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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ 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.**

OMB No 1545-0047

2019

Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 01-01-2019 , and ending 12-31-2019

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

G Gross receipts $ 23,697,909

F Name and address of principal officer
KEVIN MYREN
1080 MONTREAL AVENUE
ST PAUL, MN 55116

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)

H(c) Group exemption number ▶

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

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 ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	**3**	27
4	Number of independent voting members of the governing body (Part VI, line 1b)	**4**	26
5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	**5**	151
6	Total number of volunteers (estimate if necessary)	**6**	318
7a	Total unrelated business revenue from Part VIII, column (C), line 12	**7a**	149,620
b	Net unrelated business taxable income from Form 990-T, line 39	**7b**	-35,748

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	6,087,509	7,586,840
9	Program service revenue (Part VIII, line 2g)	13,069,352	15,878,246
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	213,061	232,823
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-240,562	-230,795
12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,129,360	23,467,114
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)	6,260,281	7,573,991
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b	Total fundraising expenses (Part IX, column (D), line 25) ▶1,613,604		
17	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	9,385,966	12,365,422
18	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	15,646,247	19,939,413
19	Revenue less expenses Subtract line 18 from line 12	3,483,113	3,527,701

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	127,830,731	147,308,647
21	Total liabilities (Part X, line 26)	61,540,212	76,111,717
22	Net assets or fund balances Subtract line 21 from line 20	66,290,519	71,196,930

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

****** 2020-06-04
Signature of officer Date

KEVIN MYREN CFO & VP OF ADMINISTRATION
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
		2020-06-04		P01285389

Firm's name ▶ MAHONEYULBRICHCHRISTIANSEN & RUSS PA — Firm's EIN ▶ 41-1647057

Firm's address ▶ 10 RIVER PARK PLAZA SUITE 800
SAINT PAUL, MN 55107 — Phone no (651) 227-6695

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III . . . . . ☑

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

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

If "Yes," describe these new services on Schedule O

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

If "Yes," describe these changes on Schedule O

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations 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 $ 5,637,324 including grants of $) (Revenue $ 1,630,206)
See Additional Data

4b (Code) (Expenses $ 11,565,445 including grants of $) (Revenue $ 14,098,420)
See Additional Data

4c (Code) (Expenses $ 308,573 including grants of $) (Revenue $)
See Additional Data

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

4e **Total program service expenses** ▶ 17,511,342

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	Yes	
2	Is the organization required to complete *Schedule B, Schedule of Contributors* (see instructions)?	2	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		No
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D,* Part I	6		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D,* Part III	8		No
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? *If "Yes," complete Schedule D, Part IV*	9		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? *If "Yes," complete Schedule D, Part V*	10		No
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D,* Part VI	11a	Yes	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b		No
c	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c	Yes	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		No
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e	Yes	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a		No
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b	Yes	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		No
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		No
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? *If "Yes," complete Schedule F, Parts II and IV*	15		No
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? *If "Yes," complete Schedule F, Parts III and IV*	16		No
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I* (see instructions)	17		No
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18	Yes	
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		No
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		No
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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? *If "Yes," complete Schedule I, Parts I and II*	21		No

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*	22		No
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	Yes	
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*	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3), 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	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L,* Part I	25b		No
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*	26		No
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	27		No
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*	28a		No
b	A family member of any individual described in line 28a? *If "Yes," complete Schedule L, Part IV*	28b		No
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*	28c		No
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? *If "Yes," complete Schedule R, Part I*	33	Yes	
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*	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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*	35b		No
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		No
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	38	Yes	

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	1a	48		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		Yes	

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

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** 151			
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)		**2b**	Yes	
3a	Did the organization have unrelated business gross income of $1,000 or more during the year? . . .		**3a**	Yes	
b	If "Yes," has it filed a Form 990-T for this year? *If "No" to line 3b, provide an explanation in Schedule O* . . .		**3b**	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . .		**4a**		No
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? . .		**5a**		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		**5b**		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		**5c**		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? . . .		**6a**		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		**6b**		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		**7a**	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		**7b**	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		**7c**		No
d	If "Yes," indicate the number of Forms 8282 filed during the year	**7d**			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		**7e**		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . .		**7f**		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		**7g**		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		**7h**		
8	**Sponsoring organizations maintaining donor advised funds.** Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		**8**		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the sponsoring organization make any taxable distributions under section 4966?		**9a**		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . .		**9b**		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12 . . .	**10a**			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	**10b**			
11	**Section 501(c)(12) organizations.** Enter				
a	Gross income from members or shareholders	**11a**			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	**11b**			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		**12a**		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	**12b**			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state? . . . . . **Note.** See the instructions for additional information the organization must report on Schedule O		**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?		**14a**		No
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in 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		**15**		No
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		**16**		No

Part VI **Governance, Management, and Disclosure** *For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in 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	1a	27		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	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?				No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?				No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?				No
6	Did the organization have members or stockholders?				No
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?				No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?			Yes	
b	Each committee with authority to act on behalf of the governing body?			Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*				No

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

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

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (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 in Schedule O)

19 Describe in 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 ▶KEVIN MYREN 1080 MONTREAL AVENUE ST PAUL, MN 55116 (651) 291-1750

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, or 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 dotted 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			
See Additional Data Table										

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 dotted 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			
See Additional Data Table										
1b Sub-Total ▶										
c Total from continuation sheets to Part VII, Section A ▶										
d Total (add lines 1b and 1c) ▶								845,604	556,282	104,770

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 ▶ 5

			Yes	No
3	Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	**3**	Yes	
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	**4**	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*	**5**		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

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

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

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	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	969,546			
	d Related organizations	1d				
	e Government grants (contributions)	1e	2,055,938			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	4,561,356			
	g Noncash contributions included in lines 1a - 1f $	1g	1,022,637			
	h **Total.** Add lines 1a-1f . . . . . ▶		7,586,840			
Program Service Revenue		Business Code				
	2a RENTAL REVENUES	531110	7,682,087	7,532,467	149,620	
	b DEVELOPMENT FEES	531310	4,994,755	4,994,755		
	c ADVANTAGE SERVICE FEES	531110	1,630,206	1,630,206		
	d OTHER SERVICE FEES	531110	589,273	589,273		
	e INTEREST INC ON LOANS	900099	534,627	534,627		
	f All other program service revenue		447,298	447,298		
	g **Total.** Add lines 2a–2f. . . . . ▶	15,878,246				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) . . . . . ▶		232,823			232,823
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties . . . . . ▶					
		(i) Real	(ii) Personal			
	6a Gross rents	6a				
	b Less rental expenses	6b				
	c Rental income or (loss)	6c				
	d Net rental income or (loss) . . . . . ▶					
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory	7a				
	b Less cost or other basis and sales expenses	7b				
	c Gain or (loss)	7c				
	d Net gain or (loss) . . . . . ▶					
	8a Gross income from fundraising events (not including $ 969,546 of contributions reported on line 1c) See Part IV, line 18	8a	0			
	b Less direct expenses . . .	8b	230,795			
	c Net income or (loss) from fundraising events . . ▶		-230,795			-230,795
	9a Gross income from gaming activities See Part IV, line 19 . . .	9a				
	b Less direct expenses . . .	9b				
	c Net income or (loss) from gaming activities . . ▶					
	10a Gross sales of inventory, less returns and allowances . .	10a				
	b Less cost of goods sold . .	10b				
	c Net income or (loss) from sales of inventory . . ▶					
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e **Total.** Add lines 11a–11d . . . . . ▶					
	12 **Total revenue.** See instructions . . . . ▶		23,467,114	15,728,626	149,620	2,028

