

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2020 calendar year, or tax year beginning and ending

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
COMMONBOND COMMUNITIES
 Doing business as
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1080 MONTREAL AVENUE
 City or town, state or province, country, and ZIP or foreign postal code
ST. PAUL, MN 55116

D Employer identification number
41-1260469

E Telephone number
(651) 291-1750

F Name and address of principal officer: **ANGELA RILEY**
SAME AS C ABOVE

G Gross receipts \$ **26,340,602.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates 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.COMMONBOND.ORG**

K Form of organization: Corporation Trust Association Other

L Year of formation: **1971** **M** State of legal domicile: **MN**

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: COMMONBOND'S MISSION IS TO BUILD STABLE HOMES, STRONG FUTURES AND VIBRANT COMMUNITIES.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	27	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	26	
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	144	
	6	Total number of volunteers (estimate if necessary)	242	
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	27,209.	
7b	Net unrelated business taxable income from Form 990-T, Part I, line 11	0.		
Revenue	8	Contributions and grants (Part VIII, line 1h)	7,586,840.	9,954,870.
	9	Program service revenue (Part VIII, line 2g)	15,878,246.	16,201,223.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	232,823.	184,509.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-230,795.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	23,467,114.	26,340,602.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	7,573,991.	7,994,786.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25)	1,387,267.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,365,422.	14,100,222.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	19,939,413.	22,095,008.
19	Revenue less expenses. Subtract line 18 from line 12	3,527,701.	4,245,594.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	147,308,647.	172,606,742.
	21	Total liabilities (Part X, line 26)	76,111,717.	96,083,681.
	22	Net assets or fund balances. Subtract line 21 from line 20	71,196,930.	76,523,061.

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: *Angela Riley* Date: **6/17/2021**
ANGELA RILEY, CHIEF FINANCIAL OFFICER
 Type or print name and title

Paid: Print/Type preparer's name: **THOMAS JOHNSON** Preparer's signature: *Thomas Johnson* Date: **06/01/21** Check if self-employed: PTIN: **P01285389**

Preparer Use Only: Firm's name: **MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.** Firm's EIN: **41-1647057**
 Firm's address: **10 RIVER PARK PLAZA, SUITE 800 SAINT PAUL, MN 55107** Phone no.: **(651) 227-6695**

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: COMMONBOND'S MISSION IS TO BUILD STABLE HOMES, STRONG FUTURES AND VIBRANT COMMUNITIES. AS THE LARGEST NONPROFIT PROVIDER OF AFFORDABLE HOMES IN THE UPPER MIDWEST, COMMONBOND HAS BEEN BUILDING AND SUSTAINING HOMES WITH SERVICES TO FAMILIES, SENIORS, AND INDIVIDUALS

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 [X] 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 [X] 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 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 \$ 6,020,996. including grants of \$) (Revenue \$ 2,145,012.) ADVANTAGE SERVICES: COMMONBOND IS DEDICATED TO PROVIDING SAFE, AFFORDABLE HOUSING FOR COMMUNITY MEMBERS IN NEED. HOWEVER, AS IMPORTANT AS SAFE HOUSING IS FOR RESIDENTS, COMMONBOND'S COMMUNITIES ARE MORE THAN SHELTER -- THEY ARE PLACES FOR RESIDENTS TO GAIN STABILITY AND BUILD COMMUNITY. ON-SITE ADVANTAGE CENTERS OFFER PROGRAMS TO ADDRESS RESIDENT NEEDS, WITH THE OVERALL GOAL OF KEEPING RESIDENTS STABLY HOUSED. TRANSPORTATION AND FINANCIAL BARRIERS ARE ELIMINATED AS THESE SERVICES ARE OFFERED FREE OF CHARGE.

SEE SCHEDULE O FOR MORE INFO ON ADVANTAGE SERVICES' ACCOMPLISHMENTS.

ADVANTAGE SERVICES ARE FOCUSED ON THE AREAS OF: STABILITY AND

4b (Code:) (Expenses \$ 13,639,568. including grants of \$) (Revenue \$ 14,029,002.) HOUSING DEVELOPMENT, PROPERTY MANAGEMENT AND ASSET MANAGEMENT: SINCE 1971, COMMONBOND COMMUNITIES HAS BEEN PROVIDING HOMES AND HOPE FOR THOSE MOST IN NEED IN OUR COMMUNITY. AS A PREMIER NONPROFIT DEVELOPER AND MANAGER OF AFFORDABLE HOUSING, COMMONBOND IS BEST POSITIONED TO ADDRESS THE CRITICAL NEED FOR MORE AFFORDABLE HOUSING IN OUR REGION. IN ORDER TO ACHIEVE ITS GOAL OF SERVING 15,000 PER YEAR BY 2025, COMMONBOND HAS BEEN AGGRESSIVELY GROWING ITS REAL ESTATE PIPELINE, DEVELOPING FINANCING TOOLS INTERNALLY AND WITH STAKEHOLDERS, AND EVALUATING ITS EXISTING PORTFOLIO FOR UPCOMING NEEDS. DURING 2020, COMMONBOND OWNED AND MANAGED MORE THAN 7,200 UNITS OF AFFORDABLE HOUSING THAT PROVIDED NEARLY 13,000 PEOPLE (FAMILIES, SENIORS, VETERANS, AND PEOPLE WITH DISABILITIES AND OTHER BARRIERS) A PLACE TO

4c (Code:) (Expenses \$ 288,062. including grants of \$) (Revenue \$) COMMUNITY ENGAGEMENT: INTEGRAL TO OUR WORK ARE THE RELATIONSHIPS THAT ARE FORMED TO BENEFIT OUR RESIDENT COMMUNITY AND OUR HOUSING COMMUNITIES IN GENERAL. COMMUNITY MEMBERS WORK HAND-IN-HAND WITH STAFF AND RESIDENTS AT OUR HOUSING COMMUNITIES. HUNDREDS OF RESIDENTS, CRITICAL SERVICE PROVIDERS, LOCAL BUSINESS OWNERS, MUNICIPALITIES, COMMUNITY GROUPS, FAITH COMMUNITIES, AND OTHER NEIGHBORHOOD ORGANIZATIONS SERVE ON BOARDS AND COMMITTEES TO HELP FOSTER UNDERSTANDING AND SUPPORT THE HOUSING COMMUNITIES AND THE PEOPLE WHO LIVE THERE. THIS MODEL PROMOTES RESIDENT LEADERSHIP AND HELPS BREAK DOWN BARRIERS THAT SOMETIMES ARISE BETWEEN AN AFFORDABLE HOUSING SITE AND ITS SURROUNDING NEIGHBORHOOD.

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 19,948,626.

Part IV Checklist of Required Schedules

		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		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? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>		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? <i>If "Yes," complete Schedule D, Part VIII</i>	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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		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	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III		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, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV		X
c	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		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	X	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, 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		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		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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

		Yes	No
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 144		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
b	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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 as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		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?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		N/A
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		N/A
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		N/A
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		N/A
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		N/A
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12		N/A
	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		N/A
	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		N/A
	12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.		N/A
	13a		
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?		X
	14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O		
	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N.		X
	15		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.		X
	16		

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 on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 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 on Schedule O.		
	1a		27
b	Enter the number of voting members included on line 1a, above, who are independent		26
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O		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?		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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	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	X	
b	Other officers or key employees of the organization	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?		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 take steps to safeguard the organization's exempt status with respect to such arrangements?		

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **MN, WI, IA**
- 18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records **ANGELA RILEY - (651) 291-1750**
1080 MONTREAL AVENUE, ST. PAUL, MN 55116

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. 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.
- See instructions for the order in which to list the persons above.

