Form **990**

Department of the Treasury
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**A** For the 2011 calendar year, or tax year beginning Jul 1, 2011, and ending Jun 30, 2012

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

**C** Name of organization: The Mediation Center
Doing Business As
Number and street (or P O box if mail is not delivered to street addr): 40 North French Broad Ave. Room/suite: B
City, town or country: Asheville State: NC ZIP code + 4: 28801

**D** Employer Identification Number: 56-1424025

**E** Telephone number: (828) 251-6089

**G** Gross receipts $ 489,527.

**F** Name and address of principal officer: Kathleen Balogh 40 North French Broad A Asheville NC 28801

**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) ☐ 501(c) ( )◄ (insert no) ☐ 4947(a)(1) or ☐ 527

**J** Website: ► www.mediatebuncombe.org

**H(c)** Group exemption number ►

**K** Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other► **L** Year of Formation 1984 **M** State of legal domicile NC

## Part I Summary

**Activities & Governance**

1 Briefly describe the organization's mission or most significant activities: The mission of the Mediation Center is to create opportunity from conflict.

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

| | | | |
|---|---|---|---|
| 3 | Number of voting members of the governing body (Part VI, line 1a) | 3 | 14 |
| 4 | Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 14 |
| 5 | Total number of individuals employed in calendar year 2011 (Part V, line 2a) | 5 | 35 |
| 6 | Total number of volunteers (estimate if necessary) | 6 | 80 |
| 7a | Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0. |
| b | Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0. |

| | | Prior Year | Current Year |
|---|---|---|---|
| **Revenue** | | | |
| 8 | Contributions and grants (Part VIII, line 1h) | 493,389. | 360,546. |
| 9 | Program service revenue (Part VIII, line 2g) | 46,144. | 116,588. |
| 10 | Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 1,200. | 48. |
| 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 531. | 12,345. |
| 12 | Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 541,264. | 489,527. |
| **Expenses** | | | |
| 13 | Grants and similar amounts paid (Part IX, column (A), lines 1-3) | | |
| 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | |
| 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) | 365,631. | 414,784. |
| 16a | Professional fundraising fees (Part IX, column (A), line 11e) | | |
| b | Total fundraising expenses (Part IX, column (D), line 25) ► 18,422. | | |
| 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | 189,767. | 184,711. |
| 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | 555,398. | 599,495. |
| 19 | Revenue less expenses Subtract line 18 from line 12 | -14,134. | -109,968. |

| | **Net Assets or Fund Balances** | Beginning of Current Year | End of Year |
|---|---|---|---|
| 20 | Total assets (Part X, line 16) | 95,656. | 73,179. |
| 21 | Total liabilities (Part X, line 26) | 23,831. | 32,864. |
| 22 | Net assets or fund balances. Subtract line 21 from line 20 | 71,825. | 40,315. |

SCANNED APR 11 2013

APR 03 2013
IRS-OSC

## 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**

► Kathleen Balogh — Signature of officer — Date 3/27/13

► Kathleen Balogh Board President
Type or print name and title

**Paid Preparer Use Only**

| Print/Type preparer's name | Preparer's signature | Date | Check ☐ if self-employed | PTIN |
|---|---|---|---|---|
| Stephen C Corliss | Stephen C Corliss | 03/21/13 | | P01333317 |

Firm's name ► CORLISS & SOLOMON, PLLC
Firm's address ► 242 CHARLOTTE ST STE 1, ASHEVILLE NC 28801-1434
Firm's EIN ► 20-2571677
Phone no (828) 236-0206

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



9-17

## Part III Statement of Program Service Accomplishments

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

**1** Briefly describe the organization's mission

The mission of the Mediation Center is to create opportunity from conflict.

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If 'Yes,' describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If 'Yes,' describe these changes on Schedule O.

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

**4a** (Code. ) (Expenses $ 503,046. including grants of $ 0.) (Revenue $ 116,588.)

Please see attached Statement of Program Service Accomplishments.

During the fiscal year 2011-12, the organization absorbed two other mediation centers located in the western North Carolina region. Please see Schedule O for more detail.

**4b** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

**4c** (Code ) (Expenses $ including grants of $ ) (Revenue $ )

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

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

**4e Total program service expenses ►** 503,046.

**Part IV Checklist of Required Schedules**

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If 'Yes,' complete Schedule A* | 1 | X | |
| 2 | Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If 'Yes,' complete Schedule C, Part I* | 3 | | X |
| 4 | **Section 501(c)(3) organizations** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If 'Yes,' complete Schedule C, Part II* | 4 | | X |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If 'Yes,' complete Schedule C, Part III* | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If 'Yes,' complete Schedule D, Part I* | 6 | | 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? *If 'Yes,' complete Schedule D, Part II* | 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If 'Yes,' complete Schedule D, Part III* | 8 | | 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? *If 'Yes,' complete Schedule D, Part IV* | 9 | | X |
| 10 | Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If 'Yes,' complete Schedule D, Part V* | 10 | | X |
| 11 | If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable | | | |
| a | Did the organization report an amount for land, buildings and equipment in Part X, line 10? *If 'Yes,' complete Schedule D, Part VI* | 11a | X | |
| b | Did the organization report an amount for investments– other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VII* | 11b | | X |
| c | Did the organization report an amount for investments– program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part VIII* | 11c | | X |
| d | Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If 'Yes,' complete Schedule D, Part IX* | 11d | X | |
| e | Did the organization report an amount for other liabilities in Part X, line 25? *If 'Yes,' complete Schedule D, Part X* | 11e | | X |
| f | Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If 'Yes,' complete Schedule D, Part X* | 11f | X | |
| 12a | Did the organization obtain separate, independent audited financial statements for the tax year? *If 'Yes,' complete Schedule D, Parts XI, XII, and XIII* | 12a | X | |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? *If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional* | 12b | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? *If 'Yes,' complete Schedule E* | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If 'Yes,' complete Schedule F, Parts I and IV* | 14b | | 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? *If 'Yes,' complete Schedule F, Parts II and IV* | 15 | | 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? *If 'Yes,' complete Schedule F, Parts III and IV* | 16 | | 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? *If 'Yes,' complete Schedule G, Part I (see instructions)* | 17 | | 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? *If 'Yes,' complete Schedule G, Part II* | 18 | | X |
| 19 | Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If 'Yes,' complete Schedule G, Part III* | 19 | | X |
| 20 a | Did the organization operate one or more hospital facilities? *If 'Yes,' complete Schedule H* | 20 | | X |
| b | If 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |