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	725,216	391,889	60,771	272,556
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	5,657,499	4,742,615	157,703	757,181
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)				
9 Other employee benefits	685,041	573,797	20,134	91,110
10 Payroll taxes	506,235	408,900	17,092	80,243
11 Fees for services (non-employees)				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	1,063,454	667,398	248,297	147,759
12 Advertising and promotion				
13 Office expenses	385,156	289,353	51,394	44,409
14 Information technology				
15 Royalties				
16 Occupancy	10,000	10,000		
17 Travel	283,827	229,136	11,296	43,395
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	90,777	73,621	3,045	14,111
20 Interest	2,197,047	2,084,582	15,990	96,475
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,033,023	1,873,490	159,533	
23 Insurance	331,695	310,806	20,889	
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
a UBIT TAXES	369		369	
b OPERATING AND MAINTENAN	1,892,209	1,825,108	23,830	43,271
c IN-KIND EXPENSE	1,022,637	1,002,604	20,033	
d PROPERTY ADMINISTRATIVE	919,831	919,831		
e All other expenses	2,135,397	2,108,212	4,091	23,094
25 **Total functional expenses.** Add lines 1 through 24e	19,939,413	17,511,342	814,467	1,613,604
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 IX . . . . . ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash–non-interest-bearing			1	
	2	Savings and temporary cash investments		13,240,104	2	14,786,605
	3	Pledges and grants receivable, net		402,625	3	726,490
	4	Accounts receivable, net		2,730,845	4	3,820,629
	5	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			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		179,830	9	234,932
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 74,961,817			
	b	Less accumulated depreciation	10b 10,643,635	56,154,641	10c	64,318,182
	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		55,105,803	13	63,413,734
	14	Intangible assets		16,883	14	8,075
	15	Other assets See Part IV, line 11			15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		127,830,731	16	147,308,647
Liabilities	17	Accounts payable and accrued expenses		2,780,667	17	2,854,365
	18	Grants payable			18	
	19	Deferred revenue		4,615,844	19	9,831,825
	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		42,793,720	23	51,452,877
	24	Unsecured notes and loans payable to unrelated third parties		11,136,586	24	11,729,364
	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		213,395	25	243,286
	26	**Total liabilities.** Add lines 17 through 25		61,540,212	26	76,111,717
Net Assets or Fund Balances		**Organizations that follow FASB ASC 958, check here ▶ ☑ and complete lines 27, 28, 32, and 33.**				
	27	Net assets without donor restrictions		49,504,230	27	54,366,320
	28	Net assets with donor restrictions		16,786,289	28	16,830,610
		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.				
	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		66,290,519	32	71,196,930
	33	Total liabilities and net assets/fund balances		127,830,731	33	147,308,647

Part XI Reconcilliation 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	23,467,114
2	Total expenses (must equal Part IX, column (A), line 25)	2	19,939,413
3	Revenue less expenses Subtract line 2 from line 1	3	3,527,701
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	66,290,519
5	Net unrealized gains (losses) on investments	5	16,527
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 in Schedule O)	9	1,362,183
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	71,196,930

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 ☐ Cash ☑ Accrual ☐ 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?	2a		No
	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 ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
	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 ☐ Separate basis ☑ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	Yes	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 41-1260469

Name: COMMONBOND COMMUNITIES

Form 990 (2019)

Form 990, Part III, Line 4a:

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 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 AND OTHER ASSISTANCE TO PREVENT EVICTION (DURING 2019, 84% OF HOUSING EXITS WERE POSITIVE OR NEUTRAL, 79% OF SENIORS SCREENED AS AT-RISK ON THE LIVE WELL AT HOME ASSESSMENT MAINTAINED THEIR HOUSING FOR AT LEAST ONE YEAR AFTER THEIR ASSESSMENT DATE) 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 2019 THE PROGRAM ASSISTED WITH 230 ADULT JOB PLACEMENTS, AND 674% 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 2019, 163 YOUTH PARTICIPATED IN STUDY BUDDIES, 185 TEENS PARTICIPATED IN ENRICHMENT AND LEADERSHIP PROGRAMMING, AND 100% OF HIGH SCHOOL SENIORS THAT PARTICIPATED IN ADVANTAGE SERVICES PROGRAMMING GRADUATED FROM HIGH SCHOOL OR COMPLETED THEIR SPECIALIZED EDUCATION PROGRAM HEALTH AND WELLNESS SENIORS AND RESIDENTS WITH DISABILITIES BENEFIT FROM EVIDENCE-BASED HEALTH AND WELLNESS PROMOTION PROGRAMS INCLUDING A MATTER OF BALANCE (FALL PREVENTION), CHRONIC DISEASE SELF-MANAGEMENT CLASSES, TAI JI QUAN MOVING FOR BETTER BALANCE, LIVE WELL AT HOME SCREENINGS/PLANS, AND EXERCISE CLASSES SUCH AS ENHANCE FITNESS AND SILVER SNEAKERS FLEX THE GOAL IS TO KEEP RESIDENTS ACTIVE AND IN THEIR OWN HOMES (DURING 2019, 317 SENIORS AND RESIDENTS WITH DISABILITIES PARTICIPATED IN EVIDENCE-BASED EXERCISE PROGRAMS, AND 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 2019, MORE THAN 3,700 RESIDENTS PARTICIPATED IN CBE EVENTS, AND 680 RESIDENTS HAD ACTIVE LEADERSHIP ROLES IN THEIR COMMUNITIES)

Form 990, Part III, Line 4b:

HOUSING DEVELOPMENT, PROPERTY MANAGEMENT AND ASSET MANAGEMENT COMMONBOND IS THE CLEAR LEADER IN AFFORDABLE HOUSING WITH SERVICES IN THE UPPER MIDWEST, ONE THAT CITY, COUNTY, STATE AND OTHER LEADERS COME TO WHEN THEY WANT A PROPERTY OWNED, MANAGED OR DEVELOPED INTO TOP-QUALITY AFFORDABLE RENTAL HOUSING DURING 2019, COMMONBOND OWNED AND MANAGED MORE THAN 8,000 UNITS OF AFFORDABLE HOUSING THAT PROVIDED MORE THAN 13,000 PEOPLE (FAMILIES, SENIORS, VETERANS, AND PEOPLE WITH DISABILITIES AND OTHER BARRIERS) A PLACE TO CALL HOME MORE THAN 3,700 OF THESE INDIVIDUALS WERE CHILDREN

Form 990, Part III, Line 4c:

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 A LOW-INCOME HOUSING SITE AND ITS SURROUNDING NEIGHBORHOOD

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
DEIDRE SCHMIDT PRESIDENT & CEO	40 00	X		X				278,532	0	21,184
CHRIS GALLAGHER DIRECTOR	1 00	X						0	0	0
TOM JOYCE SECRETARY	1 00	X		X				0	0	0
VICKI DUNCOMB TREASURER	1 00	X		X				0	0	0
RICHARD WICKA VICE CHAIR	1 00	X		X				0	0	0
SEAN RICE DIRECTOR	1 00	X		X				0	0	0
CARLEEN RHODES CHAIR	1 00	X		X				0	0	0
MATT SCHRINER DIRECTOR	1 00	X						0	0	0
BRAD W HOFFELT DIRECTOR	1 00	X						0	0	0
EDWARD GOETZ DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JAMAL ADAM DIRECTOR	1 00	X						0	0	0
WADE C LAU DIRECTOR	1 00	X						0	0	0
CHANDA SMITH BAKER DIRECTOR	1 00	X						0	0	0
EVA STEVENS DIRECTOR	1 00	X						0	0	0
MARK SCHOLTES DIRECTOR	1 00	X						0	0	0
MARK SPRINGETT DIRECTOR	1 00	X						0	0	0
ADAM BERNIER DIRECTOR	1 00	X						0	0	0
MICHELLE WALKER DIRECTOR	1 00	X						0	0	0
R PARTICIA TRISH KELLY DIRECTOR	1 00	X						0	0	0
LAKEISHA LEE DIRECTOR	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
MEGAN REMARK DIRECTOR	1 00	X						0	0	0
TAYLOR COOPER DIRECTOR	1 00	X						0	0	0
KYLE HANSEN DIRECTOR	1 00	X						0	0	0
CHARLES HAYNOR DIRECTOR	1 00	X						0	0	0
SITA MORANTZ DIRECTOR	1 00	X						0	0	0
VALERIE SPENCER DIRECTOR	1 00	X						0	0	0
JENNIFER THAO DIRECTOR	1 00	X						0	0	0
KEVIN MYREN CFO AND VP-ADMINISTRATION	1 00 40 00			X				0	241,315	15,953
CECILE BEDOR EXECUTIVE VP OF REAL ESTATE	1 00 40 00					X		0	197,529	19,389
DEREK MADSEN EXECUTIVE VP OF RESOURCE DEVELOPMENT	40 00					X		185,154	0	23,381

