

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.

A For the **2019** calendar year, or tax year beginning **JUL 1, 2019** and ending **JUN 30, 2020**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization CENTRAL CITY CONCERN Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 232 NW 6TH AVENUE City or town, state or province, country, and ZIP or foreign postal code PORTLAND, OR 97209	D Employer identification number 93-0728816 E Telephone number (503) 294-1681
F Name and address of principal officer: RACHEL SOLOTAROFF, MD SAME AS C ABOVE		G Gross receipts \$ 109,852,867. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CENTRALCITYCONCERN.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1979 M State of legal domicile: OR

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: <u>SEE SCHEDULE O.</u>		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	16
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	16
	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	1342
	6	Total number of volunteers (estimate if necessary)	6	204
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	839,098.
	7b	Net unrelated business taxable income from Form 990-T, line 39	7b	0.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	10,735,089.	7,290,517.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	87,744,534.	99,430,870.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	352,593.	321,263.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,415,893.	2,810,217.
	12		105,248,109.	109,852,867.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,334,395.	1,363,611.
	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)	52,032,807.	60,166,252.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 471,855.		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	35,175,574.	35,735,452.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	88,542,776.	97,265,315.
	19	Revenue less expenses. Subtract line 18 from line 12	16,705,333.	12,587,552.
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	180,890,437.	196,596,858.
	22	Net assets or fund balances. Subtract line 21 from line 20	57,399,290.	60,737,021.
	22		123,491,147.	135,859,837.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer RACHEL SOLOTAROFF, MD, PRESIDENT AND CEO Type or print name and title	Date			
Paid Preparer Use Only	Print/Type preparer's name TODD D. MASSINGER	Preparer's signature TODD D. MASSINGER	Date	Check if self-employed <input type="checkbox"/>	PTIN P00075883
	Firm's name ▶ HOFFMAN, STEWART & SCHMIDT, PC Firm's address ▶ 3 CENTERPOINTE DRIVE, SUITE 300 LAKE OSWEGO, OR 97035-8663	Firm's EIN ▶ 93-0743240	Phone no. 503-220-5900		

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 [X]

1 Briefly describe the organization's mission: THE MISSION OF CENTRAL CITY CONCERN (CCC) TO PROVIDE COMPREHENSIVE SOLUTIONS TO ENDING HOMELESSNESS AND ACHIEVING SELF-SUFFICIENCY. FOUNDED IN 1979, CCC HAS DEVELOPED A COMPREHENSIVE CONTINUUM OF AFFORDABLE HOUSING OPTIONS INTEGRATED WITH DIRECT SOCIAL SERVICES

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 59,868,628. including grants of \$ 1,363,611.) (Revenue \$ 64,797,612.) CENTRAL CITY CONCERN MAINTAINS HEALTHCARE AND RECOVERY SERVICES, INTEGRATED WITH AGENCY HOUSING, TO MEET THE PRIMARY AND BEHAVIORAL HEALTHCARE AND DRUG AND ALCOHOL TREATMENT AND RECOVERY NEEDS OF LOW INCOME OR CHRONICALLY HOMELESS CLIENTS IN THE PORTLAND METROPOLITAN AREA. THE CCC RECOVERY CENTER PROVIDES OUTPATIENT RECOVERY SERVICES TO 600+ PEOPLE. THE OLD TOWN RECOVERY CENTER PROVIDES OUTPATIENT MENTAL HEALTH SERVICES TO APPROXIMATELY 650 PEOPLE ANNUALLY. THE RECOVERY MENTOR PROGRAM PROVIDES HOUSING AND AN ASSIGNED MENTOR TO HELP CLIENTS ADHERE TO A RECOVERY PLAN OF ACTION. THE COMMUNITY ENGAGEMENT PROGRAM (CEP) PROVIDES HOUSING AND SERVICES TO PEOPLE WITH LONG HISTORIES OF HOMELESSNESS, ADDICTION AND MENTAL HEALTH CHALLENGES. (CONTINUED ON SCHEDULE O).