## 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? *If 'Yes,' complete Schedule I, Parts I and II* | 21 | | 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? *If 'Yes,' complete Schedule I, Parts I and III* | 22 | | 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? *If 'Yes,' complete Schedule J* | 23 | | 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, and that was issued after December 31, 2002? *If 'Yes,' answer lines 24b through 24d and complete Schedule K If 'No,' go to line 25* | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| c | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | **Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If 'Yes,' complete Schedule L, Part I* | 25a | | 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? *If 'Yes,' complete Schedule L, Part I* | 25b | | 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? *If 'Yes,' complete Schedule L, Part II* | 26 | | X |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If 'Yes,' complete Schedule L, Part III* | 27 | | 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? *If 'Yes,' complete Schedule L, Part IV* | 28a | | X |
| b | A family member of a current or former officer, director, trustee, or key employee? *If 'Yes,' complete Schedule L, Part IV* | 28b | | X |
| c | An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If 'Yes,' complete Schedule L, Part IV* | 28c | | X |
| 29 | Did the organization receive more than $25,000 in non-cash contributions? *If 'Yes,' complete Schedule M* | 29 | | X |
| 30 | Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If 'Yes,' complete Schedule M* | 30 | | X |
| 31 | Did the organization liquidate, terminate, or dissolve and cease operations? *If 'Yes,' complete Schedule N, Part I* | 31 | | X |
| 32 | Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If 'Yes,' complete Schedule N, Part II* | 32 | | 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? *If 'Yes,' complete Schedule R, Part I* | 33 | | X |
| 34 | Was the organization related to any tax-exempt or taxable entity? *If 'Yes,' complete Schedule R, Parts II, III, IV, and V, line 1* | 34 | | X |
| 35a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 35a | | X |
| b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If 'Yes,' complete Schedule R, Part V, line 2* | 35b | | X |
| 36 | **Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If 'Yes,' complete Schedule R, Part V, line 2* | 36 | | 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? *If 'Yes,' complete Schedule R, Part VI* | 37 | | 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 | 38 | X | |

## Part V Statements Regarding Other IRS Filings and Tax Compliance

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

| | | | | Yes | No |
|---|---|---|---|---|---|
| **1a** Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable | 1a | 16 | | | |
| **b** Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1b | 0 | | | |
| **c** Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 1c | | |
| **2a** Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return | 2a | 35 | | | |
| **b** If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | | | 2b | X | |
| **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions) | | | | | |
| **3a** Did the organization have unrelated business gross income of $1,000 or more during the year? | | | 3a | | X |
| **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)? | | | 4a | | X |
| **b** If 'Yes,' enter the name of the foreign country: ► | | | | | |
| See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts | | | | | |
| **5a** Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | | | 5a | | X |
| **b** Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | | | 5b | | X |
| **c** If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T? | | | 5c | | |
| **6a** Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible? | | | 6a | | X |
| **b** If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? | | | 6b | | |
| **7 Organizations that may receive deductible contributions under section 170(c).** | | | | | |
| **a** Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor? | | | 7a | | X |
| **b** If 'Yes,' did the organization notify the donor of the value of the goods or services provided? | | | 7b | | |
| **c** Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? | | | 7c | | X |
| **d** If 'Yes,' indicate the number of Forms 8282 filed during the year | 7d | | | | |
| **e** Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | | | 7e | | X |
| **f** Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | | | 7f | | X |
| **g** If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | | | 7g | | |
| **h** If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | | | 7h | | |
| **8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? | | | 8 | | |
| **9 Sponsoring organizations maintaining donor advised funds.** | | | | | |
| **a** Did the organization make any taxable distributions under section 4966? | | | 9a | | |
| **b** Did the organization make a distribution to a donor, donor advisor, or related person? | | | 9b | | |
| **10 Section 501(c)(7) organizations.** Enter | | | | | |
| **a** Initiation fees and capital contributions included on Part VIII, line 12 | 10a | | | | |
| **b** Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities | 10b | | | | |
| **11 Section 501(c)(12) organizations.** Enter | | | | | |
| **a** Gross income from members or shareholders | 11a | | | | |
| **b** Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | 11b | | | | |
| **12a Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041? | | | 12a | | |
| **b** If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year | 12b | | | | |
| **13 Section 501(c)(29) qualified nonprofit health insurance issuers.** | | | | | |
| **a** Is the organization licensed to issue qualified health plans in more than one state? | | | 13a | | |
| **Note.** See the instructions for additional information the organization must report on Schedule O. | | | | | |
| **b** Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans | 13b | | | | |
| **c** Enter the amount of reserves on hand | 13c | | | | |
| **14a** Did the organization receive any payments for indoor tanning services during the tax year? | | | 14a | | X |
| **b** If 'Yes,' has it filed a Form 720 to report these payments? *If 'No,' provide an explanation in Schedule O* | | | 14b | | |

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

Check if Schedule O contains a response to any question in this Part VI [X]