Form 990, Part VII - Compensation of Officers, Directors,Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted 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			
JESSIE HENDEL VP OF ADVANTAGE SERVICES	40 00					X		135,172	0	5,724
JOE'MAR HOOPER WISCONSIN MARKET LEADER	40 00					X		125,603	0	10,215
ROBERT MUELLER DIRECTOR OF CONSTRUCTION MANAGEMENT	40 00					X		121,143	0	5,146
LISA WILCOX-ERHARDT FORMER EXECUTIVE VP OF ADVANTAGE SERVICES	1 00 40 00						X	0	117,438	3,778

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SCHEDULE A (Form 990 or 990EZ)

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

2019

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 ☑ 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 **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 331/3% 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 331/3% 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

g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document? Yes	(iv) No	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant ")	10,094,611	6,633,273	6,613,436	6,087,509	7,586,840	37,015,669
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	10,094,611	6,633,273	6,613,436	6,087,509	7,586,840	37,015,669
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)						351,194
6 **Public support.** Subtract line 5 from line 4						36,664,475

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 Amounts from line 4	10,094,611	6,633,273	6,613,436	6,087,509	7,586,840	37,015,669
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	961,584	862,014	793,602	791,044	767,450	4,175,694
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)	130,686	-123,782	-711	669,557	-21,974	653,776
11 **Total support.** Add lines 7 through 10						41,845,139

12 Gross receipts from related activities, etc (see instructions) **12** 58,884,592

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	**14**	87 620 %
15 Public support percentage for 2018 Schedule A, Part II, line 14	**15**	92 020 %

16a **33 1/3% support test—2019.** 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 ▶ ☑

b **33 1/3% support test—2018.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10%-facts-and-circumstances test—2019.** 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 ▶ ☐

b **10%-facts-and-circumstances test—2018.** 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 ▶ ☐

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

Part III **Support Schedule for Organizations Described in Section 509(a)(2)**
(Complete only if you checked the box on line 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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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 five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2019** (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from **2018** Schedule A, Part III, line 17	18	

19a **33 1/3% support tests—2019.** 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—2018.** 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 on line 12 of Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organizations

			Yes	No
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*	1		
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)*	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below*	3a		
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*	3b		
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*	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below*	4a		
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*	4b		
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*	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) 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)*	5a		
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?	5b		
c	**Substitutions only.** Was the substitution the result of an event beyond the organization's control?	5c		
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.***	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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)*	7		
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)*	8		
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.***	9a		
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.***	9b		
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.***	9c		
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*	10a		
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)*	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 (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? *If "Yes" to a, b, or c, provide detail in* ***Part VI***	11c		

Section B. Type I Supporting Organizations

			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? *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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year*	1		
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? *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*	2		

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)? *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)*	1		

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?	1		
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? *If "No," explain in* ***Part VI*** *how the organization maintained a close and continuous working relationship with the supported organization(s)*	2		
3	By reason of the relationship described in (2), 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? *If "Yes," describe in* ***Part VI*** *the role the organization's supported organizations played in this regard*	3		

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** ☐ The organization satisfied the Activities Test Complete **line 2** below
- **b** ☐ The organization is the parent of each of its supported organizations Complete **line 3** below
- **c** ☐ The organization supported a governmental entity Describe in **Part VI** how you supported a government entity (see instructions)

2 Activities Test **Answer (a) and (b) below.**

			Yes	No
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? *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*	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *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*	2b		

3 Parent of Supported Organizations **Answer (a) and (b) 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? *Provide details in* ***Part VI.***	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? *If "Yes," describe in* ***Part VI.*** *the role played by the organization in this regard*	3b		

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)	1		
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 1-1/2% 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 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 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)

Section D - Distributions	**Current Year**
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in **Part VI**) See instructions	
7 **Total annual distributions.** Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in **Part VI**) See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	**(i) Excess Distributions**	**(ii) Underdistributions Pre-2019**	**(iii) Distributable Amount for 2019**
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in **Part VI**) See instructions			
3 Excess distributions carryover, if any, to 2019			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f **Total** of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2019 from Section D, line 7 $			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in **Part VI** See instructions			
6 Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in **Part VI** See instructions			
7 **Excess distributions carryover to 2020.** Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:

Software Version:

EIN: 41-1260469

Name: COMMONBOND COMMUNITIES

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b, Part V, line 1, Part V, Section B, line 1e, Part V Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any additional information (See instructions)

Facts And Circumstances Test

efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93493161018520

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

2019

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.

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

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

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

Part II Conservation Easements.

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

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

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

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

		Held at the End of the Year
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d

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

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

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

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

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

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

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

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

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

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

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

a Revenue included on Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part 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 in 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 Temporarily restricted 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 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		10,250,675		10,250,675
b Buildings		62,873,584	9,734,241	53,139,343
c Leasehold improvements				
d Equipment		1,332,106	711,540	620,566
e Other		505,452	197,854	307,598
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c))* . . ▶				64,318,182

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. *(Column (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 SUBSIDIARIES	11,928,327	C
(2)EQUITY IN PARTNERSHIPS	11,291,116	C
(3)HOUSING COMMUNITIES AND PARTNERSHIPS LOANS	30,517,298	C
(4)INTEREST RECEIVABLE HOUSING COMMUNITIES	550,357	C
(5)RESTRICTED RESERVES-LT	1,737,489	C
(6)CASH RESTRICTED FOR LONG-TERM PURPOSES	5,153,802	C
(7)PREDEVELOPMENT COSTS	2,235,345	C
(8)		
(9)		
Total. *(Column (b) must equal Form 990, Part X, col (B) line 13)* ▶	63,413,734	

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)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	243,286

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 FIN 48 (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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 41-1260469
Name: COMMONBOND COMMUNITIES

Supplemental Information

Return Reference	Explanation
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 COM MONBOND COMMUNITIES DID NOT HAVE ANY UNRELATED BUSINESS INCOME EXCEPT FOR COMMERCIAL RENT INCOME MANAGEMENT BELIEVES COMMONBOND COMMUNITIES DID NOT HAVE ANY UNCERTAIN TAX POSITION S DISREGARDED ENTITIES OF COMMONBOND COMMUNITIES ARE NOT TAXABLE ENTITIES INCOME OR LOSS ES ARE PASSED THROUGH TO COMMONBOND COMMUNITIES ANY INTEREST OR PENALTIES ASSOCIATED WITH TAX POSITIONS ARE REPORTED AS SUCH WITHIN THE GENERAL AND ADMINISTRATIVE EXPENSES CATEGOR Y ON THE STATEMENT OF ACTIVITIES THERE WERE NO SUCH INTEREST OR PENALTIES RECORDED IN THE ACCOMPANYING FINANCIAL STATEMENTS

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SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No 1545-0047

2019

Open to Public Inspection

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

2a 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? **Yes**	**No**	**(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
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.