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 (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) DEIDRE SCHMIDT PRESIDENT & CEO	40.00	X		X				264,782.	0.	21,730.
(2) KEVIN MYREN FORMER CFO AND VP-ADMINISTRATION	1.00 40.00						X	0.	200,543.	12,457.
(3) CECILE BEDOR EXECUTIVE VP OF REAL ESTATE	1.00 40.00					X		0.	176,676.	18,464.
(4) DEREK MADSEN EXECUTIVE VP OF RESOURCE DEVELOPMENT	40.00					X		169,570.	0.	22,212.
(5) KAREN LAW EXECUTIVE VP OF TALENT EQUITY AND CU	1.00 40.00					X		0.	132,548.	15,222.
(6) THOMAS ADAMS EXECUTIVE VP OF HOUSING & SERVICES	1.00 40.00					X		0.	136,205.	11,040.
(7) TAMARA FALLON DIRECTOR OF CONSTRUCTION MANAGEMENT	40.00					X		108,858.	0.	11,035.
(8) VICKI DUNCOMB INTERIM CFO	1.00 40.00	X		X				0.	64,615.	0.
(9) TOM JOYCE SECRETARY	1.00	X		X				0.	0.	0.
(10) CINDY KOCH TREASURER	1.00	X		X				0.	0.	0.
(11) RICHARD WICKA VICE CHAIR	1.00	X		X				0.	0.	0.
(12) SEAN RICE DIRECTOR	1.00	X		X				0.	0.	0.
(13) CARLEEN RHODES CHAIR	1.00	X		X				0.	0.	0.
(14) MATT SCHRINER DIRECTOR	1.00	X						0.	0.	0.
(15) BRAD W. HOFFELT DIRECTOR	1.00	X						0.	0.	0.
(16) EDWARD GOETZ DIRECTOR	1.00	X						0.	0.	0.
(17) JAMAL ADAM DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) WADE C. LAU DIRECTOR	1.00	X						0.	0.	0.
(19) TASHA ALEXANDER DIRECTOR	1.00	X						0.	0.	0.
(20) EVA STEVENS DIRECTOR	1.00	X						0.	0.	0.
(21) NICOLE BROOKSHIRE DIRECTOR	1.00	X						0.	0.	0.
(22) MARK SPRINGETT DIRECTOR	1.00	X						0.	0.	0.
(23) ADAM BERNIER DIRECTOR	1.00	X						0.	0.	0.
(24) R. PARTICIA (TRISH) KELLY DIRECTOR	1.00	X						0.	0.	0.
(25) MEGAN REMARK DIRECTOR	1.00	X						0.	0.	0.
(26) TAYLOR COOPER DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								543,210.	710,587.	112,160.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								543,210.	710,587.	112,160.

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 3

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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
NONE		

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

SEE PART VII, SECTION A CONTINUATION SHEETS

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, and (F) Estimated amount of other compensation. Rows include Charles Haynor, Sita Morantz, Valerie Spencer, and Jennifer Thao.

Total to Part VII, Section A, line 1c

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	1 b Membership dues					
	1 c Fundraising events	729,117.				
	1 d Related organizations					
	1 e Government grants (contributions)	1,853,808.				
	1 f All other contributions, gifts, grants, and similar amounts not included above	7,371,945.				
	1 g Noncash contributions included in lines 1a-1f	\$ 924,471.				
	h Total. Add lines 1a-1f	9,954,870.				
Program Service Revenue	2 a RENTAL REVENUES	531110	8,737,501.	8,710,292.	27,209.	
	b DEVELOPMENT FEES	531310	3,663,725.	3,663,725.		
	c ADVANTAGE SERVICE FEES	531110	2,145,012.	2,145,012.		
	d MISCELLANEOUS REVENUE	900099	669,181.	669,181.		
	e OTHER SERVICE FEES	531110	558,412.	558,412.		
	f All other program service revenue	900099	427,392.	427,392.		
	g Total. Add lines 2a-2f		16,201,223.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		184,509.		184,509.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	6a	(i) Real	(ii) Personal		
		6b Less: rental expenses				
		6c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	(ii) Other		
		7b Less: cost or other basis and sales expenses				
		7c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 729,117. of contributions reported on line 1c). See Part IV, line 18	8a		0.		
		8b Less: direct expenses		0.		
		c Net income or (loss) from fundraising events		0.		
	9 a Gross income from gaming activities. See Part IV, line 19	9a				
9b Less: direct expenses						
c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	10a					
	10b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue	11 a	Business Code				
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d					
12 Total revenue. See instructions		26,340,602.	16,174,014.	27,209.	184,509.	

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).

Check if Schedule O contains a response or note to any line 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 domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	550,732.	277,848.	38,241.	234,643.
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	6,227,142.	5,324,433.	227,743.	674,966.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	678,197.	580,954.	15,966.	81,277.
10 Payroll taxes	538,715.	446,875.	21,016.	70,824.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	1,205,494.	961,219.	186,475.	57,800.
12 Advertising and promotion				
13 Office expenses	480,375.	373,963.	50,710.	55,702.
14 Information technology				
15 Royalties				
16 Occupancy	47,883.	47,883.		
17 Travel	79,745.	65,766.	3,012.	10,967.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	20,772.	17,203.	640.	2,929.
20 Interest	2,574,060.	2,468,464.	15,729.	89,867.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,280,019.	2,123,776.	156,243.	
23 Insurance	363,477.	341,847.	21,630.	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a OPERATING AND MAINTENAN	2,197,505.	2,137,627.	18,227.	41,651.
b PROPERTY ADMINISTRATIVE	1,056,790.	1,056,790.		
c REAL ESTATE TAXES	978,327.	978,327.		
d IN-KIND EXPENSE	924,471.	924,071.	400.	
e All other expenses	1,891,304.	1,821,580.	3,083.	66,641.
25 Total functional expenses. Add lines 1 through 24e	22,095,008.	19,948,626.	759,115.	1,387,267.
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

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	14,786,605.	2 20,690,615.
	3	Pledges and grants receivable, net	726,490.	3 1,755,031.
	4	Accounts receivable, net	3,820,629.	4 5,313,688.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6
	7	Notes and loans receivable, net		7
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	234,932.	9 275,818.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 90,719,128.	
	b	Less: accumulated depreciation	10b 12,861,808.	10c 77,857,320.
	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	63,413,734.	13 66,714,270.
	14	Intangible assets	8,075.	14
	15	Other assets. See Part IV, line 11		15
16	Total assets. Add lines 1 through 15 (must equal line 33)	147,308,647.	16 172,606,742.	
Liabilities	17	Accounts payable and accrued expenses	2,854,365.	17 3,834,623.
	18	Grants payable		18
	19	Deferred revenue	9,831,825.	19 13,855,306.
	20	Tax-exempt bond liabilities		20
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22
	23	Secured mortgages and notes payable to unrelated third parties	51,452,877.	23 65,896,934.
	24	Unsecured notes and loans payable to unrelated third parties	11,729,364.	24 12,196,485.
	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	243,286.	25 300,333.
	26	Total liabilities. Add lines 17 through 25	76,111,717.	26 96,083,681.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> X and complete lines 27, 28, 32, and 33.			
	27	Net assets without donor restrictions	54,366,320.	27 58,243,995.
	28	Net assets with donor restrictions	16,830,610.	28 18,279,066.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/>			
	29	Capital stock or trust principal, or current funds		29
	30	Paid-in or capital surplus, or land, building, or equipment fund		30
	31	Retained earnings, endowment, accumulated income, or other funds		31
32	Total net assets or fund balances	71,196,930.	32 76,523,061.	
33	Total liabilities and net assets/fund balances	147,308,647.	33 172,606,742.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	26,340,602.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,095,008.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,245,594.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	71,196,930.
5	Net unrealized gains (losses) on investments	5	7,635.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	1,072,902.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	76,523,061.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

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.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization: COMMONBOND COMMUNITIES
Employer identification number: 41-1260469

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 12, 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 (Form 990 or 990-EZ).)
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 [X] 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 agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 [] 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.)
11 [] An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
12 [] An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
a [] Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
b [] Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
c [] Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
d [] Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
e [] Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations []

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support. Includes a Total row at the bottom.

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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6633273.	6613436.	6087509.	7586840.	9954870.	36875928.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	6633273.	6613436.	6087509.	7586840.	9954870.	36875928.
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)						601,398.
6 Public support. Subtract line 5 from line 4.						36274530.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	6633273.	6613436.	6087509.	7586840.	9954870.	36875928.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	862,014.	793,602.	791,044.	767,450.	632,498.	3846608.
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 VI.)	-123,782.	-711.	669,557.	-21,974.	-30,597.	492,493.
11 Total support. Add lines 7 through 10						41215029.
12 Gross receipts from related activities, etc. (see instructions)					12	66,402,416.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	88.01	%
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	87.62	%
16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input checked="" type="checkbox"/>			
16b 33 1/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17a 10% -facts-and-circumstances test - 2020. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
17b 10% -facts-and-circumstances test - 2019. 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 VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶ <input type="checkbox"/>			
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ <input type="checkbox"/>			

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(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 VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 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 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer lines 3b and 3c below.*
 - b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
 - c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
 - b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
 - c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
 - b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
 - c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? *If "Yes," provide detail in Part VI.*
 - b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
 - c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer line 10b below.*
 - b Did the organization have any excess business holdings in the tax year? *(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)*

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.
All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)		Current Year
Section D - Distributions		
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1 Distributable amount for 2020 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2020 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2020			
a From 2015			
b From 2016			
c From 2017			
d From 2018			
e From 2019			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2020 distributable amount			
i Carryover from 2015 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2020 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2020 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2021. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2016			
b Excess from 2017			
c Excess from 2018			
d Excess from 2019			
e Excess from 2020			

