPLOYMENT, BUS TICKETS TO GET TO WORK
FOOD SHELTER & CLOTHING FOR INDIGENTS	840000	0.	437,489.	FAIR MARKET VALUE	FOOD DISTRIBUTION

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

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

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

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

Part IV Supplemental Information

UP ON CLIENTS' PERFORMANCE

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

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

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

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

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

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

(8) IF DIRECT SERVICES ARE PROVIDED, THE CASE MANAGER VERIFIES THE 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.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2009

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Department of the Treasury
Internal Revenue Service

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

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	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
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	X	10	58,147.	FAIR MARKET VALUE
18 Collectibles				
19 Food inventory	X	20	5,173,866.	\$1.58 PER POUND
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	200	1,500,506.	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 Acknowledgment **29** **0**

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

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

Schedule M (Form 990) 2009

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

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

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

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

TO CUMBERLAND COUNTY RESIDENTS WHO MEET THE ELIGIBILITY CRITERIA AS PRIORITIZED BY THE POLICY COUNCIL GOVERNING BODY.

IN 2009, CCAP, INC. HEAD START/EARLY HEAD START WAS FUNDED TO OFFER COMPREHENSIVE EARLY CHILDHOOD DEVELOPMENT SERVICES FOR 718 PRE-SCHOOL AGED CHILDREN AND THEIR FAMILIES, AND 32 INFANTS, TODDLERS AND PREGNANT WOMEN. INDIVIDUALIZED PROGRAMS ARE DEVELOPED FOR EACH PARTICIPANT AND THEIR FAMILY TO ENSURE THEIR SPECIFIC NEEDS ARE MET. CHILDREN OF PREGNANT WOMEN ARE ACCEPTED INTO THE PROGRAM AT 6 WEEKS OF AGE AND REMAIN ELIGIBLE FOR SERVICES UNTIL AGE 3, AT WHICH TIME PARENTS MUST REAPPLY FOR PRESCHOOL HEAD START SERVICES.

THE CHILD NUTRITION PROGRAM IS A FEDERAL PASS-THROUGH GRANT THAT SERVICES NUTRITIOUS MEALS TO ALL CHILDREN ATTENDING THE HEAD START/EARLY HEAD START PROGRAM. APPROXIMATELY 459,422 MEALS WERE SERVED TO HEAD START/EARLY HEAD START CHILDREN IN 2009. THE NUTRITION SERVICE AREA PROVIDES EACH CHILD WITH 1/2 TO 2/3 OF THEIR DAILY

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

▶ Attach to Form 990.

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

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

CCAP, INC. HEAD START DUALY ENROLLED AND SERVED 480 MORE AT FOUR CHILDREN IN 2009. MORE AT FOUR IS A STATE-FUNDED, COMMUNITY-BASED PRE-KINDERGARTEN PROGRAM DESIGNED TO PROVIDE 4-YEAR-OLD CHILDREN, WHO MAY NOT OTHERWISE BE SERVED WITH A VALUABLE EDUCATIONAL EXPERIENCE. THIS FULL DAY PROGRAM PROVIDES YOUNG CHILDREN WITH ACCESS TO A SPECIFIC CURRICULUM AND PRESCHOOL EXPERIENCE TO ENHANCE THEIR SCHOOL READINESS. THE MORE AT FOUR PRE-KINDERGARTEN STANDARDS ARE BUILT ON THE PREMISE THAT IN ORDER TO BE SUCCESSFUL ACADEMICALLY IN SCHOOL, CHILDREN NEED TO BE PREPARED IN ALL FIVE MAJOR DOMAINS OF DEVELOPMENT.

IN 2009, CCAP, INC HEAD START RECEIVED FUNDING TO PROVIDE TRANSITION TO KINDERGARTEN SERVICES TO OVER 470 CHILDREN AND 239 PARENTS. SERVICES INCLUDED KINDERGARTEN PARENT ACADEMY SESSIONS DESIGNED TO ASSIST

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

PARENTS IN UNDERSTANDING PUBLIC SCHOOL REGISTRATION REQUIREMENTS AND
CURRICULUM AND TO SUPPORT CHILDREN AND PARENTS IN ATTENDING THE
COUNTY-WIDE BIG SCHOOL VISITS WHERE CHILD AND PARENT MAY GO TO
KINDERGARTEN FOR THE DAY.

IN 2009 FIFTY-EIGHT HEAD START TEACHING STAFF HAD EITHER AN ASSOCIATE'S
OR BACHELOR'S DEGREE IN EARLY CHILDHOOD OR A RELATED FIELD.

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

EDUCATIONAL AND COUNSELING SERVICES TO 9,307 RESIDENTS OF CENTRAL,
EASTERN, AND SOUTHEASTERN NORTH CAROLINA. THE TYPES OF COUNSELING AND
THE NUMBER OF PARTICIPANTS PER TYPE IS AS FOLLOWS: 1,407 RECEIVED
MORTGAGE COUNSELING, 381 RECEIVED REVERSE MORTGAGE COUNSELING, 83
RECEIVED BANKRUPTCY COUNSELING, 2,240 RECEIVED FINANCIAL COUNSELING,
208 ENROLLED IN OUR DEBT MANAGEMENT PROGRAM, 91 RECEIVED PRE-PURCHASE
COUNSELING, 151 RECEIVED FREE TAX PREPARATION SERVICES.

THE SECOND HARVEST FOOD BANK OF SOUTHEAST NORTH CAROLINA HAS A
DEDICATED MISSION OF PROVIDING HUNGER RELIEF TO THOSE AT RISK OF HUNGER
IN SOUTHEAST NORTH CAROLINA. SERVING BLADEN, CUMBERLAND, DUPLIN,
HARNETT, HOKE, ROBESON, AND SAMPSON COUNTIES THROUGH A NETWORK OF OVER
220 NON-PROFIT MEMBER AGENCIES. THE FOOD BANK OFFERED PROGRAMS SUCH
AS THE BACKPACK PROGRAM, EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP),
STATE NUTRITION ASSISTANCE PROGRAM (SNAP), AND MANY OTHERS TO OUR
PARTNER AGENCIES. THE NETWORK ASSISTED THE FOOD BANK IN DISTRIBUTING
OVER 6 MILLION POUNDS OR 4.6 MILLION MEALS IN 2009. ON AVERAGE THE

SCHEDULE O

(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

NETWORK REACHED OVER 14,000 HOUSEHOLDS AND 70,000 INDIVIDUALS MONTHLY.

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

THE COMMUNITY HOUSING DEVELOPMENT ORGANIZATION PROGRAM IS TO PROVIDE
SAFE, AFFORDABLE HOUSING FOR LOW TO MODERATE INCOME INDIVIDUALS AND
FAMILIES FOR ELIGIBLE PARTICIPANTS.

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, A BOARD MEMBER WOULD RECUSE THEMSELVES AND
AN EMPLOYEE WOULD HAVE TO RESOLVE THE CONFLICT OR REFRAIN FROM WORKING ON
THE TRANSACTION.

FORM 990, PART VI, SECTION B, LINE 15: THE HUMAN RESOURCE DIRECTOR DOES A
SALARY STUDY BI-ANNUALLY 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

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

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

OMB No. 1545-0047

2009

Open to Public
Inspection

Name of the organization

CUMBERLAND COMMUNITY ACTION PROGRAM, INC

Employer identification number

56-0845795

DOCUMENTS, CONFLICTS OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE
AVAILABLE UPON REQUEST.