Revenue / Direct Expenses		(a) Event #1 BIRDIES FOR HOPE (event type)	(b) Event #2 GRAND GALA (event type)	(c) Other events (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	119,625	849,921		969,546
	2 Less Contributions	119,625	849,921		969,546
	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	33,510	197,285		230,795
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				230,795
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-230,795

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.

Revenue / Direct Expenses		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ 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 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.

Return Reference	Explanation

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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

2019

Open to Public Inspection

Name of the organization
COMMONBOND COMMUNITIES

Employer identification number
41-1260469

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropiate 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			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax idemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , 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	**1b**		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	**2**		
3	Indicate which, if any, of the following the filing 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			
	☐ Compensation committee	☐ Written employment contract		
	☐ Independent compensation consultant	☑ Compensation survey or study		
	☐ Form 990 of other organizations	☑ 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**		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	**4b**		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	**4c**		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 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**		No
b	Any related organization?	**5b**		No
	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**		No
b	Any related organization?	**6b**		No
	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 in lines 5 and 6? If "Yes," describe in Part III	**7**		No
8	Were any amounts reported on Form 990, Part VII, paid or accured 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	**8**		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	**9**		

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 are not 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)	233,532	45,000	0	8,373	12,811	299,716	0
	(ii)	0	0	0	0	0	0	0
2 KEVIN MYREN CFO AND VP-ADMINISTRATION	(i)	0	0	0	0	0	0	0
	(ii)	201,315	40,000	0	7,862	8,091	257,268	0
3 CECILE BEDOR EXECUTIVE VP OF REAL ESTATE	(i)	0	0	0	0	0	0	0
	(ii)	174,749	22,780	0	6,651	12,738	216,918	0
4 DEREK MADSEN EXECUTIVE VP OF RESOURCE DEVELOPMENT	(i)	158,154	27,000	0	6,271	17,110	208,535	0
	(ii)	0	0	0	0	0	0	0
5 LISA WILCOX-ERHARDT FORMER EXECUTIVE VP OF ADVANTAGE SER	(i)	0	0	0	0	0	0	0
	(ii)	98,938	18,500	0	2,885	893	121,216	0

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II Also complete this part for any additional information

Return Reference	Explanation

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SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶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 the latest information.

OMB No 1545-0047

2019

Open to Public Inspection

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		72,637	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	950,000	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 IV, 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?	30a		No
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?	31	Yes	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a	Yes	
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

Return Reference	Explanation
PART I, LINE 32B	THE PRINCIPAL GROUP SELLS ANY STOCK GIFTS RECEIVED BY COMMONBOND COMMUNITIES

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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

2019

Open to Public Inspection

Name of the organization
COMMONBOND COMMUNITIES

Employer identification number
41-1260469

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	ANY DIRECTOR, OFFICER, MEMBER OF A COMMITTEE OR INDIVIDUAL WITH BOARD-DELEGATED POWERS (IN TERESTED PERSON) WHO HAS A DIRECT OR INDIRECT FINANCIAL INTEREST, IS ASKED, ON AN ANNUAL B ASIS, 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 DEC IDE BY MAJORITY VOTE IF A CONFLICT OF INTEREST EXISTS IF IT DOES EXIST, OR IF THEY HAVE R EASONABLE CAUSE TO BELIEVE THAT A DIRECTOR, OFFICER OR MEMBER HAS FAILED TO DISCLOSE ACTUA L OR POSSIBLE CONFLICTS OF INTEREST, IT SHALL FOLLOW THE PROCEDURES DESCRIBED IN THE CONFL ICT OF INTEREST POLICY THIS MAY INCLUDE PROVIDING THE DIRECTOR, OFFICER OR MEMBER AN OPPO RTUNITY TO EXPLAIN THE ALLEDGED FAILURE TO DISCLOSE, DECIDING IF FURTHER INVESTIGATION MAY BE WARRANTED OR TAKING APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION WITH DISCLOSURE REC ORDED IN THE BOARD MINUTES A BOARD MEMBER WITH A CONFLICT OF INTEREST DOES NOT PARTICIPAT E IN DISCUSSIONS OR VOTING CONCERNING THE TRANSACTION IN QUESTION

990 Schedule O, Supplemental Information

Return Reference	Explanation
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 COMPARIS ON THE COMPENSATION OF THE EXECUTIVE LEADERSHIP TEAM IS ALSO REVIEWED BY THE EXECUTIVE CO MMITTEE THE LAST YEAR IN WHICH THIS PROCESS INCLUDED REVIEW AND APPROVAL BY INDEPENDENT P ERSONS, COMPARABILITY DATA AND CONTEMPORANEOUS SUBSTANTIATIONS WAS 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	COMMONBOND COMMUNITIES' FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART IX, LINE 24E	REAL ESTATE TAXES PROGRAM SERVICE EXPENSES 811,957 MANAGEMENT AND GENERAL EXPENSES 0 FU NDRAISING EXPENSES 0 TOTAL EXPENSES 811,957 UTILITIES PROGRAM SERVICE EXPENSES 591,696 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 591,696 BAD DE BT (RECOVERIES) PROGRAM SERVICE EXPENSES 265,432 MANAGEMENT AND GENERAL EXPENSES 0 FUND RAISING EXPENSES 10,140 TOTAL EXPENSES 275,572 PROGRAM EXPENSES PROGRAM SERVICE EXPENSE S 250,993 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSES 0 TOTAL EXPENSES 250,9 93 MISCELLANEOUS EXPENSE PROGRAM SERVICE EXPENSES 128,959 MANAGEMENT AND GENERAL EXPENS ES 4,091 FUNDRAISING EXPENSES 12,954 TOTAL EXPENSES 146,004 LOSS ON DISPOSAL OF PROPERT Y PROGRAM SERVICE EXPENSES 59,175 MANAGEMENT AND GENERAL EXPENSES 0 FUNDRAISING EXPENSE S 0 TOTAL EXPENSES 59,175

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	TRANSFER FROM COMMONBOND ENDOWMENT 447,040 TRANSFER PROPERTY TO CB GALWAY-COMMUNITY LIMITED PARTNERSHIP 835,250 TRANSFER PROPERTY TO CB LM REDEVELOPMENT LIMITED PARTNERSHIP 79,893

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 12, PART XII, LINE 2C	THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR

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SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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

OMB No 1545-0047

2019

Open to Public Inspection

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.

See Additional Data Table

(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

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.

See Additional Data Table

(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	(g) Section 512(b)(13) controlled entity? No

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.

See Additional Data Table

(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) Disproprtionate allocations? Yes	(h) Disproprtionate allocations? No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) General or managing partner? No	(k) Percentage ownership

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.