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

- ▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
- ▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Name of the organization

COMMONBOND COMMUNITIES

Employer identification number

41-1260469

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

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

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

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

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

501(c)(3) taxable private foundation

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

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

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Name of organization COMMONBOND COMMUNITIES	Employer identification number 41-1260469
---	---

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>NEIGHBORWORKS AMERICA</u> <u>999 NORTH CAPITOL STREET NE. SUITE 900</u> <u>WASHINGTON, DC 20002</u>	\$ <u>502,500.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>MINNEAPOLIS FOUNDATION</u> <u>800 IDS CENTER, 80 SOUTH EIGHTH STREET</u> <u>MINNEAPOLIS, MN 55402</u>	\$ <u>250,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>CREEK TERRACE APARTMENTS LLC</u> <u>1000 WEST 22ND ST</u> <u>MINNEAPOLIS, MN 55405</u>	\$ <u>780,000.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
_____	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization COMMONBOND COMMUNITIES	Employer identification number 41-1260469
---	---

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
3	RIGHTS AND INTEREST IN 16 UNIT SECTION 8 HAP CONTRACT <hr/> <hr/> <hr/>	\$ <u>780,000.</u>	<u>08/01/20</u>
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____
	<hr/> <hr/> <hr/>	\$ _____	_____

Name of organization

Employer identification number

COMMONBOND COMMUNITIES

41-1260469

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

COMMONBOND COMMUNITIES

Employer identification number

41-1260469

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and questions about donor informed status.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, number of easements, acreage, and monitoring details.

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 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" on 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 XIII 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, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on 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 Term endowment _____ %
- The percentages on 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" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. 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		16,078,700.		16,078,700.
b Buildings		72,680,967.	11,784,469.	60,896,498.
c Leasehold improvements				
d Equipment		1,384,818.	845,760.	539,058.
e Other		574,643.	231,579.	343,064.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				77,857,320.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. 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)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) INVESTMENT IN		
(2) SUBSIDIARIES	13,292,651.	COST
(3) EQUITY IN PARTNERSHIPS	11,684,552.	COST
(4) HOUSING COMMUNITIES AND		
(5) PARTNERSHIPS LOANS	32,309,230.	COST
(6) INTEREST RECEIVABLE		
(7) HOUSING COMMUNITIES	548,847.	COST
(8) RESTRICTED RESERVES-LT	1,694,971.	COST
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ 66,714,270.		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) TENANT SECURITY DEPOSITS	300,333.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶ 300,333.	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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 XIII.)	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

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
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 XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
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 XIII.)	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

Part XIII Supplemental Information.

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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

COMMONBOND COMMUNITIES IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (IRC) AND APPLICABLE MINNESOTA STATUTES, EXCEPT TO THE EXTENT IT HAS TAXABLE INCOME FROM BUSINESSES THAT ARE NOT RELATED TO IT EXEMPT PURPOSE. MANAGEMENT BELIEVES COMMONBOND COMMUNITIES DID NOT HAVE ANY UNRELATED BUSINESS INCOME EXCEPT FOR COMMERCIAL RENT INCOME. MANAGEMENT BELIEVES COMMONBOND COMMUNITIES DID NOT HAVE ANY UNCERTAIN TAX POSITIONS.

DISREGARDED ENTITIES OF COMMONBOND COMMUNITIES ARE NOT TAXABLE ENTITIES. INCOME OR LOSSES ARE PASSED THROUGH TO COMMONBOND COMMUNITIES.

Part XIII Supplemental information *(continued)*

ANY INTEREST OR PENALTIES ASSOCIATED WITH TAX POSITIONS ARE REPORTED AS SUCH WITHIN THE GENERAL AND ADMINISTRATIVE EXPENSES CATEGORY ON THE STATEMENT OF ACTIVITIES. THERE WERE NO SUCH INTEREST OR PENALTIES RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

2020

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization

COMMONBOND COMMUNITIES

Employer identification number

41-1260469

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total						

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

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
		BIRDIES FOR HOPE	GRAND GALA	NONE	(add col. (a) through col. (c))	
		(event type)	(event type)	(total number)		
Revenue	1	Gross receipts	90,366.	638,751.	729,117.	
	2	Less: Contributions	90,366.	638,751.	729,117.	
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				
	10	Direct expense summary. Add lines 4 through 9 in column (d)				
	11	Net income summary. Subtract line 10 from line 3, column (d)				

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:
- | | | |
|-------------------------------|-----|---|
| a The organization's facility | 13a | % |
| b An outside facility | 13b | % |
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ► _____

Address ► _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____
- c If "Yes," enter name and address of the third party:

Name ► _____

Address ► _____

16 Gaming manager information:

Name ► _____

Gaming manager compensation ► \$ _____

Description of services provided ► _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization

COMMONBOND COMMUNITIES

Employer identification number

41-1260469

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment? **4a**
- b** Participate in or receive payment from a supplemental nonqualified retirement plan? **4b**
- c** Participate in or receive payment from an equity-based compensation arrangement? **4c**
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a**
- b** Any related organization? **5b**
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a**
- b** Any related organization? **6b**
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2020

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DEIDRE SCHMIDT PRESIDENT & CEO	(i)	264,782.	0.	9,902.	11,828.	286,512.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(2) KEVIN MYREN FORMER CFO AND VP-ADMINISTRATION	(i)	0.	0.	0.	0.	0.	0.
	(ii)	200,543.	0.	7,100.	5,357.	213,000.	0.
(3) CECILE BEDOR EXECUTIVE VP OF REAL ESTATE	(i)	0.	0.	0.	0.	0.	0.
	(ii)	176,676.	0.	6,760.	11,704.	195,140.	0.
(4) DEREK MADSEN EXECUTIVE VP OF RESOURCE DEVELOPMENT	(i)	169,070.	500.	6,552.	15,660.	191,782.	0.
	(ii)	0.	0.	0.	0.	0.	0.
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							
(i)							
(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **COMMONBOND COMMUNITIES** Employer identification number **41-1260469**

Part I Types of Property		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		144,471.	DONOR PROVIDED
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded				
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (HAP CONTRACT)	X	1	780,000.	APPRAISAL
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29** **0**

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

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

THE PRINCIPAL GROUP SELLS ANY STOCK GIFTS RECEIVED BY COMMONBOND
COMMUNITIES.

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization

COMMONBOND COMMUNITIES

Employer identification number

41-1260469

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

WITH DISABILITIES SINCE 1971. COMMONBOND COMBINES AFFORDABLE HOUSING
WITH ADVANTAGE SERVICES WITH THE GOAL OF HELPING ACHIEVE STABILITY,
ADVANCEMENT, AND INDEPENDENCE.

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

INDEPENDENCE; EDUCATION AND ADVANCEMENT; HEALTH AND WELLNESS; AND
COMMUNITY BUILDING AND ENGAGEMENT.

STABILITY AND INDEPENDENCE: STAFF PROVIDE SUPPORT TO HELP RESIDENTS
MAINTAIN HOUSING, INCLUDING WORKING WITH PROPERTY MANAGEMENT IF RENT
WILL BE LATE, ACCESSING EMERGENCY OR UTILITY RENTAL ASSISTANCE, AND
OTHER ASSISTANCE TO PREVENT EVICTION. DURING 2020, 90% OF HOUSING EXITS
WERE POSITIVE OR NEUTRAL.

EDUCATION AND ADVANCEMENT: STAFF WORK WITH ADULTS TO HELP THEM MAINTAIN
STABLE HOUSING AND ACHIEVE THEIR ECONOMIC GOALS THROUGH: ON-SITE
EMPLOYMENT SERVICES; FINANCIAL COACHING AND COUNSELING; AND MAXIMIZING
INCOME SUPPORT. DURING 2020, THE PROGRAM ASSISTED WITH 105 ADULT JOB
PLACEMENTS, AND 64% RETAINED EMPLOYMENT FOR MORE THAN ONE YEAR.
ADDITIONALLY, CHILDREN AND YOUTH HAVE ACCESS TO ACADEMIC MENTORING
THROUGH STUDY BUDDIES, HOMEWORK CENTERS, AND ENRICHMENT/LEADERSHIP
PROGRAMS. DURING 2020, 146 YOUTH PARTICIPATED IN STUDY BUDDIES, WITH
97% DEVELOPING A POSITIVE RELATIONSHIP WITH A CARING ADULT. IN
ADDITION, 151 TEENS PARTICIPATED IN ENRICHMENT AND LEADERSHIP
PROGRAMMING, WITH 92% ENGAGING IN FUTURE PLANNING.

