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Amended

D812

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)

OMB No 1545-0047

2008

Open to Public  
Inspection

► 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

<input type="checkbox"/> Check if applicable
<input type="checkbox"/> Address change
<input type="checkbox"/> Name change
<input type="checkbox"/> Initial return
<input type="checkbox"/> Termination
<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 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

Room/ suite

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

G Gross receipts \$ 226 744

F Name and address of principal officer

See attachment #1

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) (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

## Part I Summary

A C G O V E R N E S T I V E N T I C E S & R E V E N U E E X P E N S E S N O B A R A F U N D S S D S	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 ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25 % of its assets		
	3 Number of voting members of the governing body (Part VI line 1a)		
	4 Number of independent voting members of the governing body (Part VI line 1b)		
	5 Total number of employees (Part V line 2a)		
	6 Total number of volunteers (estimate if necessary)		
7a Total gross unrelated business revenue from Part VIII line 12 column (C) b Net unrelated business taxable income from Form 990 T line 34	RECEIVED APR 16 2013 APR 16 2013		
8 Contributions and grants (Part VIII line 1h)	CCDEN	Prior Year	Current Year
9 Program service revenue (Part VIII line 2g)		10 599	46,166
10 Investment income (Part VIII column (A) lines 3 4 and 7d)		179 489	180,842
11 Other revenue (Part VIII column (A) lines 5 6d 8c 9c 10c and 11e)		2,217	-862
12 Total revenue – add lines 8 through 11 (must equal Part VIII column (A) line 12)		192,305	226,744
13 Grants and similar amounts paid (Part IX column (A) lines 1-3)	RECEIVED		
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)		128 751	136,599
16a Professional fundraising fees (Part IX column (A) line 1a)			
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
20 Total assets (Part X line 16)	RECEIVED	Beginning of Year	End of Year
21 Total liabilities (Part X line 26)		125 663	172 419
22 Net assets or fund balances Subtract line 21 from line 20		3,818	30,985
		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  
► Type or print name and title

Executive Director

Date

Paid  
Preparer's  
Use Only

Preparer's signature	Date	Check if self employed <input type="checkbox"/>	Preparer's identifying number (see instr)
Firm's name (or yours if self-employed) address and ZIP + 4	MAP for Nonprofits 2314 UNIVERSITY AVE STE 28 Saint Paul, MN 55114-	EIN <input type="checkbox"/>	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)

362