## Section A. Governing Body and Management

| | | | Yes | No |
|---|---|---|---|---|
| 1a Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. | 1a 14 | | | |
| b Enter the number of voting members included in line 1a, above, who are independent | 1b 14 | | | |
| 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 governing documents since the prior Form 990 was filed? | | 4 | | X |
| 5 Did the organization become aware during the year of a significant diversion of the organization's assets? | | 5 | | X |
| 6 Did the organization have members or stockholders? | | 6 | | X |
| 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | 7a | | X |
| b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or other persons other than the governing body? | | 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 or 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 Did the organization have local chapters, branches, or affiliates? | 10a | | X |
| b If 'Yes,' did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | 10b | | |
| 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | 11a | X | |
| b Describe in Schedule O the process, if any, used by the organization to review this Form 990 | | | |
| 12a Did the organization have a written conflict of interest policy? *If 'No,' go to line 13* | 12a | X | |
| b Were officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | 12b | X | |
| c Did 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 Did the organization have a written whistleblower policy? | 13 | X | |
| 14 Did 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 of 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,' did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and 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 ► North Carolina

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 [X] 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 during the tax year

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

► Kathrine Green 40 N. French Broad, Ste B., Asheville, NC 28801 (828) 251-6089

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

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

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

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

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

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

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Schedule O) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (1) Kathleen Balogh<br>President | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (2) Lorraine Poe<br>Vice-Pres. | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (3) Valerie Collins<br>Secretary/Treasurer | 4.00 | X | | X | | | | 0. | 0. | 0. |
| (4) Lucy Lawrence<br>Board Member | 1.00 | X | | X | | | | 0. | 0. | 0. |
| (5) Sharon Tracey Barrett<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (6) Sim Cross<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (7) Renee Kumor<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (8) Murphy Funkhouser<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (9) Alison Smoke<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (10) Rendi Mann-Stadt<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (11) Susan Zelle<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (12) Bryce Malsbary<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (13) Lee Luebbe<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |
| (14) Mona Wade<br>Board Member | 1.00 | X | | | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (describe hours for related organizations in Sch O) | (C) Position: Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | (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 |
|---|---|---|---|---|---|---|---|---|---|---|
| (15) Laura Jeffords<br>Executive Director | 40.00 | | | X | | | | 43,335. | 0. | 6,753. |
| (16) | | | | | | | | | | |
| (17) | | | | | | | | | | |
| (18) | | | | | | | | | | |
| (19) | | | | | | | | | | |
| (20) | | | | | | | | | | |
| (21) | | | | | | | | | | |
| (22) | | | | | | | | | | |
| (23) | | | | | | | | | | |
| (24) | | | | | | | | | | |
| (25) | | | | | | | | | | |
| **1 b Sub-total** ► | | | | | | | | 43,335. | 0. | 6,753. |
| **c Total from continuation sheets to Part VII, Section A** ► | | | | | | | | | | |
| **d Total (add lines 1b and 1c)** ► | | | | | | | | 43,335. | 0. | 6,753. |

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

| | | Yes | No |
|---|---|---|---|
| 3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If 'Yes,' complete Schedule J for such individual* | 3 | | 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* | 4 | | X |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If 'Yes,' complete Schedule J for such person* | 5 | | 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. Report compensation for the calendar year ending with or within the organization's tax year.

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

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 ►

## Part VIII Statement of Revenue

| | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|---|---|---|---|---|---|---|
| **CONTRIBUTIONS, GIFTS, GRANTS AND OTHER SIMILAR AMOUNTS** | | | | | | |
| 1a Federated campaigns | 1a | 105,039. | | | | |
| b Membership dues | 1b | | | | | |
| c Fundraising events | 1c | | | | | |
| d Related organizations | 1d | | | | | |
| e Government grants (contributions) | 1e | 174,471. | | | | |
| f All other contributions, gifts, grants, and similar amounts not included above | 1f | 81,036. | | | | |
| g Noncash contributions included in lns 1a-1f | $ | 21,105. | | | | |
| h **Total.** Add lines 1a-1f | | ► | 360,546. | | | |
| **PROGRAM SERVICE REVENUE** | | Business Code | | | | |
| 2a DSS Facilitation & Usage Fees | | 624100 | 61,339. | 61,339. | 0. | 0. |
| b Mediation Training Fee | | 624100 | 16,257. | 16,257. | 0. | 0. |
| c Family Visitation Fees | | 624100 | 12,508. | 12,508. | 0. | 0. |
| d NC Medicaid | | 624100 | 11,160. | 11,160. | 0. | 0. |
| e Family Mediation Fee | | 624100 | 8,565. | 8,565. | 0. | 0. |
| f All other program service revenue | | | 6,759. | 6,759. | 0. | 0. |
| g **Total.** Add lines 2a-2f | | ► | 116,588. | | | |
| **OTHER REVENUE** | | | | | | |
| 3 Investment income (including dividends, interest and other similar amounts) | | ► | 48. | 0. | 0. | 48. |
| 4 Income from investment of tax-exempt bond proceeds | | ► | | | | |
| 5 Royalties | | ► | | | | |
| | (i) Real | (ii) Personal | | | | |
| 6a Gross rents | | | | | | |
| b Less rental expenses | | | | | | |
| c Rental income or (loss) | | | | | | |
| d Net rental income or (loss) | | ► | | | | |
| | (i) Securities | (ii) Other | | | | |
| 7a Gross amount from sales of assets other than inventory | | | | | | |
| b Less cost or other basis and sales expenses | | | | | | |
| c Gain or (loss) | | | | | | |
| d Net gain or (loss) | | ► | | | | |
| 8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18 | a | 10,327. | | | | |
| b Less direct expenses | b | 0. | | | | |
| c Net income or (loss) from fundraising events | | ► | 10,327. | | 0. | 10,327. |
| 9a Gross income from gaming activities See Part IV, line 19 | a | | | | | |
| b Less direct expenses | b | | | | | |
| c Net income or (loss) from gaming activities | | ► | | | | |
| 10a Gross sales of inventory, less returns and allowances | a | | | | | |
| b Less: cost of goods sold | b | | | | | |
| c Net income or (loss) from sales of inventory | | ► | | | | |
| Miscellaneous Revenue | | Business Code | | | | |
| 11a Miscellaneous | | 900099 | 2,018. | 0. | 0. | 2,018. |
| b | | | | | | |
| c | | | | | | |
| d All other revenue | | | | | | |
| e **Total.** Add lines 11a-11d | | ► | 2,018. | | | |
| 12 **Total revenue.** See instructions | | ► | 489,527. | 116,588. | 0. | 12,393. |