See Additional Data Table

(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	(i) Section 512(b)(13) controlled entity? No

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

		Yes	No
1 During the tax year, did the orgranization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?			
a Receipt of **(i)** interest, **(ii)**annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity	1a	Yes	
b Gift, grant, or capital contribution to related organization(s)	1b	Yes	
c Gift, grant, or capital contribution from related organization(s)	1c		No
d Loans or loan guarantees to or for related organization(s)	1d	Yes	
e Loans or loan guarantees by related organization(s)	1e		No
f Dividends from related organization(s)	1f		No
g Sale of assets to related organization(s)	1g		No
h Purchase of assets from related organization(s)	1h		No
i Exchange of assets with related organization(s)	1i		No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	Yes	
k Lease of facilities, equipment, or other assets from related organization(s)	1k		No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes	
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	Yes	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes	
o Sharing of paid employees with related organization(s)	1o	Yes	
p Reimbursement paid to related organization(s) for expenses	1p	Yes	
q Reimbursement paid by related organization(s) for expenses	1q	Yes	
r Other transfer of cash or property to related organization(s)	1r	Yes	
s Other transfer of cash or property from related organization(s)	1s	Yes	

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

See Additional Data Table

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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 section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproprtionate 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)

Return Reference	Explanation
SCHEDULE R, PART IV	CB FOREST LAKE HOUSING LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 EMPLOYER IDENTIFICATION NUMBER 82-4156486 ELECTION UNDER CODE SECTION 168(H)(6)(F)(II) CB FOREST LAKE HOUSING LLC, A TAX-EXEMPT CONTROLLED ENTITY, WHICH IS THE MANAGING GENERAL PARTNER OF CB FOREST LAKE HOUSING LIMITED PARTNERSHIP, 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, 2019 ANY GAIN RECOGNIZED ON THE DISPOSITION BY COMMONBOND COMMUNITIES, THE CONTROLLING TAX-EXEMPT ENTITY, OF ITS INTEREST IN CB FOREST LAKE HOUSING LLC OR ANY DIVIDEND OR INTEREST RECEIVED BY COMMONBOND COMMUNITIES FROM CB FOREST LAKE HOUSING 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 FOREST LAKE HOUSING LIMITED PARTNERSHIP WILL NOT BE CONSIDERED TAX-EXEMPT USE PROPERTY UNDER SECTION 168(H)

Return Reference	Explanation
SCHEDULE R, PART IV	CB WATERLOO HOUSING GP LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 EMPLOYER IDENTIFICATION NUMBER 82-3242614 ELECTION UNDER CODE SECTION 168(H)(6)(F)(II) CB WATERLOO HOUSING GP LLC, A TAX-EXEMPT CONTROLLED ENTITY, WHICH IS THE MANAGING GENERAL PARTNER OF CB WATERLOO HOUSING LLLP, 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, 2019 ANY GAIN RECOGNIZED ON THE DISPOSITION BY COMMONBOND COMMUNITIES, THE CONTROLLING TAX-EXEMPT ENTITY, OF ITS INTEREST IN CB WATERLOO HOUSING LLLP OR ANY DIVIDEND OR INTEREST RECEIVED BY COMMONBOND COMMUNITIES FROM CB WATERLOO HOUSING LLLP 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 WATERLOO HOUSING LLLP WILL NOT BE CONSIDERED TAX-EXEMPT USE PROPERTY UNDER SECTION 168(H)

Return Reference	Explanation
SCHEDULE R, PART IV	CB GALWAY-COMMUNITY LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 EMPLOYER IDENTIFICATION NUMBER 83-0879227 ELECTION UNDER CODE SECTION 168(H)(6)(F)(II) CB GALWAY-COMMUNITY LLC, A TAX-EXEMPT CONTROLLED ENTITY, WHICH IS THE MANAGING GENERAL PARTNER OF CB GALWAY-COMMUNITY LIMITED PARTNERSHIP, 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, 2019 ANY GAIN RECOGNIZED ON THE DISPOSITION BY COMMONBOND COMMUNITIES, THE CONTROLLING TAX-EXEMPT ENTITY, OF ITS INTEREST IN CB GALWAY-COMMUNITY LLC OR ANY DIVIDEND OR INTEREST RECEIVED BY COMMONBOND COMMUNITIES FROM CB GALWAY-COMMUNITY 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 GALWAY-COMMUNITY LIMITED PARTNERSHIP WILL NOT BE CONSIDERED TAX-EXEMPT USE PROPERTY UNDER SECTION 168(H)

Return Reference	Explanation
SCHEDULE R, PART IV	CB GUARDIAN ANGELS LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 EMPLOYER IDENTIFICATION NUMBER 83-0791742 ELECTION UNDER CODE SECTION 168(H)(6)(F)(II) CB GUARDIAN ANGELS LLC, A TAX-EXEMPT CONTROLLED ENTITY, WHICH IS THE MANAGING GENERAL PARTNER OF CB GUARDIAN ANGELS LIMITED PARTNERSHIP, 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, 2019 ANY GAIN RECOGNIZED ON THE DISPOSITION BY COMMONBOND COMMUNITIES, THE CONTROLLING TAX-EXEMPT ENTITY, OF ITS INTEREST IN CB GUARDIAN ANGELS LLC OR ANY DIVIDEND OR INTEREST RECEIVED BY COMMONBOND COMMUNITIES FROM CB GUARDIAN ANGELS 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 GUARDIAN ANGELS LIMITED PARTNERSHIP WILL NOT BE CONSIDERED TAX-EXEMPT USE PROPERTY UNDER SECTION 168(H)

Return Reference	Explanation
SCHEDULE R, PART IV	CB EDEN PRAIRIE HOUSING GP LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 EMPLOYER IDENTIFICATION NUMBER 83-3595442 ELECTION UNDER CODE SECTION 168(H)(6)(F)(II) CB EDEN PRAIRIE HOUSING GP LLC, A TAX-EXEMPT CONTROLLED ENTITY, WHICH IS THE MANAGING GENERAL PARTNER OF CB EDEN PRAIRIE HOUSING LIMITED PARTNERSHIP, 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, 2019 ANY GAIN RECOGNIZED ON THE DISPOSITION BY COMMONBOND COMMUNITIES, THE CONTROLLING TAX-EXEMPT ENTITY, OF ITS INTEREST IN CB EDEN PRAIRIE HOUSING GP LLC OR ANY DIVIDEND OR INTEREST RECEIVED BY COMMONBOND COMMUNITIES FROM CB EDEN PRAIRIE HOUSING GP 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 EDEN PRAIRIE HOUSING LIMITED PARTNERSHIP WILL NOT BE CONSIDERED TAX-EXEMPT USE PROPERTY UNDER SECTION 168(H)

Return Reference	Explanation
SCHEDULE R, PART IV	CB LM REDEVELOPMENT LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 EMPLOYER IDENTIFICATION NUMBER 83-1070401 ELECTION UNDER CODE SECTION 168(H)(6)(F)(II) CB LM REDEVELOPMENT LLC, A TAX-EXEMPT CONTROLLED ENTITY, WHICH IS THE MANAGING GENERAL PARTNER OF CB LM REDEVELOPMENT LIMITED PARTNERSHIP, 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, 2019 ANY GAIN RECOGNIZED ON THE DISPOSITION BY COMMONBOND COMMUNITIES, THE CONTROLLING TAX-EXEMPT ENTITY, OF ITS INTEREST IN CB LM REDEVELOPMENT LLC OR ANY DIVIDEND OR INTEREST RECEIVED BY COMMONBOND COMMUNITIES FROM CB LM REDEVELOPMENT 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 LM REDEVELOPMENT LIMITED PARTNERSHIP WILL NOT BE CONSIDERED TAX-EXEMPT USE PROPERTY UNDER SECTION 168(H)