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

Schedule O (Form 990 or 990-EZ) 2020

Name of the organization

COMMONBOND COMMUNITIES

Employer identification number

41-1260469

HEALTH AND WELLNESS: SENIORS AND RESIDENTS WITH DISABILITIES BENEFIT FROM EVIDENCE-BASED HEALTH AND WELLNESS PROMOTION PROGRAMS INCLUDING: A MATTER OF BALANCE WORKSHOP, LIVE WELL CHRONIC DISEASE SELF-MANAGEMENT PROGRAM, TAI JI QUAN: MOVING FOR BETTER BALANCE, STAYING ACTIVE AND INDEPENDENT FOR LIFE (SAIL), AND ENHANCE FITNESS. THE GOAL IS TO KEEP RESIDENTS ACTIVE AND IN THEIR OWN HOMES. DURING 2020, 193 SENIORS AND RESIDENTS WITH DISABILITIES PARTICIPATED IN EVIDENCE-BASED EXERCISE PROGRAMS; OF THOSE, 73% MAINTAINED OR IMPROVED THEIR STRENGTH AND COORDINATION.

COMMUNITY BUILDING AND ENGAGEMENT: WE PROVIDE OPPORTUNITIES FOR COMMUNITY BUILDING, INCLUDING RESIDENT ASSOCIATIONS, COMMUNITY GARDENS, AND INTERGENERATIONAL EVENTS. THE GOAL IS TO EMPOWER RESIDENTS TO DEVELOP ACTIVITIES THAT ARE MEANINGFUL IN THEIR OWN COMMUNITIES, BOTH WITHIN HOUSING AND WITH SURROUNDING NEIGHBORS. DURING 2020, 2,359 RESIDENTS PARTICIPATED IN COVID-SAFE COMMUNITY BUILDING ACTIVITIES, AND 252 RESIDENTS HAD ACTIVE LEADERSHIP ROLES IN THEIR COMMUNITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
CALL HOME. NEARLY 4,000 OF THESE INDIVIDUALS WERE CHILDREN.

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 WAS REVIEWED BY THE CFO AND CONTROLLER, THEN PRESENTED TO THE AUDIT COMMITTEE FOR REVIEW AND APPROVAL, THEN SENT TO THE BOARD OF DIRECTORS PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
ANY DIRECTOR, OFFICER, MEMBER OF A COMMITTEE OR INDIVIDUAL WITH

Name of the organization

COMMONBOND COMMUNITIES

Employer identification number

41-1260469

BOARD-DELEGATED POWERS (INTERESTED PERSON) WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, IS ASKED, ON AN ANNUAL BASIS, TO DISCLOSE ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST IN WRITING TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD-DELEGATED POWERS. THE BOARD OR COMMITTEE MEMBERS DECIDE BY MAJORITY VOTE IF A CONFLICT OF INTEREST EXISTS. IF IT DOES EXIST, OR IF THEY HAVE REASONABLE CAUSE TO BELIEVE THAT A DIRECTOR, OFFICER OR MEMBER HAS FAILED TO DISCLOSE ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL FOLLOW THE PROCEDURES DESCRIBED IN THE CONFLICT OF INTEREST POLICY. THIS MAY INCLUDE PROVIDING THE DIRECTOR, OFFICER OR MEMBER AN OPPORTUNITY TO EXPLAIN THE ALLEDGED FAILURE TO DISCLOSE, DECIDING IF FURTHER INVESTIGATION MAY BE WARRANTED OR TAKING APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION WITH DISCLOSURE RECORDED IN THE BOARD MINUTES. A BOARD MEMBER WITH A CONFLICT OF INTEREST DOES NOT PARTICIPATE IN DISCUSSIONS OR VOTING CONCERNING THE TRANSACTION IN QUESTION.

FORM 990, PART VI, SECTION B, LINE 15:

THE COMPENSATION OF THE CEO IS REVIEWED AND APPROVED ANNUALLY BY THE EXECUTIVE COMMITTEE, USING A COMPENSATION ANALYSIS AND VARIOUS PERFORMANCE REPORTS FOR MEASUREMENT AND COMPARISON. THE COMPENSATION OF THE EXECUTIVE LEADERSHIP TEAM IS ALSO REVIEWED BY THE EXECUTIVE COMMITTEE. THE LAST YEAR IN WHICH THIS PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT PERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATIONS WAS 2019.

FORM 990, PART VI, SECTION C, LINE 19:

COMMONBOND COMMUNITIES' FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

Name of the organization

COMMONBOND COMMUNITIES

Employer identification number

41-1260469

TRANSFER FROM COMMONBOND ENDOWMENT

462,902.

TRANSFER PROPERTY TO MEADOW VILLAGE

610,000.

TOTAL TO FORM 990, PART XI, LINE 9

1,072,902.

FORM 990, PAGE 12, PART XII, LINE 2C

THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

Multiple horizontal lines for additional text entry.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization: **COMMONBOND COMMUNITIES**
Employer identification number: **41-1260469**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
URBAN VIEW 2, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	11,072.	199,908. N/A	
COMMONBOND ACQUISITION, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	32.	223,665. N/A	
CB SUNRISE MANOR LLC - 47-4181142 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	312,317.	2,711,043. N/A	
CBC RIVER MILL, LLC - 36-4646134 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	607,477.	5,861,669. N/A	

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
COMMONBOND ENDOWMENT CORPORATION - 30-0186930, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	CONTRIBUTION SOLICITATION	MINNESOTA	501(C)(3)	LINE 12A, I N/A			X
THE ARCHDIOCESE OF SAINT PAUL AND MINNEAPOLIS - 41-0693908, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	RELIGIOUS	MINNESOTA	501(C)(3)	LINE 12A, I N/A			X
BOULEVARD GARDENS SENIOR HOUSING - 41-1841892, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10 N/A			X
DELANO COMMONS SENIOR HOUSING - 30-0247555 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10 N/A			X

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule R (Form 990) 2020

Part 1 Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
WHITTIER COMMUNITY, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	WISCONSIN	687,574.	4,214,427.	N/A
SLP ACQUISITION, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	893,430.	2,673,246.	N/A
CB KOHL ACQUISITION, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	-1,603.	N/A
CEC PROPERTIES, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	COLORADO	0.	0.	N/A
COMMONBOND OFFICE, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	645,059.	1,175,517.	N/A
STEWART PARK TOWNHOMES LLLP - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	IOWA	82,980.	1,044,308.	N/A
KINGLEY HOUSING, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0.	N/A
CB BOULDER RIDGE LLC - 81-2186652 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	1,977,119.	15,463,095.	N/A
COMMONBOND HOUSING OPPORTUNITY FUND LLC - 41-1260469, 1080 MONTREAL AVENUE, SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	309,239.	3,490,696.	N/A
COMMONBOND WISCONSIN, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	WISCONSIN	73,782.	-424,430.	N/A

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CB PRG PORTFOLIO I LLC - 47-4284228 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB PRG PORTFOLIO II LLC - 47-4290471 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
BLOOMSBURY VILLAGE GP LLC - 46-3035559 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB CONCORDIA LLC - 46-2109917 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB WEST BROADWAY LLC - 46-2679647 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
ROCHESTER SENIOR HOUSING GP LLC - 90-0991764 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB FLORIST GARDENS MM, LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
BREWERY POINT APARTMENTS MM, LLC - 36-4713902, 1080 MONTREAL AVENUE, SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
HISTORIC FALLCORN TOWERS GP LLC - 46-0709705 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB RAMSEY HOUSING LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	

Part 1 Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CB RAINBOW PLAZA LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	1,212,194.	9,761,440.	N/A
CB WHITNEY HOLDING LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0.	N/A
COMMERCE RETAIL LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	27,237.	444,282.	N/A
CB GALLOWAY PLACE HOLDING LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	27,912.	168,766.	N/A
CB COMMUNITY PLAZA DEVELOPMENT LLC - 82-0606695, 1080 MONTREAL AVENUE, SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	143,798.	170,089.	N/A
CB MANKATO HOUSING LLC - 47-2483534 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0.	N/A
CB LM HOLDING LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0.	N/A
CB GUARDIAN ANGELS HOLDING LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0.	N/A
CB HASTINGS TRANSITIONAL HOUSING LLC - 41-1260469, 1080 MONTREAL AVENUE, SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	10,844.	93,462.	N/A
CB STONEHOUSE HOLDING LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	897,624.	10,959,259.	N/A

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CB WILDER SQUARE LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	1,408,485.	10,025,170. N/A	
CB MEADOW VILLAGE HOLDING LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	202,192.	0. N/A	
CB TREE LANE SENIOR GP LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB SHAKOPEE HOUSING GP LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB MANKATO HOUSING II GP LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB WILLOW WOOD ESTATES HOLDING LLC - 41-1260469, 1080 MONTREAL AVENUE, SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	321,371.	7,899,375. N/A	
CB LSM I LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	190,401.	2,955,905. N/A	
CB LSM II LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	0. N/A	
CB SLP HOLDING LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	2,011,070. N/A	
CB OWASSO GARDENS LIMITED PARTNERSHIP - 41-1260469, 1080 MONTREAL AVENUE, SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	1,100,551. N/A	

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CB FORD SITE I LLC - 41-1260469 1080 MONTREAL AVENUE SAINT PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	0.	1,324,552.	

