Short Form Return of Organization Exempt From Income Tax

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

2020

OMB No. 1545-0047

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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For the	2020 calend	ar year, or tax year beginning , 2020, and ending			, 20
В	Check if ap	oplicable:	C Name of organization ?	D Emplo	yer id	entification number
	Address c	hange	Community for The Commons		47-3	932701
	Name cha	ange	Number and street (or P.O. box if mail is not delivered to street address) Poom/suite	E Teleph	none ni	umber
=	Initial retu		95	2-452-3766		
=		n/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	p Exe	mption
=	Amended Applicatio	n pending	Excelsior, MN 55331	Num	ber ▶	?
		ting Method:	✓ Cash Accrual Other (specify) ► H			f the organization is not
	Vebsite	•				ach Schedule B
				•)-EZ, or 990-PF).
_			✓ Corporation ☐ Trust ☐ Association ☐ Other			· · · · · · · · · · · · · · · · · · ·
		-	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	assets		
			S500,000 or more, file Form 990 instead of Form 990-EZ		S	158,189
	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	instruc	tions	
			the organization used Schedule O to respond to any question in this Part I			
?	1		ons, gifts, grants, and similar amounts received		1	157,960
?	2		ervice revenue including government fees and contracts	- H	2	0
?	3	_	ip dues and assessments		3	0
?	4	Investmen			4	229
	5a		ount from sale of assets other than inventory 5a	0	-	
	b		or other basis and sales expenses	0		
	c			5c	0	
	6	•	ss) from sale of assets other than inventory (subtract line 5b from line 5a) d fundraising events:			
	a	_	ome from gaming (attach Schedule G if greater than			
ē	"	\$15,000)		0		
Revenue	b	-	me from fundraising events (not including \$ of contribution	18		
é			aising events reported on line 1) (attach Schedule G if the	.		
—			th gross income and contributions exceeds \$15,000) 6b	0		
	С		t expenses from gaming and fundraising events 6c	0		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6b and sub	tract		
	-	line 6c)			6d	0
	7a	,	s of inventory, less returns and allowances	o	-	
	b		of goods sold	0		
	C		it or (loss) from sales of inventory (subtract line 7b from line 7a)		7c	0
	8		nue (describe in Schedule O)		8	0
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	158,189
	10		I similar amounts paid (list in Schedule O)	. ,	10	0
	11		aid to or for members		11	0
S			ther compensation, and employee benefits 2		12	0
Se	13		al fees and other payments to independent contractors 2	-	13	2,269
en Oen	14		y, rent, utilities, and maintenance		14	0
Expenses	15	-	ublications, postage, and shipping	-	15	835
_	16		enses (describe in Schedule O) 2	-	16	8,748
	17				17	11,852
	18	Evene or	enses. Add lines 10 through 16	. •	18	146,337
şts	19		or fund balances at beginning of year (from line 27, column (A)) (must agree		10	140,337
SS	19		r figure reported on prior year's return)		10	83,482
tΑ	00	=			19	03,462
Net Assets	20 21		nges in net assets or fund balances (explain in Schedule O)		20	229,819
	41	וזכו מסספוס	or fund balances at end of year. Combine lines 18 through 20	. 💌	21	223,013