**Part IX | Statement of Functional Expenses**

*Section 501(c)(3) and 501(c)(4) organizations must complete all columns.*
*All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).*

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

| ***Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.*** | **(A)** Total expenses | **(B)** Program service expenses | **(C)** Management and general expenses | **(D)** Fundraising expenses |
|---|---|---|---|---|
| 1 Grants and other assistance to governments and organizations in the United States See Part IV, line 21 | | | | |
| 2 Grants and other assistance to individuals in the United States See Part IV, line 22 | | | | |
| 3 Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 60,478. | 22,219. | 27,412. | 10,847. |
| 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 | 291,230. | 276,162. | 14,616. | 452. |
| 8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions) | 306. | 260. | 36. | 10. |
| 9 Other employee benefits | 30,390. | 25,783. | 3,631. | 976. |
| 10 Payroll taxes | 32,380. | 27,470. | 3,870. | 1,040. |
| 11 Fees for services (non-employees). | | | | |
| a Management | | | | |
| b Legal | | | | |
| c Accounting | 17,573. | 8,254. | 9,319. | 0. |
| d Lobbying | | | | |
| e Professional fundraising services See Part IV, line 17 | | | | |
| f Investment management fees | | | | |
| g Other | 16,563. | 14,765. | 1,664. | 134. |
| 12 Advertising and promotion | | | | |
| 13 Office expenses | 17,439. | 14,726. | 1,845. | 868. |
| 14 Information technology | 2,217. | 1,881. | 265. | 71. |
| 15 Royalties | | | | |
| 16 Occupancy | 101,136. | 85,801. | 12,085. | 3,250. |
| 17 Travel | 8,665. | 7,351. | 1,035. | 279. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | | | | |
| 19 Conferences, conventions, and meetings | 1,688. | 1,432. | 202. | 54. |
| 20 Interest | | | | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 6,726. | 5,706. | 804. | 216. |
| 23 Insurance | 3,994. | 3,388. | 477. | 129. |
| 24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O ) | | | | |
| a Dues & Subscriptions | 1,915. | 1,053. | 766. | 96. |
| b Professional Development | 2,984. | 2,984. | 0. | 0. |
| c Program Supplies | 3,811. | 3,811. | 0. | 0. |
| d | | | | |
| e All other expenses | | | | |
| 25 Total functional expenses Add lines 1 through 24e | 599,495. | 503,046. | 78,027. | 18,422. |
| 26 **Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here ► ☐ if following SOP 98-2 (ASC 958-720) | | | | |

## Part X Balance Sheet

| | | | (A) Beginning of year | | (B) End of year |
|---|---|---|---|---|---|
| ASSETS | 1 | Cash – non-interest-bearing | 11. | 1 | 0. |
| | 2 | Savings and temporary cash investments | 24,634. | 2 | 501. |
| | 3 | Pledges and grants receivable, net | 47,600. | 3 | 24,775. |
| | 4 | Accounts receivable, net | 1,178. | 4 | 833. |
| | 5 | Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L | | 5 | |
| | 6 | Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) | | 6 | |
| | 7 | Notes and loans receivable, net | | 7 | |
| | 8 | Inventories for sale or use | | 8 | |
| | 9 | Prepaid expenses and deferred charges | 3,542. | 9 | 11,105. |
| | 10a | Land, buildings, and equipment. cost or other basis Complete Part VI of Schedule D — 10a 75,727. | | | |
| | b | Less accumulated depreciation — 10b 43,922. | 15,391. | 10c | 31,805. |
| | 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 | 3,300. | 15 | 4,160. |
| | 16 | **Total assets.** Add lines 1 through 15 (must equal line 34) | 95,656. | 16 | 73,179. |
| LIABILITIES | 17 | Accounts payable and accrued expenses | 23,831. | 17 | 32,059. |
| | 18 | Grants payable | | 18 | |
| | 19 | Deferred revenue | | 19 | 805. |
| | 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 | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated third parties | | 24 | |
| | 25 | Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D | | 25 | |
| | 26 | **Total liabilities.** Add lines 17 through 25 | 23,831. | 26 | 32,864. |
| NET ASSETS OR FUND BALANCES | | **Organizations that follow SFAS 117, check here ►** [X] **and complete lines 27 through 29 and lines 33 and 34.** | | | |
| | 27 | Unrestricted net assets | 64,195. | 27 | 26,588. |
| | 28 | Temporarily restricted net assets | 7,000. | 28 | 13,097. |
| | 29 | Permanently restricted net assets | 630. | 29 | 630. |
| | | **Organizations that do not follow SFAS 117, check here ►** [ ] **and complete lines 30 through 34.** | | | |
| | 30 | Capital stock or trust principal, or current funds | | 30 | |
| | 31 | Paid-in or capital surplus, or land, building, or equipment fund | | 31 | |
| | 32 | Retained earnings, endowment, accumulated income, or other funds | | 32 | |
| | 33 | Total net assets or fund balances | 71,825. | 33 | 40,315. |
| | 34 | Total liabilities and net assets/fund balances | 95,656. | 34 | 73,179. |

## Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI [X]

| | | | |
|---|---|---|---|
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | 489,527. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 599,495. |
| 3 | Revenue less expenses Subtract line 2 from line 1 | 3 | -109,968. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | 71,825. |
| 5 | Other changes in net assets or fund balances (explain in Schedule O) | 5 | 78,458. |
| 6 | Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) | 6 | 40,315. |

## Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII [ ]

| | | | Yes | No |
|---|---|---|---|---|
| 1 | Accounting method used to prepare the Form 990: [ ] Cash [X] Accrual [ ] Other<br>If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O. | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | 2a | | X |
| b | Were the organization's financial statements audited by an independent accountant? | 2b | 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? | 2c | 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 separate basis, consolidated basis, or both<br>[X] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis | | | |
| 3a | As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? | 3a | | 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 | 3b | | |

**SCHEDULE A**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Public Charity Status and Public Support

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

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

**Name of the organization:** The Mediation Center

**Employer identification number:** 56-1424025

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III )

## Section A. Public Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.') | 316,081. | 321,969. | 433,422. | 509,289. | 360,546. | 1,941,307. |
| 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 | 0. | 0. | 0. | 0. | 0. | 0. |
| 4 **Total.** Add lines 1 through 3 | 316,081. | 321,969. | 433,422. | 509,289. | 360,546. | 1,941,307. |
| 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) | | | | | | 0. |
| 6 **Public support.** Subtract line 5 from line 4 | | | | | | 1,941,307. |

## Section B. Total Support

| Calendar year (or fiscal year beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 7 Amounts from line 4 | 316,081. | 321,969. | 433,422. | 509,289. | 360,546. | 1,941,307. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | 1,700. | 904. | 432. | 1,200. | 48. | 4,284. |
| 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 ) | 1,420. | 6,973. | 7,478. | 25. | 2,018. | 17,914. |
| 11 **Total support.** Add lines 7 through 10 | | | | | | 1,963,505. |

12 Gross receipts from related activities, etc (see instructions) | 12 |

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

## Section C. Computation of Public Support Percentage

| | | |
|---|---|---|
| 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) | 14 | 98.87 % |
| 15 Public support percentage from 2010 Schedule A, Part II, line 14 | 15 | 97.76 % |

16a **33-1/3% support test – 2011.** If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☒

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

17a **10%-facts-and-circumstances test – 2011.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

b **10%-facts-and-circumstances test – 2010.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and **stop here.** Explain in Part IV how the organization meets the 'facts-and-circumstances' test The organization qualifies as a publicly supported organization ► ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ► ☐

## Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to qualify under the tests listed below, please complete Part II )

### Section A. Public Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 1 Gifts, grants, contributions and membership fees received (Do not include any 'unusual grants.') | | | | | | |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 . | | | | | | |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 6 **Total.** Add lines 1 through 5 | | | | | | |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year | | | | | | |
| c Add lines 7a and 7b | | | | | | |
| 8 **Public support** (Subtract line 7c from line 6 ) | | | | | | |

### Section B. Total Support

| Calendar year (or fiscal yr beginning in) ► | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|---|---|---|---|---|---|---|
| 9 Amounts from line 6 | | | | | | |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | |
| c Add lines 10a and 10b | | | | | | |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV ) | | | | | | |
| 13 **Total support.** (Add lns 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 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | % |
| 16 | Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | % |

### Section D. Computation of Investment Income Percentage

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

19a **33-1/3% support tests — 2011.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

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

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

Other Income Part II, Line 10

Description: Miscellaneous

2007: 1420.

2008: 6973.

2009: 7478.

2010: 25.

2011: 2018.

**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, lines 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990. ► See separate instructions.

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Name of the organization: The Mediation Center

Employer identification number: 56-1424025

## Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' to Form 990, Part IV, line 6.

| | | (a) Donor advised funds | (b) Funds and other accounts |
|---|---|---|---|
| 1 | Total number at end of year | | |
| 2 | Aggregate contributions to (during year) | | |
| 3 | Aggregate grants from (during year) | | |
| 4 | Aggregate value at end of year | | |

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g , recreation or education)
☐ Protection of natural habitat
☐ Preservation of open space
☐ Preservation of an historically important land area
☐ Preservation of a certified historic structure

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

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

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

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

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

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

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

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

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

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

1 a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

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

(i) Revenues included in Form 990, Part VIII, line 1 ► $ ______

(ii) Assets included in Form 990, Part X ► $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ► $ ______

b Assets included in Form 990, Part X ► $ ______

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

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

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

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

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

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

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

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

| | | Amount |
|---|---|---|
| c Beginning balance | 1c | |
| d Additions during the year | 1d | |
| e Distributions during the year | 1e | |
| f Ending balance | 1f | |

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 current year end balance (line 1g, column (a)) held as.

a Board designated or quasi-endowment ► ______ %

b Permanent endowment ► ______ %

c Temporarily restricted endowment ► ______ %

The percentages in lines 2a, 2b, and 2c should equal 100%

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

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

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

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

| Description of property | (a) Cost or other basis (investment) | (b) Cost or other basis (other) | (c) Accumulated depreciation | (d) Book value |
|---|---|---|---|---|
| 1a Land | | | | |
| b Buildings | | | | |
| c Leasehold improvements | | | | |
| d Equipment | | 75,727. | 43,922. | 31,805. |
| e Other | | | | |
| **Total.** Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ► | | | | 31,805. |

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

| (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
|---|---|---|
| (1) Financial derivatives | | |
| (2) Closely-held equity interests | | |
| (3) Other | | |
| (A) | | |
| (B) | | |
| (C) | | |
| (D) | | |
| (E) | | |
| (F) | | |
| (G) | | |
| (H) | | |
| (I) | | |
| **Total.** *(Column (b) must equal Form 990 Part X, column (B) line 12.)* ► | | |