Additional Data

Software ID:
Software Version:
EIN: 41-1260469
Name: COMMONBOND COMMUNITIES

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(1) URBAN VIEW 2 LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	11,072	199,908	N/A
(1) COMMONBOND ACQUSITION LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	32	228,467	N/A
(2) CB SUNRISE MANOR LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 47-4181142	AFFORDABLE HOUSING	MN	320,379	2,794,946	N/A
(3) CBC RIVER MILL LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 36-4646134	AFFORDABLE HOUSING	MN	607,689	6,200,283	N/A
(4) WHITTIER COMMUNITY LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	WI	666,249	4,207,875	N/A
(5) SLP ACQUISITION LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	873,218	2,806,627	N/A
(6) CB KOHL ACQUISITION LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	0	817	N/A
(7) CBC PROPERTIES LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	CO	0	0	N/A
(8) COMMONBOND OFFICE LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	704,826	1,099,524	N/A
(9) STEWART PARK TOWNHOMES LLLP 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	IA	83,091	1,086,066	N/A
(10) KINGLEY HOUSING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	0	0	N/A
(11) CB BOULDER RIDGE LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 81-2186652	AFFORDABLE HOUSING	MN	1,892,554	15,918,365	N/A
(12) COMMONBOND HOUSING OPPORTUNITY FUND LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	87,172	3,515,334	N/A
(13) COMMONBOND WISCONSIN LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	WI	77,193	-436,194	N/A
(14) CB PRG PORTFOLIO I LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 47-4284228	AFFORDABLE HOUSING	MN	0	0	N/A
(15) CB PRG PORTFOLIO II LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 47-4290471	AFFORDABLE HOUSING	MN	0	0	N/A
(16) BLOOMSBURY VILLAGE GP LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 46-3035559	AFFORDABLE HOUSING	MN	0	0	N/A
(17) CB CONCORDIA LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 46-2109917	AFFORDABLE HOUSING	MN	0	0	N/A
(18) CB WEST BROADWAY LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 46-2679647	AFFORDABLE HOUSING	MN	0	0	N/A
(19) ROCHESTER SENIOR HOUSING GP LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 90-0991764	AFFORDABLE HOUSING	MN	0	0	N/A

Form 990, Schedule R, Part I - Identification of Disregarded Entities

(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
(21) CB FLORIST GARDENS MM LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	0	0	N/A
(1) BREWERY POINT APARTMENTS MM LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 36-4713902	AFFORDABLE HOUSING	MN	0	0	N/A
(2) HISTORIC TALLCORN TOWERS GP LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 46-0709705	AFFORDABLE HOUSING	MN	0	0	N/A
(3) CB RAMSEY HOUSING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	0	0	N/A
(4) CB RAINBOW PLAZA LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	1,153,207	9,613,165	N/A
(5) CB WHITNEY HOLDING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	-13	1,458,341	N/A
(6) COMMERCE RETAIL LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	63,207	478,726	N/A
(7) CB GALWAY PLACE HOLDING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	225,139	168,079	N/A
(8) CB COMMUNITY PLAZA DEVELOPMENT LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 82-0606695	AFFORDABLE HOUSING	MN	281,628	169,721	N/A
(9) CB MANKATO HOUSING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 47-2483534	AFFORDABLE HOUSING	MN	0	0	N/A
(10) CB LM HOLDING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	167,400	0	N/A
(11) CB GUARDIAN ANGELS HOLDING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	436,186	0	N/A
(12) CB HASTINGS TRANSITIONAL HOUSING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	4,126	84,849	N/A
(13) CB STONEHOUSE HOLDING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	245,527	11,203,531	N/A
(14) CB WILDER SQUARE LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	1,082,168	10,153,147	N/A
(15) CB MEADOW VILLAGE HOLDING LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	0	340,795	N/A
(16) CB TREE LANE SENIOR GP LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	0	0	N/A
(17) CB SHAKOPEE HOUSING GP LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	0	0	N/A
(18) CB MANKATO HOUSING II GP LLC 1080 MONTREAL AVENUE SAINT PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	0	0	N/A

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
(1) 1080 MONTREAL AVENUE ST PAUL, MN 55116 30-0186930	CONTRIBUTION SOLICITATION	MN	501(C)(3)	LINE 12A, I	N/A	Yes	
(1) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-0693908	RELIGIOUS	MN	501(C)(3)	LINE 12A, I	N/A		No
(2) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1841892	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(3) 1080 MONTREAL AVENUE ST PAUL, MN 55116 30-0247555	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(4) 1080 MONTREAL AVENUE ST PAUL, MN 55116 30-0145891	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(5) 1080 MONTREAL AVENUE ST PAUL, MN 55116 30-0003273	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(6) 1080 MONTREAL AVENUE ST PAUL, MN 55116 31-1647641	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(7) 1080 MONTREAL AVENUE ST PAUL, MN 55116 30-0210548	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(8) 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-1483666	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(9) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1981337	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(10) 1080 MONTREAL AVENUE ST PAUL, MN 55116 31-1732012	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(11) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1382137	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(12) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1743091	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(13) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1563596	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(14) 1080 MONTREAL AVENUE ST PAUL, MN 55116 31-1557119	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(15) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1675502	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(16) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-6161167	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(17) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1692875	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(18) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1735511	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(19) 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1742816	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	

Form 990, Schedule R, Part II - 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 entity?	
						Yes	No
(21) 1080 MONTREAL AVENUE ST PAUL, MN 55116 27-3561703	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(1) 1080 MONTREAL AVENUE ST PAUL, MN 55116 27-3561629	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	
(2) 1080 MONTREAL AVENUE ST PAUL, MN 55116 27-3561771	AFFORDABLE HOUSING	MN	501(C)(3)	LINE 10	N/A	Yes	

Form 990, Schedule R, Part III - 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) Disproprtionate 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	
(1) LEXINGTON APARTMENTS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-2790566	AFFORDABLE HOUSING	MN	N/A	RELATED	-280,133	5,784,188		No			No	99 990 %
(1) LAKESHORE TOWNHOMES LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1934294	AFFORDABLE HOUSING	MN	N/A	RELATED	-14,944	1,156,245		No			No	99 990 %
(2) SEWARD TOWERS RENOVATION LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 37-1782382	AFFORDABLE HOUSING	MN	N/A									
(3) CB MANKATO HOUSING LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 81-4894637	AFFORDABLE HOUSING	MN	CB MANKATO HOUSING LLC	RELATED	-47	622,510		No		Yes		0 010 %
(4) HISTORIC TALLCORN TOWERS LLLP 1080 MONTREAL AVENUE ST PAUL, MN 55116 27-5272674	AFFORDABLE HOUSING	MN	HISTORIC TALLCORN TOWERS GP LLC	RELATED	-36	4,299,855		No		Yes		0 010 %
(5) TRAILS EDGE TOWNHOMES LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-1707610	AFFORDABLE HOUSING	MN	N/A	RELATED	-35	732,065		No			No	1 000 %
(6) BREWERY POINT APARTMENTS LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 90-0754470	AFFORDABLE HOUSING	MN	BREWERY POINT APARTMENTS MM LLC	RELATED	-27	866,538		No		Yes		0 010 %
(7) ROCHESTER SENIOR HOUSING LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-2894223	AFFORDABLE HOUSING	MN	ROCHESTER SENIOR HOUSING GP LLC	RELATED	-20	5,906,463		No		Yes		0 010 %
(8) CB CONCORDIA LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 90-0940639	AFFORDABLE HOUSING	MN	CB CONCORDIA LLC	RELATED	-11	7,383,832		No		Yes		0 010 %
(9) VICKSBURG COMMONS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 20-4134576	AFFORDABLE HOUSING	MN	N/A									
(10) YORKDALE TOWNHOMES LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 45-3858401	AFFORDABLE HOUSING	MN	N/A									
(11) BLOOMSBURY VILLAGE LLLP 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-0848897	AFFORDABLE HOUSING	MN	BLOOMSBURY VILLAGE GP LLC	RELATED	-15	1,014,948		No		Yes		0 010 %
(12) CB WEST BROADWAY LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 80-0920231	AFFORDABLE HOUSING	MN	CB WEST BROADWAY LLC	RELATED	-34,045	5,455,786		No		Yes		0 010 %
(13) SNELLING AVENUE APARTMENTS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 80-0934453	AFFORDABLE HOUSING	MN	N/A									
(14) CB NORTHPOINT TOWNHOMES LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 68-0683776	AFFORDABLE HOUSING	MN	N/A									