Form 990-EZ (2020) Page 2 Part II Balance Sheets (see the instructions for Part II) Check if the organization used Schedule O to respond to any question in this Part II (B) End of year (A) Beginning of year 83.482 22 229,819 22 Cash, savings, and investments 0 0 23 23 Land and buildings 24 Other assets (describe in Schedule O) 0 24 0 83,482 **25** 229.819 25 Total assets 0 26 0 26 Total liabilities (describe in Schedule O) 83,482 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 229,819 27 Statement of Program Service Accomplishments (see the instructions for Part III) Part III **Expenses** Check if the organization used Schedule O to respond to any question in this Part III (Required for section What is the organization's primary exempt purpose? See Schedule O 501(c)(3) and 501(c)(4) Describe the organization's program service accomplishments for each of its three largest program services, organizations; optional for others.) as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title. Adoptions programs: See Schedule O) If this amount includes foreign grants, check here 28a 6,235 (Grants \$ Master Plan Implementation: See Schedule O) If this amount includes foreign grants, check here 29a (Grants \$ Bandshell Campaign: See Schedule O) If this amount includes foreign grants, check here 30a Other program services (describe in Schedule O)) If this amount includes foreign grants, check here 31a List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated – see the instructions for Part IV) Check if the organization used Schedule O to respond to any question in this Part IV (d) Health benefits, (c) Reportable (b) Average compensation contributions to employee (e) Estimated amount of (a) Name and title hours per week (Forms W-2/1099-MISC) benefit plans, and other compensation devoted to position (if not paid, enter -0-) deferred compensation Eric Snyder 5.0 Director & Board Chair & Secretary 0 0 0 Dan Johnson 2.0 Director & Board Vice Chair 0 0 0 Paul Johnson 2.0 Director & Treasurer 0 0 Matt Allman 2.0 Director 0 0 Tia Black 2.0 Director 0 0 0 Sheila McMillan 5.0 Director 0 0 0 Dave Nelson 2.0 Director 0 0 0 Caitlyn Pulitzer 2.0 Director n 0 O **Deb Rodgers** 2.0 Director n 0 n Rick Rodgers Director 0 0 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V.) Check if the organization used Schedule O to respond to any question in this				
	instructions for Fart v.) Officer in the organization used deficable of to respond to any question in this	3 i ait	Yes	No	
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	162	NO V	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		~	?
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		/	
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35b 35c		,	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		/	?
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a Did the organization file Form 1120-POL for this year?	37b 38a		ν ν	?
b 39 a	If "Yes," complete Schedule L, Part II, and enter the total amount involved	-			
b 40a	Gross receipts, included on line 9, for public use of club facilities	_			
b	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		,	?
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958				
d e	40c reimbursed by the organization				
41	transaction? If "Yes," complete Form 8886-T	40e		'	
42a		612-20	5-8686	3	
	Located at ► 441 2nd St, Excelsior, MN ZIP + 4 ►		-2045		
b		42b	Yes	No 🗸	
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).				
С	At any time during the calendar year, did the organization maintain an office outside the United States? . If "Yes," enter the name of the foreign country	42c		<u> </u>	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year		Yes	► □ No	
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	103	<i>V</i>	
b	completed instead of Form 990-EZ	44b		~	
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		✓	
450	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		~	
45a b	Did the organization have a controlled entity within the meaning of section \$12(b)(13)?	45a			

46	Did t	he organization engage, directly or i	ndirectly, in political c	campaign activities	on b	ehalf of or	in opposi	tion [2 (3)	Yes	No
		andidates for public office? If "Yes," of		, Part I					46		1
Part \	/1	Section 501(c)(3) Organization: All section 501(c)(3) organization 50 and 51. Check if the organization used Sc	s must answer que				nplete th	e tabl	es fo	or line	es 🗀
		Oncok ii the organization used oc	riedule O to respond	to any question	III UIIS	S Fait VI	• • •		-	Yes	No
	year'	the organization engage in lobbying ? If "Yes," complete Schedule C, Par	tll				uring the	- 1	47	J	140
49a b 50	Did t If "Ye Com	e organization a school as described in the organization make any transfers t es," was the related organization a se plete this table for the organization's	o an exempt non-cha ection 527 organization five highest compen	ritable related orgon? sated employees (anizat other	tion? than office	ers, directo	ors, tru	48 49a 49b istee	es, and	d ke
	empl	oyees) who each received more than Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MI	ganiz	(d) Health to ontributions to enefit plans, a compens	enefits, employee nd deferred	e, ente	r "Ne imated	one."	ınt of
NONE	*****										
								-			-
51	Com ₁ \$100	number of other employees paid over olete this table for the organization' ,000 of compensation from the organ	s five highest compenization. If there is no	ensated independene, enter "None."							than
NONE	(a)	Name and business address of each independ	ent contractor	(b) Type of	service		(c)	Compe	nsatio	n	
	******		(#C								

	MANAGE PAR										
52 [Did t	number of other independent contra he organization complete Schedu leted Schedule A	_		. ▶ ganiz	ations mu			/es	N	—— lo
Under per true, corre	nalties ect, and	of perjury, I declare that I have examined this red complete. Declaration of preparer (other than	eturn, including accompany officer) is based on all info	ring schedules and statemation of which prepar	ements er has	, and to the b any knowledc	est of my kn	owledge	and l	belief, it	t is
Sign Here I	b¥.	Signature of officer Paul Johnson, Treasurer Type or print name and title				Date	der	18	1	2-1	_
Paid Prepai	rer	Print/Type preparer's name	Preparer's signature		Date		Check Self-employ	if PT	IN		
Use O	Only Firm's name >					1865	EIN ►				_
Viav the	IRS	Firm's address ► discuss this return with the preparer	shown above? See in	estructions	V20 M	Phone		П	/00	Пы	_

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047 2020

Department of the Treasury Internal Revenue Service Name of the organization

Т

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.