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
WELLSTONE COMMONS SENIOR HOUSING -- 30-0145891, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
GARDEN TERRACE COMMONS SENIOR HOUSING - 30-0003273, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
NORTH GABLES SENIOR HOUSING - 31-1647641 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
HOWARD LAKE GOLDENDALE HOUSING - 30-0210548 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
ROBBINS WAY SENIOR HOUSING - 26-1483666 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
SHINGLE CREEK SENIOR HOUSING - 41-1981337 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
ARBOR LAKES SENIOR HOUSING - 31-1732012 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
CENTURY TRAILS SENIOR HOUSING - 41-1382137 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
NORWOOD SQUARE, INC - 41-1743091 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
COMMUNITY FOR AFFORDABLE SENIOR HOUSING, INC - 41-1563596, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
BASSETT CREEK SENIOR HOUSING - 31-1557119 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
SEWARD TOWERS CORPORATION - 41-1675502 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
GREENVALE PLACE OF NORTHFIELD, INC - 41-6161167, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
METRO APARTMENTS, INC - 41-1692875 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
FORD HOUSE, INC - 41-1735511 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
FOUR SEASONS COMMUNITY HOUSING, INC - 41-1742816, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
BII DI GAIN DASH ANWERI ELDERLY HOUSING - 27-3561703, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
FRANKLIN SENIOR HOUSING - 27-3561629 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X
RIVERVIEW SENIOR HOUSING - 27-3561771 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MINNESOTA	501(C)(3)	LINE 10	N/A		X

COMMONBOND COMMUNITIES

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
LEXINGTON APARTMENTS LP - 26-2790566, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	RELATED	-233,082.	5,574,194.		X	N/A		X	99.99%
LAKESHORE TOWNHOMES LP - 41-1934294, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	RELATED	-10,711.	1,134,042.		X	N/A		X	99.99%
SEWARD TOWERS RENOVATION LIMITED PARTNERSHIP - 37-1782382, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A		X	N/A		X	N/A
CB MANKATO HOUSING LIMITED PARTNERSHIP - 81-4894637, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB MANKATO HOUSING LLC	RELATED	-54,210.	597,770.		X	N/A		X	.01%

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 513(b) (6) controlled entity?	
								Yes	No
COMMONBOND HOUSING CORPORATION - 41-1767498 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
COMMONBOND INVESTMENT CORPORATION - 41-1260427, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	INVESTMENT	MN	N/A	C CORP			100%		X
EAST DES MOINES REFI GP LLC - 27-4663129 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP	-26.	856,083.	100%		X
CBC MEMORIAL MEADOWS LLC - 46-0527925 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
KINGSLEY COMMONS HOUSING - 41-2172439 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP	-80,467.	1,680,154.	100%		X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
HISTORIC TALLCORN TOWERS LLLP - 27-5272674, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	HISTORIC TALLCORN TOWERS GP LLC	RELATED	-32.	4,340,779.	X		N/A	X	.01%
TRAILS EDGE TOWNHOMES LP - 26-1707610, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	RELATED	-32.	790,603.	X		N/A	X	1.00%
BREWERY POINT APARTMENTS LLC - 90-0754470, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	BREWERY POINT APARTMENTS MM, LLC	RELATED	-24.	860,858.	X		N/A	X	.01%
ROCHESTER SENIOR HOUSING LP - 46-2894223, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	ROCHESTER SENIOR HOUSING GP LLC	RELATED	-20.	5,923,377.	X		N/A	X	.01%
CB CONCORDIA LP - 90-0940639 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB CONCORDIA LLC	RELATED	-7.	7,174,132.	X		N/A	X	.01%
VICKSBURG COMMONS LP - 20-4134576, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
YORKDALE TOWNHOMES LP - 45-3858401, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
BLOOMSBURY VILLAGE LLLP - 46-0848897, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	BLOOMSBURY VILLAGE GP LLC	RELATED	-28.	1,056,766.	X		N/A	X	.01%
CB WEST BROADWAY LP - 80-0920231, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB WEST BROADWAY LLC	RELATED	-40.	5,511,489.	X		N/A	X	.01%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal jurisdiction (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
SNELLING AVENUE APARTMENTS LP - 80-0934453, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CB NORTHPOINT TOWNHOMES LIMITED PARTNERSHIP - 68-0683776, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CB FLORIST GARDENS LLC - 41-1260469, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB FLORIST GARDENS MM, LLC	RELATED	-18.	870,615.	X		N/A	X	.01%
CEVA MINNEAPOLIS LIMITED PARTNERSHIP - 46-0682981, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
VALLEY SQUARE COMMONS LP - 41-2017499, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
OAKDALE-GRANADA LAKES DEVELOPER LLC - 26-2793104, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CB CATHEDRAL HILL LP - 38-3945363, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CB RAMSEY HOUSING LP - 32-0454810, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB RAMSEY HOUSING LLC	RELATED	-19.	1,261,904.	X		N/A	X	.01%
SEWARD TOWERS RENOVATION LLC - 47-3834956, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	RELATED			X		N/A	X	51.00%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
CB PRG PORTFOLIO I LIMITED PARTNERSHIP - 46-2871509, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB PRG PORTFOLIO I LLC	RELATED	-57.	2,029,755.	X		N/A	X	.01%
CB PRG PORTFOLIO II LIMITED PARTNERSHIP - 35-2535539, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB PRG PORTFOLIO II LLC	RELATED	-62.	1,292,735.	X		N/A	X	.01%
CB WHITNEY APPLE VALLEY LIMITED PARTNERSHIP - 81-3376427, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CB CEDAR RAPIDS HOUSING LIMITED PARTNERSHIP - 81-1848142, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB CEDAR RAPIDS HOUSING 3P LLC	RELATED	-36.	757,896.	X		N/A	X	.01%
COMMONBOND CITY WALK LIMITED PARTNERSHIP - 45-4047058, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
TWV LIMITED PARTNERSHIP - 20-2665960, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
SPRUCE PLACE OF FARMINGTON LP - 20-3540240, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CB PINE POINT LLC - 38-4053872, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
EAST WATERLOO FAMILY HOUSING, LLLP - 26-3616468, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN		RELATED	-84,171.	5,333,187.	X		N/A	X	80.00%
		IA	N/A	RELATED	-34.	1,117,403.	X		N/A	X	1.00%

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
KINGSLEY COMMONS LP - 30-0356596, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	RELATED	-8.	863,941.	X		N/A	X	99.99%
BISHOP'S CREEK FAMILY HOUSING, LLC - 26-1192885, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	WI	N/A	N/A	N/A	N/A	X		N/A	X	N/A
BLOOMINGTON NORD LP - 26-3095740, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
BRIDGEPORT HOLDINGS II, LLC - 01-0741631, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CITY FLATS LP - 33-1039771 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
COMMERCE APARTMENTS LP - 20-8982553, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
COMMERCE APARTMENTS PHASE 2 LP - 27-3600574, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	RELATED	-2.	1,343,507.	X		N/A	X	1.00%
COMMERCE HISTORIC LP - 20-8982533, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	RELATED	71,192.	1,601,733.	X		N/A	X	99.99%
CROWN RIDGE APARTMENTS LP - 41-1859949, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
ST. ANNE'S COMMUNITY DEVELOPMENT LP - 20-5446525, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
EAST DES MOINES REFI, LLLP - 27-1602792, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
GOLDSDALE/HOWARD LAKE HOUSING OF MN, LLC - 30-0210548, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
HISTORIC HOTEL NORTHERN, LLC - 26-1183514, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	WI	N/A	N/A	N/A	N/A	X		N/A	X	N/A
HISTORIC TEWELES SEED, LLC - 01-0582382, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	WI	N/A	N/A	N/A	N/A	X		N/A	X	N/A
HOTEL NORTHERN, LLC - 26-1183202, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	WI	N/A	N/A	N/A	N/A	X		N/A	X	N/A
HTS MANAGEMENT, LLC - 77-0593595, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	WI	N/A	N/A	N/A	N/A	X		N/A	X	N/A
LINDEN PLACE LP - 41-1670098 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
MAPLE HILLS LP - 26-3095686 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
OAKDALE GRANADA LAKES LLC - 26-2792905, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
OAKDALE GRANADA LAKES LP - 26-2793014, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
SKYLINE TOWER OF ST. PAUL LP - 41-1961493, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	RELATED	861,667.	27,923,389.	X		N/A	X	99.99%
GLENEROOK COMMUNITY, LLC - 80-0308748, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	WI	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CBC 202 LP - 20-3568155 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CBC PROPERTIES LLC	RELATED	-38.	7,270,248.	X		N/A	X	.01%
CB FOREST LAKE HOUSING LIMITED PARTNERSHIP - 83-4164908, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CB WATERLOO HOUSING LLLP - 82-3232242, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A
CB TREE LANE SENIOR LLC - 83-0841487, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB TREE LANE SENIOR GP LLC	RELATED	-157.	5,316,640.	X		N/A	X	.01%
CB GALWAY-COMMUNITY LIMITED PARTNERSHIP - 83-0891253, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A	X	N/A