Form 990, Schedule R, Part III - 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) Disproprtionate 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	
(16) CB FLORIST GARDENS LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1260469	AFFORDABLE HOUSING	MN	CB FLORIST GARDENS MM LLC	RELATED	-18	809,437		No		Yes		0 010 %
(1) CBVA MINNEAPOLIS LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-0682981	AFFORDABLE HOUSING	MN	N/A									
(2) VALLEY SQUARE COMMONS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-2017499	AFFORDABLE HOUSING	MN	N/A									
(3) OAKDALE-GRANADA LAKES DEVELOPER LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-2793104	AFFORDABLE HOUSING	MN	N/A									
(4) CB CATHEDRAL HILL LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 38-3945363	AFFORDABLE HOUSING	MN	N/A									
(5) CB RAMSEY HOUSING LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 32-0454810	AFFORDABLE HOUSING	MN	CB RAMSEY HOUSING LLC	RELATED	-20	1,303,054		No		Yes		0 010 %
(6) SEWARD TOWERS RENOVATION LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 47-3834956	AFFORDABLE HOUSING	MN	N/A	RELATED				No		Yes		51 000 %
(7) CB PRG PORTFOLIO I LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-2871509	AFFORDABLE HOUSING	MN	CB PRG PORTFOLIO I LLC	RELATED	-29	1,933,680		No		Yes		0 010 %
(8) CB PRG PORTFOLIO II LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 35-2535539	AFFORDABLE HOUSING	MN	CB PRG PORTFOLIO II LLC	RELATED	-31	1,160,332		No		Yes		0 010 %
(9) CB WHITNEY APPLE VALLEY LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 81-3376427	AFFORDABLE HOUSING	MN	N/A									
(10) CB CEDAR RAPIDS HOUSING LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 81-1848142	AFFORDABLE HOUSING	MN	CB CEDAR RAPIDS HOUSING GP LLC	RELATED	-44	694,857		No		Yes		0 010 %
(11) COMMONBOND CITY WALK LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 45-4047058	AFFORDABLE HOUSING	MN	N/A									
(12) TWV LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 20-2665960	AFFORDABLE HOUSING	MN	N/A									
(13) SPRUCE PLACE OF FARMINGTON LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 20-3540240	AFFORDABLE HOUSING	MN	N/A									
(14) CB PINE POINT LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 38-4053872	AFFORDABLE HOUSING	MN		RELATED	24,565	5,042,432		No		Yes		80 000 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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							Yes	No		Yes	No	
(31) EAST WATERLOO FAMILY HOUSING LLLP 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-3616468	AFFORDABLE HOUSING	IA	N/A	RELATED	-40	1,109,335		No		Yes		1 000 %
(1) KINGSLEY COMMONS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 30-0356596	AFFORDABLE HOUSING	MN	N/A	RELATED	-92,354	1,799,705		No			No	99 990 %
(2) BISHOP'S CREEK FAMILY HOUSING LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-1192885	AFFORDABLE HOUSING	WI	N/A									
(3) BLOOMINGTON NORD LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-3095740	AFFORDABLE HOUSING	MN	N/A									
(4) BRIDGEPORT HOLDINGS II LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 01-0741631	AFFORDABLE HOUSING	MN	N/A									
(5) CITY FLATS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 33-1039771	AFFORDABLE HOUSING	MN	N/A									
(6) COMMERCE APARTMENTS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 20-8982553	AFFORDABLE HOUSING	MN	N/A									
(7) COMMERCE APARTMENTS PHASE 2 LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 27-3600574	AFFORDABLE HOUSING	MN	N/A	RELATED	-2	1,332,127		No			No	1 000 %
(8) COMMERCE HISTORIC LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 20-8982533	AFFORDABLE HOUSING	MN	N/A	RELATED	74,003	1,530,541		No			No	99 990 %
(9) CROWN RIDGE APARTMENTS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1859949	AFFORDABLE HOUSING	MN	N/A									
(10) ST ANNE'S COMMUNITY DEVELOPMENT LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 20-5446525	AFFORDABLE HOUSING	MN	N/A									
(11) EAST DES MOINES REFI LLLP 1080 MONTREAL AVENUE ST PAUL, MN 55116 27-1602792	AFFORDABLE HOUSING	MN	N/A									
(12) GOLDENDALEHOWARD LAKE HOUSING OF MN LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 30-0210548	AFFORDABLE HOUSING	MN	N/A									
(13) HISTORIC HOTEL NORTHERN LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-1183514	AFFORDABLE HOUSING	WI	N/A									
(14) HISTORIC TEWELES SEED LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 01-0582382	AFFORDABLE HOUSING	WI	N/A									

Form 990, Schedule R, Part III - 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) Disproprtionate 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	
(46) HOTEL NORTHERN LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-1183202	AFFORDABLE HOUSING	WI	N/A									
(1) HTS MANAGEMENT LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 77-0593595	AFFORDABLE HOUSING	WI	N/A									
(2) LINDEN PLACE LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1670098	AFFORDABLE HOUSING	MN	N/A									
(3) MAPLE HILLS LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-3095686	AFFORDABLE HOUSING	MN	N/A									
(4) OAKDALE GRANADA LAKES LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-2792905	AFFORDABLE HOUSING	MN	N/A									
(5) OAKDALE GRANADA LAKES LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 26-2793014	AFFORDABLE HOUSING	MN	N/A									
(6) SKYLINE TOWER OF ST PAUL LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1961493	AFFORDABLE HOUSING	MN	N/A	RELATED	-28,355	28,435,074		No			No	99 990 %
(7) GLENBROOK COMMUNITY LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 80-0308748	AFFORDABLE HOUSING	WI	N/A									
(8) CBC 202 LP 1080 MONTREAL AVENUE ST PAUL, MN 55116 20-3568155	AFFORDABLE HOUSING	MN	CBC PROPERTIES LLC	RELATED	-54	7,255,060		No		Yes		0 010 %
(9) CB FOREST LAKE HOUSING LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-4164908	AFFORDABLE HOUSING	MN	N/A									
(10) CB WATERLOO HOUSING LLLP 1080 MONTREAL AVENUE ST PAUL, MN 55116 82-3232242	AFFORDABLE HOUSING	MN	N/A									
(11) CB TREE LANE SENIOR LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-0841487	AFFORDABLE HOUSING	MN	CB WATERLOO TREE LANE SENIOR GP LLC	RELATED		4,225,633		No		Yes		0 010 %
(12) CB GALWAY-COMMUNITY LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-0891253	AFFORDABLE HOUSING	MN	N/A									
(13) CB GUARDIANS OF HASTINGS LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-0806707	AFFORDABLE HOUSING	MN	N/A									
(14) CB SHAKOPEE HOUSING LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-3540237	AFFORDABLE HOUSING	MN	CB SHAKOPEE HOUSING GP LLC	RELATED		1,625,784		No		Yes		0 010 %

Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership

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							Yes	No		Yes	No	
(61) CB MANKATO HOUSING II LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-3024691	AFFORDABLE HOUSING	MN	CB MANKATO HOUSING II GP LLC	RELATED	9,884	6,882,265		No		Yes		0 010 %
(1) CB EDEN PRAIRIE HOUSING LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-3609086	AFFORDABLE HOUSING	MN	N/A									
(2) CB LM REDEVELOPMENT LIMITED PARTNERSHIP 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-1084094	AFFORDABLE HOUSING	MN	N/A									