Open to Public Inspection

Employer identification number

Com	munity	for The Commons					47-39	32701	
Pai	tΙ	Reason for Public Char	rity Status. (Al	l organizations mus	t comple	ete this p	part.) See instruction	ons.	
_	_	zation is not a private founda		,		-	•		
1		church, convention of church							
2	 ☐ A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 								
3 4		medical research organization						(iii) Enter the	
7		ospital's name, city, and state		onjunction with a nosp	Jitai desc	inbed in s	section 170(b)(1)(A)	ini). Enter the	
5		n organization operated for a ection 170(b)(1)(A)(iv). (Com		college or university	owned o	r operate	ed by a government	al unit described in	
6	□ A	federal, state, or local govern	nment or govern	mental unit described	l in sectio	on 170(b)	(1)(A)(v).		
7		n organization that normally escribed in section 170(b)(1)			port from	a gover	nmental unit or from	n the general public	
8	\square A	community trust described in	n section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	or ur	n agricultural research organi university or a non-land-gra niversity:	nt college of agr	iculture (see instruction	ons). Ente	er the nan	ne, city, and state of	the college or	
10	re su	n organization that normally r ceipts from activities related apport from gross investment cquired by the organization a	to its exempt fu t income and un	nctions, subject to ce related business taxal	rtain exce ble incom	eptions; a ne (less se	and (2) no more than ection 511 tax) from	33 ¹ /3% of its	
11	☐ Ar	n organization organized and	operated exclus	sively to test for public	c safety.	See sect i	ion 509(a)(4).		
12		n organization organized and							
		one or more publicly support							
	CI	heck the box in lines 12a thro	•			•	•		
а		Type I. A supporting organ							
		the supported organization supporting organization. Ye					ne directors or trust	ees of the	
h			-	· ·			upported organizati	on(a) by baying	
b	Ш	Type II. A supporting organ control or management of							
		organization(s). You must				•		0 11	
С		Type III functionally integ its supported organization(ally integrated with,	
d		Type III non-functionally integrated that is not functionally integrequirement (see instructionally integrated in the contraction of the contracti	grated. The orga	nization generally mus	st satisfy	a distribu	ution requirement an		
е		Check this box if the organ functionally integrated, or T						e II, Type III	
f		er the number of supported o	•						
g		vide the following information		· · · · · · · · · · · · · · · · · · ·			I		
	(i) Nar	ne of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)	
					Yes	No			
(A)									
(B)									
(C)									
(D)									
(E)									
Toto									

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 42,694 12,698 33,399 49,437 157,960 296,188 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 0 0 0 0 0 0 The value of services or facilities 3 furnished by a governmental unit to the organization without charge 0 0 0 0 0 0 42,694 12,698 33,399 49,437 157,960 Total. Add lines 1 through 3. . . . 296,188 4 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) 138,591 157,597 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) ▶ (a) 2016 **(b)** 2017 (c) 2018 (d) 2019 (e) 2020 (f) Total 42,694 12,698 33,399 49,437 157,960 296,188 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources 0 n 0 52 229 281 9 Net income from unrelated business activities, whether or not the business is regularly carried on 0 0 0 0 0 0 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) 0 n O 0 n 296,469 **Total support.** Add lines 7 through 10 11 Gross receipts from related activities, etc. (see instructions) 12 0 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 Section C. Computation of Public Support Percentage 53.21 % 14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f)) Public support percentage from 2019 Schedule A, Part II, line 14 Organization filed 990-N in 2019 15 15 331/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization 331/3% support test - 2019. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported

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.)

01	in the organization rails to quality	under the te	esis listed bei	ow, please co	ompiete Part	11.)	
	on A. Public Support		# \ 0047	() 0040	(D 0010	() 0000	(n =
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise						
_	sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						
_	·						
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge						
6	-						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3						
<i>1</i> a	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						
С	Add lines 7a and 7b						1
8	Public support. (Subtract line 7c from						
•	line 6.)						
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	(a) 2010	(3) 2011	(6) 2010	(4) 2010	(6) 2020	(i) rotal
	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						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First 5 years. If the Form 990 is for the	•	's first, second	l, third, fourth,	or fifth tax ye	ear as a secti	on 501(c)(3)
	organization, check this box and stop her						🕨
	on C. Computation of Public Suppor		*				
15	Public support percentage for 2020 (line 8						%
16	Public support percentage from 2019 Sch					16	%
	on D. Computation of Investment Inc				(0)	11	0.4
17	Investment income percentage for 2020 (I			-		17	%
18	Investment income percentage from 2019					18	% and line
19a	331/3% support tests – 2020. If the organi						
L	17 is not more than 33 ¹ / ₃ %, check this box a	_	-	-		=	
b	33 ¹ / ₃ % support tests—2019. If the organization 18 is not more than 33 ¹ / ₃ %, check this b						
20	Private foundation If the organization did	_	=		-		_