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CB GUARDIANS OF HASTINGS LIMITED PARTNERSHIP - 83-0806707, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A		X	N/A
CB SHAKOPEE HOUSING LIMITED PARTNERSHIP - 83-3540237, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB SHAKOPEE HOUSING GP LLC	RELATED	-23.	12,264,487.	X		N/A		X	.01%
CB MANKATO HOUSING II LIMITED PARTNERSHIP - 83-3024691, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	CB MANKATO HOUSING II GP LLC	RELATED	29,733.	11,737,277.	X		N/A		X	.01%
CB EDEN PRAIRIE HOUSING LIMITED PARTNERSHIP - 83-3609086, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A		X	N/A
CB LM REDEVELOPMENT LIMITED PARTNERSHIP - 83-1084094, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A		X	N/A
CB MEADOW VILLAGE RENOVATION LLC - 84-3056927, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A		X	N/A
CB LSM II LIMITED PARTNERSHIP - 83-2716036, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	N/A	N/A	N/A	X		N/A		X	N/A

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
CRS HOUSING GP LLC - 46-3015721 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			50.00%		X
CB NORTHPOINT TOWNHOMES LLC - 46-4455153 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP	-11.	435,858.	100%		X
COMMONBOND CITY WALK LLC - 46-0927794 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP	-25.	-88,515.	100%		X
YORKDALE TOWNHOMES LLC - 45-3858401 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP	-47.	150,406.	100%		X
CEVA MINNEAPOLIS GP LLC - 46-4584258 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP	-25.	922,292.	100%		X
CBC FALLS MEADOWRIDGE - 47-1471806 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB CATHEDRAL HILL LLC - 47-2483534 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB WHITNEY APPLE VALLEY LLC - 81-3329896 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB CEDAR RAPIDS GP LLC - 81-1828554 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB FOREST LAKE HOUSING LLC - 82-4156486 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB WATERLOO HOUSING GP LLC - 82-3242614 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB GALWAY-COMMUNITY LLC - 83-0879227 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(9) controlled entity?	
								Yes	No
CB GUARDIAN ANGELS LLC - 83-0791742 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB EDEN PRAIRIE HOUSING GP LLC - 83-3595442 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB IM REDEVELOPMENT LLC - 83-1070401 1080 MONTREAL AVENUE ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X
CB MEADOW VILLAGE RENOVATION LLC - 84-3065634, 1080 MONTREAL AVENUE, ST. PAUL, MN 55116	AFFORDABLE HOUSING	MN	N/A	C CORP			100%		X

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)	X	
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) CBC 202 LIMITED PARTNERSHIP	A	126,327. CASH	
(2) CB CONCORDIA LIMITED PARTNERSHIP	A	208,575. CASH	
(3) CB PINE POINT LLC	B	480,774. CASH	
(4) CB CONCORDIA LIMITED PARTNERSHIP	D	4,171,956. CASH	
(5) CBC MEMORIAL MEADOWS ROCHESTER SENIOR HOUSING LIMITED	D	388,873. CASH	
(6) PARTNERSHIP	D	602,587. CASH	

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) SNELLING AVENUE LIMITED PARTNERSHIP ST. ANNE'S COMMUNITY DEVELOPMENT LIMITED	D	772,503.	CASH
(8) PARTNERSHIP	D	99,144.	CASH
(9) SHINGLE CREEK SENIOR HOMES CROWN RIDGE APARTMENTS LIMITED	D	1,486,440.	CASH
(10) PARTNERSHIP	D	418,476.	CASH
(11) CB CATHEDRAL HILLS LIMITED PARTNERSHIP	D	1,415,192.	CASH
(12) CBC FALLS MEADOWRIDGE	D	539,267.	CASH
(13) VALLEY SQUARE COMMONS LIMITED PARTNERSHIP	D	350,000.	CASH
(14) OAKDALE-GRANADA LAKES LIMITED PARTNERSHIP	D	450,000.	CASH
(15) EAST WATERLOO FAMILY HOUSING LLLP	D	550,000.	CASH
(16) CB WEST BROADWAY LIMITED PARTNERSHIP	D	3,006,375.	CASH
(17) CB FLORIST GARDENS LLC	D	380,000.	CASH
(18) GLENBROOK COMMUNITY, LLC	D	199,908.	CASH
(19) CB MANKATO HOUSING LIMITED PARTNERSHIP	D	100,000.	CASH
(20) BLOOMSBURY VILLAGE LLLP	D	114,426.	CASH
(21) BREWERY POINT APARTMENTS, LLC	D	420,000.	CASH
(22) YORKDALE TOWNHOMES LIMITED PARTNERSHIP	D	250,000.	CASH
(23) CBVA MINNEAPOLIS LIMITED PARTNERSHIP CB WHITNEY APPLE VALLEY LIMITED	D	5,420,799.	CASH
(24) PARTNERSHIP	D	230,000.	CASH

COMMONBOND COMMUNITIES

Schedule R (Form 990)

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
[7]EAST DES MOINES REFI LLLP	D	233,711.	CASH
[8]COMMONBOND HOUSING	J	365,951.	CASH
[9]CB CONCORDIA LIMITED PARTNERSHIP	L	274,971.	CASH
[10]CB TREE LANE SENIOR HOUSING LLC SEWARD TOWERS RENOVATION LIMITED	L	148,608.	FAIR MARKET VALUE
[11]PARTNERSHIP	L	135,280.	CASH
[12]GREENVALE PLACE OF NORTHFIELD, INC	L	65,754.	CASH
[13]CB CATHEDRAL HILLS LIMITED PARTNERSHIP CB FOREST LAKE HOUSING LIMITED	L	94,613.	CASH
[14]PARTNERSHIP	L	70,337.	FAIR MARKET VALUE
[15]SKYLINE TOWER LIMITED PARTNERSHIP	L	479,970.	CASH
[16]COMMONBOND HOUSING	O	243,064.	CASH
[17]VICKSBURG COMMONS LIMITED PARTNERSHIP	D	150,000.	CASH
[18]CB TREE LANE SENIOR HOUSING LLC CB FOREST LAKE HOUSING LIMITED	D	2,645,000.	CASH
[19]PARTNERSHIP	D	500,000.	CASH
[20]CB WATERLOO HOUSING LLLP	D	876,000.	CASH
[21]CB GALWAY-COMMUNITY LIMITED PARTNERSHIP	D	1,102,045.	CASH
[22]CB GUARDIAN ANGELS LIMITED PARTNERSHIP	D	339,949.	CASH
[23]CB LM REDEVELOPMENT LIMITED PARTNERSHIP	D	3,650,000.	CASH
[24]CB MANKATO HOUSING II LIMITED PARTNERSHIP	D	100,000.	CASH

COMMONBOND COMMUNITIES

Part V Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) COMMONBOND HOUSING	O	687,015.	CASH
(8) CB WATERLOO HOUSING LLLP	L	149,900.	CASH
(9) CB GUARDIAN ANGELS LIMITED PARTNERSHIP CB EDEN PRAIRIE HOUSING LIMITED	L	271,217.	FAIR MARKET VALUE
(10) PARTNERSHIP	L	747,525.	FAIR MARKET VALUE
(11) CB LSM II LIMITED PARTNERSHIP	L	300,000.	FAIR MARKET VALUE
(12) CB SHAKOPEE HOUSING LIMITED PARTNERSHIP CB MANKATO HOUSING II LIMITED	L	795,263.	FAIR MARKET VALUE
(13) PARTNERSHIP	L	347,713.	FAIR MARKET VALUE
(14) CBVA MINNEAPOLIS LIMITED PARTNERSHIP	L	127,198.	CASH
(15) CBC 202 LIMITED PARTNERSHIP	L	126,327.	CASH
(16) CB GALWAY-COMMUNITY LIMITED PARTNERSHIP	L	486,270.	FAIR MARKET VALUE
(17) COMMONBOND ENDOWMENT CORPORATION	S	462,902.	CASH
(18) CB MEADOW VILLAGE RENOVATION LLC	R	610,000.	FAIR MARKET VALUE
(19) CB MEADOW VILLAGE RENOVATION LLC	D	610,000.	FAIR MARKET VALUE
(20) CB MEADOW VILLAGE RENOVATION LLC	L	332,000.	FAIR MARKET VALUE
(21) CB MANKATO HOUSING LIMITED PARTNERSHIP	L	84,647.	CASH
(22)			
(23)			
(24)			

