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No statute issues

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Amended

0812

Form 990

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)

OMB No 1545-0047
2008
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2008 calendar year or tax year beginning **JANUARY 01** 2008 and ending **DECEMBER 31** 2008

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization **Community Mediation Services, Inc**
Doing Business As
Number and street (or P O box if mail is not delivered to street address) **9220 Bass Lake Road, Ste 270**
City or town state or country and ZIP + 4 **New Hope MN 55428**

D Employer identification number **41-1484089**

E Telephone number **(763) 561-0033**

F Name and address of principal officer
See attachment #1

G Gross receipts \$ **226,744**

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)

I Tax-exempt status ☒ 501(c)(3) (insert no) **4947(a)(1)** or **527**

J Website **www.communitymediations.org**

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ☐

L Year of formation **1983**

M State of legal domicile **MN**

H(c) Group exemption number

Part I Summary

1 Briefly describe the organization's mission or most significant activities
The purpose of Community Mediation Services, Inc is to develop the capacity of our community to respectfully manage and resolve conflict

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

	3	4	5	6	7a	7b
3 Number of voting members of the governing body (Part VI line 1a)	17					
4 Number of independent voting members of the governing body (Part VI line 1b)	16					
5 Total number of employees (Part V line 2a)	6					
6 Total number of volunteers (estimate if necessary)	100					
7a Total gross unrelated business revenue from Part VIII line 12 column (C)						
7b Net unrelated business taxable income from Form 990 T line 34	0					

	Prior Year	Current Year
8 Contributions and grants (Part VIII line 1h)	10,599	46,166
9 Program service revenue (Part VIII line 2g)	179,489	180,842
10 Investment income (Part VIII column (A) lines 3, 4, and 7d)	2,217	-862
11 Other revenue (Part VIII column (A) lines 5, 6d, 8c, 9c, 10c, and 11e)		598
12 Total revenue - add lines 8 through 11 (must equal Part VIII column (A) line 12)	192,305	226,744

	Prior Year	Current Year
13 Grants and similar amounts paid (Part IX column (A) line 13)		
14 Benefits paid to or for members (Part IX column (A) line 14)		
15 Salaries, other compensation, employee benefits (Part IX column (A) lines 5-10)	128,751	136,599
16a Professional fundraising fees (Part IX column (A) line 11e)		
b Total fundraising expenses (Part IX column (D) line 25)	13,415	
17 Other expenses (Part IX column (A) lines 11a, 11d, 11f, 24f)	61,867	70,556
18 Total expenses - Add lines 13-17 (must equal Part IX column (A) line 25)	190,618	207,155
19 Revenue less expenses - Subtract line 18 from line 12	1,687	19,589

	Beginning of Year	End of Year
20 Total assets (Part X line 16)	125,663	172,419
21 Total liabilities (Part X line 26)	3,818	30,985
22 Net assets or fund balances - Subtract line 21 from line 20	121,845	141,434

Part II Signature Block

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

Sign Here

Signature of officer: **Beth Bailey-Allen** Date: _____
Type or print name and title: **Executive Director**

Preparer's
signature: _____ Date: _____
Check if self-employed ☐ Preparer's identifying number (see instr.): _____

Paid Preparer's Use Only
Firm's name (or yours if self-employed): **MAP for Nonprofits** EIN: _____
address and ZIP + 4: **2314 UNIVERSITY AVE STE 28 Saint Paul, MN 55114-** Phone no: _____

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

For Privacy Act and Paperwork Reduction Act Notice see the separate instructions

Form 990 (2008)

JVA 08 99012 TWF 26866 Copyright Forms (Software Only) 2008 TW

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