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

| (a) Description of investment type | (b) Book value | (c) Method of valuation Cost or end-of-year market value |
|---|---|---|
| (1) | | |
| (2) | | |
| (3) | | |
| (4) | | |
| (5) | | |
| (6) | | |
| (7) | | |
| (8) | | |
| (9) | | |
| (10) | | |
| **Total** *(Column (b) must equal Form 990, Part X, column (B) line 13.)* ► | | |

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

| (a) Description | (b) Book value |
|---|---|
| (1) Security Deposits | 4,160. |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| **Total.** *(Column (b) must equal Form 990, Part X, column (B), line 15.)* ► | 4,160. |

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

| (a) Description of liability | (b) Book value |
|---|---|
| (1) Federal income taxes | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| (10) | |
| (11) | |
| **Total.** *(Column (b) must equal Form 990, Part X, column (B) line 25.)* ► | |

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

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

| | | |
|---|---|---|
| 1 | Total revenue (Form 990, Part VIII, column (A), line 12) | 489,527. |
| 2 | Total expenses (Form 990, Part IX, column (A), line 25) | 599,495. |
| 3 | Excess or (deficit) for the year. Subtract line 2 from line 1 | -109,968. |
| 4 | Net unrealized gains (losses) on investments | |
| 5 | Donated services and use of facilities | |
| 6 | Investment expenses | |
| 7 | Prior period adjustments | |
| 8 | Other (Describe in Part XIV.) | |
| 9 | Total adjustments (net) Add lines 4 through 8 | |
| 10 | Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9 | -109,968. |

**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 | 567,985. |
| 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 | | | |
| c | Recoveries of prior year grants | 2c | | | |
| d | Other (Describe in Part XIV.) | 2d | 78,458. | | |
| e | Add lines **2a** through **2d** | | | 2e | 78,458. |
| 3 | Subtract line **2e** from line **1** | | | 3 | 489,527. |
| 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 | | | |
| c | Add lines **4a** and **4b** | | | 4c | |
| 5 | Total revenue Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 12 )* | | | 5 | 489,527. |

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

| | | | | | |
|---|---|---|---|---|---|
| 1 | Total expenses and losses per audited financial statements | | | 1 | 599,495. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | | |
| a | Donated services and use of facilities | 2a | | | |
| b | Prior year adjustments | 2b | | | |
| c | Other losses | 2c | | | |
| d | Other (Describe in Part XIV ) | 2d | | | |
| e | Add lines **2a** through **2d** | | | 2e | |
| 3 | Subtract line **2e** from line **1** | | | 3 | 599,495. |
| 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 | |
| 5 | Total expenses Add lines **3** and **4c.** *(This must equal Form 990, Part I, line 18.)* | | | 5 | 599,495. |

**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.

Pt X The Center is exempt from federal income taxes under 501(c)(3) of the Internal

Pt X Revenue Code. Exempt organizations, however, may be subject to income tax

Pt X on unrelated business income. The Center had less than $1,000 of income from

Pt X unrelated business activities in 2012 and was, therefore, not required to file

Pt X Federal Form 990-T (Exempt Organization Business Income Tax Return). The Center

Pt X believes that it has appropriate support for all tax positions taken, and as such,

Pt X does not have any uncertain tax positions that are material to the financial

Pt X statements. The Center's Forms 990 for the 2008-09, 2009-10 and 2010-11

**Part XIV Supplemental Information** *(continued)*

| | |
|---|---|
| Pt X | fiscal years are subject to examination by the IRS, generally for three |
| Pt X | years after being filed. |
| Pt XII Line 2d | Contribution from absorption of two mediation centers in |
| Pt XII Line 2d | region of $78,458. See Schedule O for more detail. |

**SCHEDULE O**
**(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

**2011**

**Open to Public Inspection**

| Name of the organization | Employer identification number |
|---|---|
| The Mediation Center | 56-1424025 |

| | |
|---|---|
| Pt VI, Line 11a | The 990 is prepared by independent accountants, reviewed by |
| Pt VI, Line 11a | management, presented to the Board for review, proposed |
| Pt VI, Line 11a | revisions and final approval. |
| Pt VI, Line 12c | Annually conflict of interest statements are required to be signed by each |
| Pt VI, Line 12c | Board member. The statements affirm that the policy has been read & either |
| Pt VI, Line 12c | that no conflict of interest exists or discloses any such conflict. |
| Pt VI, Line 15 | In the annual budgeting process, the Board approves a budget line for aggregate |
| Pt VI, Line 15 | salary expense. Thereafter, individual salaries and salary increases for |
| Pt VI, Line 15 | employees are determined by the Executive Director. The Board of Directors |
| Pt VI, Line 15 | sets the Executive Director salary after a performance review and |
| Pt VI, Line 15 | a check of comparable salary information for nonprofit organizations |
| Pt VI, Line 15 | with similar budgets. |
| Pt VI, Line 18 | Forms 1023 and 990 are available upon request. |
| Pt VI, Line 19 | Governing documents, conflict of interest policy and audited |
| Pt VI, Line 19 | financial statements are available upon request. |
| Pt XI | The Mediation Center absorbed the Dispute Settlement Center of Henderson |
| Pt XI | and Polk Counties and the Center for Dialogue in Transylvania |
| Pt XI | County as of October 1, 2011, after approximately three months of planning. The purpose |
| Pt XI | of the combination was to gain efficiencies from centralized administration |
| Pt XI | and finance that will reduce the non-program costs of the combined entity. |
| Pt XI | The Mediation Center continued to provide services in each county through the |
| Pt XI | transition utilizing employees of DSCHPC and CFD, who were hired as part of the |
| Pt XI | agreement. The finance and administration functions of these two county |
| Pt XI | operations were moved to the Mediation Center in Buncombe County. Total assets |
| Pt XI | received from the two entities totaled $78,458, consisting of $74,008 in cash |
| Pt XI | transfers, $3,600 in computer equipment and lease deposits of $850 reassigned |

| Name of the organization | Employer identification number |
|---|---|
| The Mediation Center | 56-1424025 |

| | |
|---|---|
| Pt XI | to the Center. DSCHPC and CFD have dissolved their corporate entities. |
| Pt VI, Line 17 | The organization maintains a charitable solicitation license |
| Pt VI, Line 17 | with the NC Secretary of State. As part of its annual process, |
| Pt VI, Line 17 | the organization may submit its Form 990 with its renewal application. |