COMMONBOND COMMUNITIES

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

SCHEDULE R, PART IV

CB MEADOW VILLAGE MM LLC

1080 MONTREAL AVENUE

ST. PAUL, MN 55116

EMPLOYER IDENTIFICATION NUMBER: 84-3065634

ELECTION UNDER CODE SECTION 168(H)(6)(F)(II)

CB MEADOW VILLAGE MM LLC, A TAX-EXEMPT CONTROLLED ENTITY, WHICH IS THE MANAGING GENERAL PARTNER OF CB MEADOW VILLAGE RENOVATION LLC, HEREBY ELECTS, PURSUANT TO IRC SECTION 168(H)(6)(F)(II), NOT TO BE TREATED AS A TAX-EXEMPT ENTITY UNDER THE RULES OF SECTION 168(H)(6)(F) BEGINNING WITH THE TAX YEAR ENDING DECEMBER 31, 2020.

ANY GAIN RECOGNIZED ON THE DISPOSITION BY COMMONBOND COMMUNITIES, THE CONTROLLING TAX-EXEMPT ENTITY, OF ITS INTEREST IN CB MEADOW VILLAGE MM LLC OR ANY DIVIDEND OR INTEREST RECEIVED BY COMMONBOND COMMUNITIES FROM CB MEADOW VILLAGE MM LLC RELATED TO THIS INVESTMENT WILL BE TREATED AS UNRELATED BUSINESS TAXABLE INCOME FOR PURPOSES OF SECTION 511.

ACCORDINGLY, THE RESIDENTIAL RENTAL PROPERTY OWNED BY CB MEADOW VILLAGE RENOVATION LLC WILL NOT BE CONSIDERED TAX-EXEMPT USE PROPERTY UNDER SECTION 168(H).

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

2020

For calendar year 2020 or other tax year beginning _____, and ending _____

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

A <input type="checkbox"/> Check box if address changed.	Print or Type	Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) COMMONBOND COMMUNITIES	D Employer identification number 41-1260469
B Exempt under section <input checked="" type="checkbox"/> 501(c)(3)) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529S		Number, street, and room or suite no. If a P.O. box, see instructions. 1080 MONTREAL AVENUE	E Group exemption number (see instructions)
		City or town, state or province, country, and ZIP or foreign postal code ST. PAUL, MN 55116	F <input type="checkbox"/> Check box if an amended return.
		C Book value of all assets at end of year ▶ 168,226,093.	
G Check organization type ▶ <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust <input type="checkbox"/> Applicable reinsurance entity			
H Check if filing only to ▶ <input type="checkbox"/> Claim credit from Form 8941 <input type="checkbox"/> Claim a refund shown on Form 2439			
I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ <input type="checkbox"/>			
J Enter the number of attached Schedules A (Form 990-T) ▶ 1			
K During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," enter the name and identifying number of the parent corporation. ▶			
L The books are in care of ▶ ANGELA RILEY Telephone number ▶ (651) 291-1750			

Part I Total Unrelated Business Taxable Income

1 Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	-32,298.
2 Reserved	2	
3 Add lines 1 and 2	3	-32,298.
4 Charitable contributions (see instructions for limitation rules)	4	0.
5 Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	-32,298.
6 Deduction for net operating loss. See instructions	6	
7 Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	-32,298.
8 Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000.
9 Trusts. Section 199A deduction. See instructions	9	
10 Total deductions. Add lines 8 and 9	10	1,000.
11 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.

Part II Tax Computation

1 Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2 Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	
3 Proxy tax. See instructions	3	
4 Other tax amounts. See instructions	4	
5 Alternative minimum tax (trusts only)	5	
6 Tax on noncompliant facility income. See instructions	6	
7 Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0.

LHA For Paperwork Reduction Act Notice, see instructions.

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a			
b Other credits (see instructions)	1b			
c General business credit. Attach Form 3800 (see instructions)	1c			
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d			
e Total credits. Add lines 1a through 1d	1e			
2 Subtract line 1e from Part II, line 7	2			0.
3 Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach statement)	3			
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4			0.
5 2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			0.
6a Payments: A 2019 overpayment credited to 2020	6a			
b 2020 estimated tax payments. Check if section 643(g) election applies	6b			
c Tax deposited with Form 8868	6c			
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d			
e Backup withholding (see instructions)	6e			
f Credit for small employer health insurance premiums (attach Form 8941)	6f			
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	6g			
7 Total payments. Add lines 6a through 6g	7			
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11 Enter the amount of line 10 you want: Credited to 2021 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11			

Part IV Statements Regarding Certain Activities and Other Information (see instructions)

		Yes	No
1 At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here			X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			X
If "Yes," see instructions for other forms the organization may have to file.			
3 Enter the amount of tax-exempt interest received or accrued during the tax year	\$		
4a Did the organization change its method of accounting? (see instructions)			X
b If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 11228? If "No," explain in Part V			

Part V Supplemental Information

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign Here	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 taxpayer) is based on all information of which preparer has any knowledge.					
	Signature of officer _____	Date _____	CHIEF FINANCIAL OFFICER	Title _____		
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	THOMAS JOHNSON			06/01/21		P01285389
	Firm's name ▶ MAHONEY, ULBRICH, CHRISTIANSEN & RUSS P.A.		Firm's EIN ▶ 41-1647057			
Firm's address ▶ 10 RIVER PARK PLAZA, SUITE 800 SAINT PAUL, MN 55107				Phone no. (651)227-6695		

**SCHEDULE A
(Form 990-T)**

**Unrelated Business Taxable Income
From an Unrelated Trade or Business**

ENTITY

1

OMB No. 1545-0047

2020

Open to Public Inspection for
501(c)(3) Organizations Only

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form990T for instructions and the latest information.

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

A Name of the organization COMMONBOND COMMUNITIES	B Employer identification number 41-1260469
C Unrelated business activity code (see instructions) ▶ 531120	D Sequence: 1 of 1

E Describe the unrelated trade or business ▶ **COMMERCIAL RENTAL SPACE**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance ▶	1c		
2 Cost of goods sold (Part III, line 8)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)	4a		
b Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from a partnership or an S corporation (attach statement)	5		
6 Rent income (Part IV)	6		
7 Unrelated debt-financed income (Part V)	21,288.	53,586.	-32,298.
8 Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10 Exploited exempt activity income (Part VIII)	10		
11 Advertising income (Part IX)	11		
12 Other income (see instructions; attach statement)	12		
13 Total. Combine lines 3 through 12	21,288.	53,586.	-32,298.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

1 Compensation of officers, directors, and trustees (Part X)	1		
2 Salaries and wages	2		
3 Repairs and maintenance	3		
4 Bad debts	4		
5 Interest (attach statement) (see instructions)	5		
6 Taxes and licenses	6		
7 Depreciation (attach Form 4562) (see instructions)	7	13,745.	
8 Less depreciation claimed in Part III and elsewhere on return	8a	13,745.	0.
9 Depletion	9		
10 Contributions to deferred compensation plans	10		
11 Employee benefit programs	11		
12 Excess exempt expenses (Part VIII)	12		
13 Excess readership costs (Part IX)	13		
14 Other deductions (attach statement)	14		
15 Total deductions. Add lines 1 through 14	15		0.
16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	16		-32,298.
17 Deduction for net operating loss (see instructions)	17		0.
18 Unrelated business taxable income. Subtract line 17 from line 16	18		-32,298.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020

Part III Cost of Goods Sold Enter method of inventory valuation ▶

1 Inventory at beginning of year	1	
2 Purchases	2	
3 Cost of labor	3	
4 Additional section 263A costs (attach statement)	4	
5 Other costs (attach statement)	5	
6 Total. Add lines 1 through 5	6	
7 Inventory at end of year	7	
8 Cost of goods sold. Subtract line 7 from line 6. Enter here and in Part I, line 2	8	

9 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? Yes No

Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)

1 Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)

A _____
 B _____
 C _____
 D _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				

3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A) ▶ 0.