Form 990, Schedule R, Part IV - 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
(1) COMMONBOND HOUSING CORPORATION 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1767498	AFFORDABLE HOUSING	MN	N/A	C			100 000 %		No
(1) COMMONBOND INVESTMENT CORPORATION 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-1260427	INVESTMENT	MN	N/A	C			100 000 %		No
(2) EAST DES MOINES REFI GP LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 27-4663129	AFFORDABLE HOUSING	MN	N/A	C	-33	779,659	100 000 %		No
(3) CBC MEMORIAL MEADOWS LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-0527925	AFFORDABLE HOUSING	MN	N/A	C			100 000 %		No
(4) KINGSLEY COMMONS HOUSING 1080 MONTREAL AVENUE ST PAUL, MN 55116 41-2172439	AFFORDABLE HOUSING	MN	N/A	C	-9	863,876	100 000 %		No
(5) CRS HOUSING GP LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-3015721	AFFORDABLE HOUSING	MN	N/A	C	-43	107,360	50 000 %		No
(6) CB NORTHPOINT TOWNHOMES LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-4455153	AFFORDABLE HOUSING	MN	N/A	C	-16	444,868	100 000 %		No
(7) COMMONBOND CITY WALK LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-0927794	AFFORDABLE HOUSING	MN	N/A	C	4	-67,923	100 000 %		No
(8) YORKDALE TOWNHOMES LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 45-3858401	AFFORDABLE HOUSING	MN	N/A	C	-46	102,229	100 000 %		No
(9) CBVA MINNEAPOLIS GP LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 46-4584258	AFFORDABLE HOUSING	MN	N/A	C	-26	954,834	100 000 %		No
(10) CBC FALLS MEADOWRIDGE 1080 MONTREAL AVENUE ST PAUL, MN 55116 47-1471806	AFFORDABLE HOUSING	MN	N/A	C			100 000 %		No
(11) CB CATHEDRAL HILL LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 47-2483534	AFFORDABLE HOUSING	MN	N/A	C	-27	5,736,723	100 000 %		No
(12) CB WHITNEY APPLE VALLEY LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 81-3329896	AFFORDABLE HOUSING	MN	N/A	C	-13	1,458,341	100 000 %		No
(13) CB CEDAR RAPIDS GP LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 81-1828554	AFFORDABLE HOUSING	MN	N/A	C	-44	694,857	100 000 %		No
(14) CB FOREST LAKE HOUSING LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 82-4156486	AFFORDABLE HOUSING	MN	N/A	C		6,114,690	100 000 %		No

Form 990, Schedule R, Part IV - 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
(16) CB WATERLOO HOUSING GP LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 82-3242614	AFFORDABLE HOUSING	MN	N/A	C		1,193,492	100 000 %		No
(1) CB GALWAY-COMMUNITY LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-0879227	AFFORDABLE HOUSING	MN	N/A	C	-61	6,466,082	100 000 %		No
(2) CB GUARDIAN ANGELS LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-0791742	AFFORDABLE HOUSING	MN	N/A	C	-6	1,409,868	100 000 %		No
(3) CB EDEN PRAIRIE HOUSING GP LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-3595442	AFFORDABLE HOUSING	MN	N/A	C		2,154,096	100 000 %		No
(4) CB LM REDEVELOPMENT LLC 1080 MONTREAL AVENUE ST PAUL, MN 55116 83-1070401	AFFORDABLE HOUSING	MN	N/A	C		3,265,365	100 000 %		No

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(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	286,262	CASH
(1)	CB CONCORDIA LIMITED PARTNERSHIP	A	78,583	CASH
(2)	OAKDALE-GRANADA LAKES LIMITED PARTNERSHIP	A	107,895	CASH
(3)	CB WATERLOO HOUSING LLLP	B	51,100	CASH
(4)	CB CONCORDIA LIMITED PARTNERSHIP	D	4,171,956	CASH
(5)	CBC MEMORIAL MEADOWS	D	360,000	CASH
(6)	ROCHESTER SENIOR HOUSING LIMITED PARTNERSHIP	D	602,587	CASH
(7)	SNELLING AVENUE LIMITED PARTNERSHIP	D	772,503	CASH
(8)	ST ANNE'S COMMUNITY DEVELOPMENT LIMITED PARTNERSHIP	D	99,144	CASH
(9)	SHINGLE CREEK SENIOR HOMES	D	1,486,440	CASH
(10)	CROWN RIDGE APARTMENTS LIMITED 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 PARNTERSHIP	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	D	5,420,799	CASH
(24)	CB WHITNEY APPLE VALLEY LIMITED PARTNERSHIP	D	230,000	CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(26)	EAST DES MOINES REFI LLLP	D	233,711	CASH
(1)	COMMONBOND HOUSING	J	412,061	CASH
(2)	CB CONCORDIA LIMITED PARTNERSHIP	L	283,170	CASH
(3)	CB CATHEDRAL HILLS LIMITED PARTNERSHIP	L	139,045	CASH
(4)	SEWARD TOWERS RENOVATION LIMITED PARTNERSHIP	L	133,897	CASH
(5)	GREENVALE PLACE OF NORTHFIELD INC	L	66,524	CASH
(6)	SKYLINE TOWER LIMITED PARTNERSHIP	L	63,788	CASH
(7)	CB MANKATO HOUSING LIMITED PARNTERSHIP	L	322,924	CASH
(8)	CB PRG PORTFOLIO II LIMITED PARTNERSHIP	L	247,952	CASH
(9)	COMMONBOND HOUSING	O	417,294	CASH
(10)	VICKSBURG COMMONS LIMITED PARTNERSHIP	D	150,000	CASH
(11)	CB TREE LANE SENIOR HOUSING LLC	D	2,247,000	CASH
(12)	CB FOREST LAKE HOUSING LIMITED PARTNERSHIP	D	500,000	CASH
(13)	CB WATERLOO HOUSING LLLP	D	876,000	CASH
(14)	CB GALWAY-COMMUNITY LIMITED PARTNERSHIP	D	1,281,674	CASH
(15)	CB GUARDIAN ANGELS LIMITED PARTNERSHIP	D	339,949	CASH
(16)	CB LM REDEVELOPMENT LIMITED PARTNERSHIP	D	2,875,125	CASH
(17)	CB MANKATO HOUSING II LIMITED PARTNERSHIP	D	100,000	CASH
(18)	CB WILDER SQUARE LLC	D	2,386,323	CASH
(19)	CB GALWAY PLACE HOLDING LLC	D	185,875	CASH
(20)	CB STONEHOUSE HOLDING LLC	D	2,767,569	CASH
(21)	CB COMMUNITY PLAZA DEVELOPMENT LLC	D	261,862	CASH
(22)	COMMONBOND HOUSING	P	55,128	CASH
(23)	CB TREE LANE SENIOR HOUSING LLC	L	200,000	CASH
(24)	CB FOREST LAKE HOUSING LIMITED PARTNERSHIP	L	350,000	CASH

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of related organization	(b) Transaction type(a-s)	(c) Amount Involved	(d) Method of determining amount involved
(51)	CB WATERLOO HOUSING LLLP	L	195,000	CASH
(1)	CB GUARDIAN ANGELS LIMITED PARTNERSHIP	L	50,000	CASH
(2)	CB LM REDEVELOPMENT LIMITED PARTNERSHIP	L	102,389	CASH
(3)	CB EDEN PRAIRIE HOUSING LIMITED PARTNERSHIP	L	385,000	CASH
(4)	CB CEDAR RAPIDS HOUSING LLLP	L	303,038	CASH
(5)	CB SHAKOPEE HOUSING LIMITED PARTNERSHIP	L	400,000	CASH
(6)	CB MANKATO HOUSING II LIMITED PARTNERSHIP	L	279,234	CASH
(7)	CB PRG PORTFOLIO I LIMITED PARTNERSHIP	L	201,786	CASH
(8)	CBVA MINNEAPOLIS LIMITED PARTNERSHIP	L	87,244	CASH
(9)	CBC 202 LIMITED PARTNERSHIP	L	186,186	CASH
(10)	CB GALWAY-COMMUNITY LIMITED PARTNERSHIP	L	70,000	CASH
(11)	COMMONBOND ENDOWMENT CORPORATION	S	447,040	CASH
(12)	CB GALWAY-COMMUNITY LIMITED PARTNERSHIP	R	835,250	CARRYOVER VALUE