# 2011-2012 End of Year Mediation Center Program Updates

## Family Visitation Program

### Visits and Exchanges

The Family Visitation Program numbers from the past year showed an interesting trend. Although the program had overall growth, the increase was not as substantial as in past years. It seems that within the hours, space, and time available, the program almost reached capacity. The substantial growth in 2009-2010 versus the similarity in the past two years shows that FVP seems to be meeting a significant need, but also serving clients within the feasible scope of the program. Overall, 57 families and 84 children used supervised visitation and safe exchange services in the 2011-2012 fiscal year. In all, 901 supervised visits were scheduled and 668 visits were completed. 163 safe exchanges were scheduled and 132 safe exchanges were completed. It is FVP's opinion that the decrease in safe exchange numbers demonstrates the current trend for children to be exchanged at school. Staff has seen more families move to having one parent drop off at schools, and the second parent picks up the child when school is over for the day.

This chart shows our growth·

| Outcomes | 2010-2011 | 2011-2012 | % change from 2009-2010 to EOY 2011 |
|---|---|---|---|
| FAMILIES SERVED | 57 | 57 | No change |
| VISITS COMPLETED | 630 | 669 | 6.2% increase |
| SCHEDULED VISITS (including cancellations) | 801 | 901 | 12 5% increase |
| EXCHANGES COMPLETED | 200 | 132 | 34% decrease |

Most importantly, **every single visit and exchange was free of violence and abuse.** FVP staff and volunteers take notes and closely observe each visit, and we also survey our parents every six months to see how we can improve and also give them a chance to report visit or exchange related incidents

In the past year, 100% of supervised visits used Supportive Supervision model, an evidence-based model developed by the New York Society for the Prevention of Cruelty to Children (NYSPCC), where parents participate in goal-setting and coaching sessions before and after visits. The goal of the model is to improve the quality of the parent-child relationship through improved visit quality Parents increase their knowledge of child development and have an opportunity to identify areas for improvement and to make a plan for upcoming visits. Families have given FVP positive feedback on this model. FVP staff tracked goal setting to determine if families were meeting at least 2 identified goals per quarter. FVP determined that 85% of parents met at least 2 of their identified goals each quarter, which for the first full year implementing supportive supervision, seems very successful!

## 2011-2012 End of Year Mediation Center Program Updates

**Program Staffing**

FVP added two new part-time visit monitors, Justin Powlison and Tamara Olmedo, to our team. Justin has a background in mental health and crisis intervention. Tamara is bi-lingual, volunteers for the Guardian Ad Litem program, and has experience in community healthcare.

**Volunteers**

In the 2010-2011 fiscal year volunteers provided over 562 hours of volunteer service, at the end of last year we thought that was a significant number; **however this number was more than doubled in 2011-2012, with 1157 hours of volunteer time donated**. These numbers include volunteers, interns, training, and one-time service projects. One time service projects continue to include our monthly toy cleaning volunteer project with Hands-On Asheville-Buncombe, Day of Caring, and individual groups assisting FVP with projects

This year Day of Caring volunteers gave a much needed color splash to FVP by painting previously white table and shelves all different colors! Visit room doors were also painted with fun cartoon characters! FVP also received fall and winter decorations by Kids-Care volunteers, who are between 4-6 years old. The Lake Junaluska Youth in Missions program also assisted by decorating, painting, and donating games to the facility FVP partnered with the United Way Highland Circle in December to decorate for the holidays and clean toys, and in March, partnered with the Junior League of Asheville to clean toys, organize visit spaces, and decorate for the spring holidays.

Over 17 new volunteers and interns were trained this year, with 10 of those interns and volunteers donating regular time to FVP. In all, that meant that FVP had a total of 18 volunteers and interns who provided consistent weekly service to FVP staff and families. In total, volunteers and interns made over 225 visits possible. **We appreciate the dedication of our volunteers to continual learning – our families benefit from their thoughtful and dedicated service. Without our volunteers many parents and kids would have been on a waiting list to visit with each other.**

The Family Visitation Program held two evening volunteer trainings in October and June (one training was cancelled due to snow) over multiple days to accommodate training many volunteers at once. We discussed a range of topics including; taking neutral observations notes, intervening if there is a safety concern in a visit, parent coaching/supportive supervision, working with high risk clients, the domestic violence cycle, and understanding child abuse. FVP staff and Community Members from Helpmate and Child Abuse Prevention Services assisted with the trainings.

We are also proud of the completion of our first online volunteer training, which focused on domestic violence Volunteers completed a pre-test and post-test to gage the information they learned Volunteers were also surveyed about additional topics they we interested in learning more about. From our survey data, FVP chose to invite Val Collins from Helpmate, and Geoff Sidoli a therapist from Barium Springs to lead in-service trainings with volunteers. In April, Val talked with volunteers about working with victims of domestic violence In June, Geoff led a discussion about working with batterers and perpetrators of domestic violence.

FVP maintained partnerships with local colleges and universities to identify Mediation Center Interns. After interviewed and accepted interns from Warren-Wilson, UNCA, Western Carolina University, Mars Hill and AB-Tech. FVP looks to continue these partnerships into the New Year!