4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)

5 **Total deductions.** Add line 4 columns A through D. Enter here and on Part I, line 6, column (B) ▶ 0.

Part V Unrelated Debt-Financed Income (see instructions)

1 Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)

A **COMMERCE RETAIL LLC**
 B _____
 C _____
 D _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property	27,209.			
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement) STMT 3	13,745.			
b Other deductions (attach statement) STMT 4	54,744.			
c Total deductions (add lines 3a and 3b, columns A through D)	68,489.			
4 Amount of average acquisition debt on or allocable to debt-financed property (attach statement) STMT 1	177,502.			
5 Average adjusted basis of or allocable to debt-financed property (attach statement) STMT 2	226,880.			
6 Divide line 4 by line 5	78.24%	%	%	%
7 Gross income reportable. Multiply line 2 by line 6 ..	21,288.			
8 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A) ▶				21,288.
9 Allocable deductions. Multiply line 3c by line 6	53,586.			
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B) ▶				53,586.
11 Total dividends-received deductions included in line 10 ▶				0.

Schedule A (Form 990-T) 2020

Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)
Totals			0.	0.

Part VII Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add cols 3 and 4)
(1)				
(2)				
(3)				
(4)				
		Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)
Totals		0.		0.

Part VIII Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1	Description of exploited activity:	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A)	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B)	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7	4
5	Gross income from activity that is not unrelated business income	5
6	Expenses attributable to income entered on line 5	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12	7

Part IX Advertising Income

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A B C D

Enter amounts for each periodical listed above in the corresponding column.

Table with 4 columns (A, B, C, D) and 2 rows. Row 2: Gross advertising income. Row 3: Add columns A through D. Total: 0.

Table with 4 columns (A, B, C, D) and 2 rows. Row 3: Direct advertising costs by periodical. Row 4: Add columns A through D. Total: 0.

Table with 4 columns (A, B, C, D) and 4 rows. Row 4: Advertising gain (loss). Rows 5-8: Readership costs, Circulation income, Excess readership costs, Excess readership costs allowed as a deduction.

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13. Total: 0.

Part X Compensation of Officers, Directors, and Trustees (see instructions)

Table with 4 columns: 1. Name, 2. Title, 3. Percentage of time devoted to business, 4. Compensation attributable to unrelated business. Includes rows (1)-(4) and a Total row.

Part XI Supplemental Information (see instructions)

Multiple horizontal lines for supplemental information.

FORM 990-T (A)

PART V - UNRELATED DEBT-FINANCED INCOME
AVERAGE ACQUISITION DEBT

STATEMENT 1

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT OF OUTSTANDING DEBT
COMMERCE RETAIL LLC	1	
BEGINNING FIRST MONTH		181,088.
BEGINNING SECOND MONTH		180,413.
BEGINNING THIRD MONTH		179,736.
BEGINNING FOURTH MONTH		179,057.
BEGINNING FIFTH MONTH		178,375.
BEGINNING SIXTH MONTH		177,691.
BEGINNING SEVENTH MONTH		177,005.
BEGINNING EIGHTH MONTH		176,317.
BEGINNING NINTH MONTH		175,626.
BEGINNING TENTH MONTH		174,933.
BEGINNING ELEVENTH MONTH		174,237.
BEGINNING TWELFTH MONTH		175,540.
TOTAL OF ALL MONTHS		2,130,018.
NUMBER OF MONTHS IN YEAR		12
AVERAGE AQUISITION DEBT		177,502.

TOTALS TO FORM 990-T, SCHEDULE A, PART V, LINE 4

FORM 990-T (A)

PART V - UNRELATED DEBT-FINANCED INCOME
AVERAGE ADJUSTED BASIS

STATEMENT 2

DESCRIPTION OF DEBT-FINANCED PROPERTY	ACTIVITY NUMBER	AMOUNT
COMMERCE RETAIL LLC	1	
AVERAGE ADJUSTED BASIS OF PROPERTY FIRST DAY OF YEAR		453,760.
AVERAGE ADJUSTED BASIS OF PROPERTY LAST DAY OF YEAR		0.
AVERAGE ADJUSTED BASIS OF PROPERTY FOR THE YEAR		226,880.

TOTAL TO FORM 990-T, SCHEDULE A, PART V, LINE 5

FORM 990-T (A) PART V - DEPRECIATION DEDUCTION STATEMENT 3

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
DEPRECIATION		13,745.	
- SUBTOTAL -	1		13,745.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(A)			13,745.

FORM 990-T (A) PART V - OTHER DEDUCTIONS STATEMENT 4

DESCRIPTION	ACTIVITY NUMBER	AMOUNT	TOTAL
OPERATING AND MAINTENANCE		6,737.	
ADMINISTRATIVE		107.	
UTILITIES		12,423.	
INSURANCE		1,653.	
REAL ESTATE TAXES		25,690.	
INTEREST		8,134.	
- SUBTOTAL -	1		54,744.
TOTAL OF FORM 990-T, SCHEDULE A, PART V, LINE 3(B)			54,744.

Depreciation and Amortization (Including Information on Listed Property) A DEBT 1

Department of the Treasury Internal Revenue Service (99)

Go to www.irs.gov/Form4562 for instructions and the latest information.

Attach to your tax return.

Name(s) shown on return

Business or activity to which this form relates

Identifying number

COMMONBOND COMMUNITIES

COMMERCE RETAIL LLC

41-1260469

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I.

Form I: Election To Expense Certain Property Under Section 179. Includes lines 1-13 for calculating the deduction.

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property.)

Form II: Special Depreciation Allowance and Other Depreciation. Includes lines 14-16.

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

Form III: MACRS Depreciation. Includes lines 17-18.

Section B - Assets Placed in Service During 2020 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 19a-19g and 19h-19i.

Section C - Assets Placed in Service During 2020 Tax Year Using the Alternative Depreciation System

Table with 6 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows include 20a-20d.

Part IV Summary (See instructions.)

Form IV: Summary. Includes lines 21-23 for final totals and adjustments.

Part V **Listed Property** (include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.)
Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No **24b** If "Yes," is the evidence written? Yes No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use								25
26 Property used more than 50% in a qualified business use:								
	:	:	%					
	:	:	%					
	:	:	%					
27 Property used 50% or less in a qualified business use:								
	:	:	%			S/L -		
	:	:	%			S/L -		
	:	:	%			S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1								28
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1								29

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (don't include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
34 Was the vehicle available for personal use during off-duty hours?	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles.

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2020 tax year:					
	:	:			
43 Amortization of costs that began before your 2020 tax year					43
44 Total. Add amounts in column (f). See the instructions for where to report					44

Business Record Details »

Minnesota Business Name

CommonBond Communities**Business Type**

Nonprofit Corporation (Domestic)

MN Statute

317A

File Number

L-1096

Home Jurisdiction

Minnesota

Filing Date

09/18/1974

Status

Active / In Good Standing

Renewal Due Date

12/31/2022

Registered Office Address1080 Montreal Avenue
St Paul, MN 55116
USA**Number of Shares**

NONE

Registered Agent(s)

(Optional) Currently No Agent

PresidentDeidre Schmidt
1080 Montreal Avenue
ST PAUL, MN 55116
usa**Filing History**

Filing History

Select the item(s) you would like to order:

<input type="checkbox"/>	Filing Date	Filing	Effective Date
<input type="checkbox"/>	09/18/1974	Original Filing - Nonprofit Corporation (Domestic)	
	09/18/1974	Nonprofit Corporation (Domestic) Business Name (Business Name: Urban Affairs Community Development Corporation, Inc.)	

<input type="checkbox"/>	Filing Date	Filing	Effective Date
<input type="checkbox"/>	03/15/1976	Amendment - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	07/03/1978	Nonprofit Corporation (Domestic) Business Name (Business Name: Community Development Corporation for theArchdiocese of Saint Paul and Minneapolis)	
<input type="checkbox"/>	05/08/1985	Amendment - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	12/01/1989	Nonprofit Corporation (Domestic) Business Name (Business Name: Westminster Corporation)	
<input type="checkbox"/>	06/08/1990	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	08/30/1994	Nonprofit Corporation (Domestic) Business Name (Business Name: COMMONBOND COMMUNITIES)	
<input type="checkbox"/>	07/10/1995	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	11/19/1998	Nonprofit Corporation (Domestic) Business Name (Business Name: CommonBond Communities)	
	11/19/1998	Merger - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	10/26/2010	Registered Office and/or Agent - Nonprofit Corporation (Domestic)	
<input type="checkbox"/>	8/15/2014	Registered Office - Nonprofit Corporation (Domestic)	