Part IV **Supporting Organizations**

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

Se

secu	on 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	163	140
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 lines 3b and 3c 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		
С	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 box 12a or 12b in Part I, answer lines 4b and 4c 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		
С	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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).	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		
С	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			
7	benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>	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		
С	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)? <i>If "Yes," answer line 10b below.</i>	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 I	V Supporting Organizations (continued)		-	
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Section	on B. Type I Supporting Organizations		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	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	on C. Type II Supporting Organizations			
	7,		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	on 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?			
0		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 line 2, above, did the organization's supported organizations have	_		
Ū	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	on 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 i	nstru	ctions	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity	(see ir		
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	0-		
L-		2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? 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 position that its supported organization(s) would have engaged in	2b		
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i>	20		
	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? If "Yes" or "No," provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		
	of its supported organizations? If "Yes" describe in Part VI the role played by the organization in this regard	2h		

(see instructions).

	() () () () () () () () () ()			. ago -
Part	V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gani	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organ			
Sect	ion 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		
Sect	ion 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):			
	Average monthly value of securities	1a		
a	Average monthly cash balances	1b		
<u>b</u>	Fair market value of other non-exempt-use assets	1c		
c	Total (add lines 1a, 1b, and 1c)	1d		
<u>u</u>	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
7	see instructions).	4		
	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C-Distributable Amount	•		Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization

Secti	Current Year				
1	Amounts paid to supported organizations to accomplish				
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity		orted	2	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required-	–provide details in Part	VI)	5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is res	sponsive	8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required—explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
а					
b					
С	From 2017				
d	From 2018				
е	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D, line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j and 4c.				
8	Breakdown of line 7:				
а	Excess from 2016				
b	Excess from 2017				
С	Excess from 2018				
d	Excess from 2019				
е	Excess from 2020				

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

Part VI	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.)

Schedule B

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

Department of the Treasury Internal Revenue Service Name of the organization

Community for The Commons

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

Employer identification number

47-3932701

Organization type (check one): Filers of: Section: Form 990 or 990-EZ ✓ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization Form 990-PF ☐ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions

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

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (See separate instructions), then

• Section 501(c)(4), (5), or (6) organizations: Complete Part III. Name of organization **Employer identification number** Community for The Commons 47-3932701 Complete if the organization is exempt under section 501(c) or is a section 527 organization. Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See instructions for 1 definition of "political campaign activities") Volunteer hours for political campaign activities (See instructions) . Part I-B Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955 n Enter the amount of any excise tax incurred by organization managers under section 4955 . 2 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? . No Yes Yes No If "Yes," describe in Part IV. Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filing organization for section 527 exempt function 2 Enter the amount of the filing organization's funds contributed to other organizations for section Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, 3 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV. (c) EIN (a) Name (b) Address (d) Amount paid from (e) Amount of political filing organization's contributions received and funds. If none, enter -0-. promptly and directly delivered to a separate political organization. If none, enter -0-. (1) (2)(3)(4)(5) (6)