## 2011-2012 End of Year Mediation Center Program Updates

**Connecting Locally and Statewide**

FVP staff, Jessie and Catherine, had the opportunity in August to travel to Raleigh, NC for a North Carolina Supervised Visitation Network Training. The training included best practice topics such as safety, documentation, and handling difficult situations. Jessie had the opportunity on November 18th to travel to Pittsboro, NC in Chatham County for the quarterly North Carolina Supervised Visitation Network Meeting. Other Supervised Visitation Centers from around the state attended the meeting to talk about best proactive models, training, and how to share resources effectively. Jessie also attended the NC SVN meeting in Burlington, NC in May.

Additional training opportunities included Catherine, and Catie Eichberg (an FVP intern, volunteer, and advisory committee member) attending the North Carolina Association of Social Workers event on self-care in March Jessie, Catherine, Justin, and Tamara (our whole staff!) attended a full-day NCCADV training about children and domestic violence in mid-July.

FVP also continues to maintain relationships with the Asheville community and to get the word out about FVPs services! Local connections have been maintained through quarterly Advisory Committee meetings, and through September, October, and November the Family Visitation Program partnered with DSS and Child Abuse Prevention Services to provide a safe space for a high-risk family to participate in therapy together. FVP has also built relationships with the Guardian-Ad-Litem Program and looks forward to possibly sharing resources and volunteers in the future. FVP staff also consistently attends task force meetings for the Asheville Buncombe Coalition for the Prevention of Community Violence.

**In the Future**

FVP is very excited to announce that we have been approved for out Governors Crime Commission grant for 2 year funding of the program for a total of over $248,000. With the funds, some of our new changes include; re-hiring security personnel, increasing part-time visit monitor hours, increasing training opportunities, and building program capacity We are so excited about this new opportunity!

# 2011-2012 End of Year Mediation Center Program Updates

**Adult Mediation**

The past year has been an exciting time for the Adult Mediation Services program. After the absorption in October, 2011, Adult Mediation staff were faced with the task of aligning procedures, standardizing forms, and training approximately 70 volunteers on updated procedures and forms. We have made great progress towards standardization and using technology to communicate with volunteers. All three counties are currently using an **online calendar** to alert mediators about scheduled mediations.

**Community, Family, Medicaid Mediation**

Across the three locations (Buncombe, Henderson, Transylvania), **1,013 people participated in mediations** last year through Community, Family, and Medicaid mediation services.

**Re-entry Mediation**

The Re-entry mediation program officially began recruiting mediation participants in January at Swannanoa Correctional Center for Women (SCCW). We had **36 inmates** attend **informational workshops**. Out of those 36, **12 women** participated in **intake sessions**. We are currently awaiting background checks on outside participants so we can move forward with scheduling mediations.

**Child and Family Team Meetings**

The Mediation Center entered into a contract with **Buncombe County** to provide neutral facilitation services for the **Department of Social Services**, starting July 1, 2012. DSS' Child Protective Services division holds approximately **1,000 Child and Family Team meetings per year** that require a neutral facilitator To help us fulfill our contract, TMC hired **Margaret Davis** as our **Child and Family Team Facilitator**

**Training**

A total of **68** people participated in **trainings** offered by the Mediation Center. **One hundred percent (100%)** of training participants who responded to a follow-up survey indicated that they **learned new skills** they would use in their personal lives or at work. **Five training participants** have continued as **volunteers** in one of our three centers.

**Staff**

It was with a heavy heart that the Mediation Center said goodbye to **Michael Abraham** in July, 2012. Michael was a great asset to mediation services and his community and he will be greatly missed. We are currently interviewing for the Community Mediation Coordinator position for Transylvania County.

## 2011-2012 End of Year Mediation Center Program Updates

**Youth Mediation**

**Buncombe County Youth Served: 321**
Mediation & Guided Problem Solving: 109
Training: 212

- 100% of youth successfully fulfilled all provisions of the mediation agreement

**Highlights**

- Started 2 new Peer Mediation Trainings at AC Reynolds & TC Roberson
- Increased Conflict Resolution training to YMCA's Middle School program
- On air interviews for "No Name Calling Week"
- Increased number of youth served in Mediation, Guided Problem Solving & Conflict Resolution Training

**Transylvania County Youth Served: 187**
Mediation & Guided Problem Solving: 104
Training: 83

- 91% of youth successfully fulfilled all provisions of the mediation agreement
- 90% of youth participating in the peer mediation training reported the skills learned were be very useful to them in the future

**Highlights:**

- New Peer Mediation Program at Davidson River School & Brevard High School
- Helped to Create, begin and facilitate Transylvania County Truancy Board
- Began and maintained relationships with Rise and Shine Freedom School and Boys and Girls Club (Conflict Resolution Trainings and general outreach)
- Maintained and ran training with Americorps Project Conserve
- Became involved with TC "VIZ" Program- VISION Program for HS students.-Have been asked to facilitate next year's pilot program

**Henderson County Youth Served: 97**
Mediation. 46
Interpersonal Skill Building Groups: 51

- 92% of youth successfully fulfilled all provisions of the mediation agreement
- 100% of girls completing the HIP Girls Program reported an improvement in self-esteem, better relationships with peers and family, a reduction in stress and conflict, as well as better decision making skills.

**Highlights:**

- Successfully completed our second year of HIP (Healthy, Independent, and Positive) Girls program at East Henderson High School and have grant funding to continue the program for the 2012-2013 school year.
- Trained 18 staff members at the Boys & Girls Club in conflict resolution skills to use with their clients/youth

The Youth Program trio has worked diligently to create consistency among the programs across all four counties. We have standardized our forms and training materials for youth in peer mediation and guided problem solving. The staff is very dedicated to serving youth and families and much of the programs successes can be attributed to this commitment We are very proud of all we've achieved over the last nine months.