Page	2
raye	_

f Grassroots lobbying expenditures

Sche	edule C (Form 990 or 990-EZ) 2020					Page 2			
Pa	rt II-A Complete if the organization section 501(h)).	n is exempt u	nder section 50	01(c)(3) and filed	d Form 5768 (ele	ection under			
	Check ► ☐ if the filing organization belor address, EIN, expenses, and Check ► ☑ if the filing organization check	share of excess	lobbying expend	itures).	liated group memb	per's name,			
В				ovisions apply.	1				
	(The term "expenditures" m		paid or incurred.	•	(a) Filing organization's totals	(b) Affiliated group totals			
1	 Total lobbying expenditures to influence 	public opinion	(grassroots lobbyi	ng)	0				
	b Total lobbying expenditures to influence	a legislative bo	dy (direct lobbying	g)	0				
	c Total lobbying expenditures (add lines 1	a and 1b) .			0				
	d Other exempt purpose expenditures .				0				
	e Total exempt purpose expenditures (add	d lines 1c and 1	d)		0				
	f Lobbying nontaxable amount. Enter columns.	the amount fr	om the following	table in both	0				
	If the amount on line 1e, column (a) or (b) is	: The lobbying	nontaxable amoun	t is:					
	Not over \$500,000		ount on line 1e.						
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	15% of the excess	over \$500,000.					
	Over \$1,000,000 but not over \$1,500,000		10% of the excess						
	Over \$1,500,000 but not over \$17,000,000		5% of the excess or						
	Over \$17,000,000	\$1,000,000.		***************************************					
	g Grassroots nontaxable amount (enter 25				0				
	h Subtract line 1g from line 1a. If zero or le	,			0				
	i Subtract line 1f from line 1c. If zero or le								
	j If there is an amount other than zero				file Form 4720				
	reporting section 4911 tax for this year'			-		Yes No			
	(Some organizations that made a se See the	ction 501(h) ele separate instr	uctions for lines	e to complete all 2a through 2f.)	of the five colum	ns below.			
	Lobbying	Expenditures	During 4-Year Av	eraging Period					
	Calendar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) Total			
2	a Lobbying nontaxable amount	0	0	0	0	0			
	b Lobbying ceiling amount (150% of line 2a, column (e))					0			
	c Total lobbying expenditures	0	0	0	0	0			
	d Grassroots nontaxable amount	0	0	0	0	0			
	e Grassroots ceiling amount (150% of line 2d, column (e))					0			

Schedule C (Form 990 or 990-EZ) 2020

rart	(election under section 501(h)).	illeu	FOII	11 3700		
		(a)		(b)		
	"Yes" response on lines 1a through 1i below, provide in Part IV a detailed n of the lobbying activity.	Yes	No	A	moun	t
1	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:					
а	Volunteers?					
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?					
С	Media advertisements?					
d	Mailings to members, legislators, or the public?					
е	Publications, or published or broadcast statements?					
f	Grants to other organizations for lobbying purposes?					
g	Direct contact with legislators, their staffs, government officials, or a legislative body?					
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?					
	Other activities?					
J	Total. Add lines 1c through 1i					
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
b	If "Yes," enter the amount of any tax incurred by organization managers under section 4912			-		
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
_	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	1(5)	or se	ection		
	501(c)(6).	,,(0), (J. J.	,011011		
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2		
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the			_		
Part	III-B Complete if the organization is exempt under section 501(c)(4), section 501(c) 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No" O answered "Yes."				ine 3	3, is
1	Dues, assessments and similar amounts from members		1			
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts political expenses for which the section 527(f) tax was paid).	s of				
а	Current year		2a			
b	Carryover from last year		2b			
С	Total		2c			
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues .		3			
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of excess does the organization agree to carryover to the reasonable estimate of nondeductible lobband political expanditure port	ying				
_	and political expenditure next year?		4			
5 Pari		•	5			
	le the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated gro	un lie	t). Þa	rt II-Δ I	ines 1	lanc
	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	ap 110	.,, . u			und
Part I-	A, line 1: None. The organization did not have direct nor indirect political campaign activites in 2020.					

	m 990 or 990-EZ) 2020	Page 4
Part IV	Supplemental Information (continued)	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

47-3932701 Community for The Commons Form 990-EZ, Part III, Organization's Primary Exempt Purpose: The organization is dedicated to the long-term enhancement and improvement of Excelsior's Commons Park for the enjoyment of residents, guests and the surrounding community. Form 990-EZ, Part III, Line 28: Adoption Programs: Through the Adoptions Programs (Adopt A Tree, Adopt A Garden & Adopt A Seat), the organization works with the community residents and the City of Excelsior to improve, replact and maintain The Commons park's gardens, trees and seats (benches, picnic tables). In 2020, phase 2 of the ballfield gardens were planted by community volunteers and two new picnic tables were placed in the park. Since launch of the Adoption Programs, The Commons park visitors have benefitted by enjoying five new or refurbished seats, two new gardens and maintance of many of the park's older trees (some of which are over 100 years old) Form 990-EZ, Part III, Line 28: Master Plan Implementation: As part of the implementation of the Excelsior Commons Master Plan, adopted by the City of Excelsior in 2017, the organization worked with the City of Excelsior and community residents to conduct a community engagement and design process for a new bandshell As a result, the new Excelsior Bandshell final construction drawings were approved by the Excelsior City Council and construction is expected to be completed in 2021 Form 990-EZ, Part III, Line 29: Bandshell Campaign: Conducted a public fundraising campaign for the new Excelsior Bandshell and as a result, received over \$250,000 in pledges and collected over \$150,000 of these pledges as of 12/31/2020. Implemented a new donor management tool.

scriedule O (Form 990 or 990-EZ) 2020		Page 4
Name of the organization	Employer identification number	