4b (Code:) (Expenses \$ 25,205,670. including grants of \$) (Revenue \$ 27,810,727.) CENTRAL CITY CONCERN HOUSING PROVIDES A VARIETY OF AFFORDABLE HOUSING OPTIONS WHERE PERSONS, WHO OTHERWISE MIGHT BE HOMELESS, MAY LIVE COMFORTABLY, SECURELY, AND SAFELY. IN FISCAL 2020, WE OWNED, LEASED, OR MANAGED 26 BUILDINGS PROVIDING NEARLY 1,940 UNITS OF HOUSING THROUGHOUT THE PORTLAND METROPOLITAN AREA. THIS HOUSING IS AVAILABLE TO SINGLE ADULTS AND FAMILIES, IS BOTH TRANSITIONAL AND PERMANENT, MARKET RATE AND SUBSIDIZED, SERVES PEOPLE IN RECOVERY, LIVING WITH HIV/AIDS, LIVING WITH MENTAL ILLNESS, LIVING ON SOCIAL SECURITY AND DISABILITY INCOMES, AND/OR PEOPLE GAINING EMPLOYMENT SKILLS AND/OR RETURNING TO WORK. (CONTINUED ON SCHEDULE O).

4c (Code:) (Expenses \$ 6,903,863. including grants of \$) (Revenue \$ 5,983,433.) EMPLOYMENT AND SOCIAL ENTERPRISES INCLUDES: CLEAN AND SAFE - A PUBLIC SANITATION AND SAFETY SERVICE IN THE DOWNTOWN CORE. CENTRAL CENTRAL CITY BED - SELLS A DURABLE, SUSTAINABLE, CONTEMPORARY, BED BUG RESISTANT FURNITURE LINE HIGHLY SUITED FOR AFFORDABLE HOUSING DEVELOPMENTS, SHELTERS, AND DORMITORIES.

THESE BUSINESSES OFFER EMPLOYMENT OPPORTUNITIES TO PEOPLE LIVING ON NO OR VERY LOW INCOMES. ALL HAVE MULTIPLE BARRIERS TO EMPLOYMENT SUCH AS

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

4e Total program service expenses 91,978,161.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 22-38 covering various organizational requirements.

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 []

Table with 3 columns: Question ID, Question Text, Yes, No. Rows 1a-1c regarding Form 1096 and backup withholding rules.

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 1342		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b	X	
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a	X	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 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?		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, Schedule O.			

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

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

Section A. Governing Body and Management

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

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

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

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed OR, CA, CT
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records
 KAREN RASMUSSEN, INTERIM CFO - (503) 294-1681
 232 NW 6TH AVENUE, PORTLAND, OR 97209

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

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

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

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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ANDREW B. MENDENHALL CHIEF MEDICAL OFFICER	40.00					X	317,185.	0.	30,815.	
(2) RACHEL SOLOTAROFF CEO	40.00			X			273,970.	0.	39,395.	
(3) CHRISTOPHER J. HOBART M.D. PSYCHIATRIST	40.00					X	225,955.	0.	36,873.	
(4) JOHN BISCHOF MEDICAL DIRECTOR	40.00					X	207,702.	0.	22,345.	
(5) EOWYN RIEKE SITE DIRECTOR	40.00					X	230,400.	0.	33,617.	
(6) JACQUELYN S. HUNT CHIEF INTEGRATION & INNOVATION OFFIC	40.00					X	197,732.	0.	11,587.	
(7) SARAH CHISHOLM CFO	40.00			X			181,471.	0.	24,378.	
(8) BEN BERRY DIRECTOR	1.00	X					0.	0.	0.	
(9) RICO A. BOCALA DIRECTOR	1.00	X					0.	0.	0.	
(10) MICHELLE CARDINAL DIRECTOR	1.00	X					0.	0.	0.	
(11) ANDY DAVIDSON DIRECTOR	1.00	X					0.	0.	0.	
(12) SANDI DELAROSA DIRECTOR	1.00	X					0.	0.	0.	
(13) RILLA DELORIER DIRECTOR	1.00	X					0.	0.	0.	
(14) ISAAC DIXON VICE CHAIR	1.00	X		X			0.	0.	0.	
(15) LINDA GIRARD DIRECTOR	1.00	X					0.	0.	0.	
(16) MATT HARRINGTON DIRECTOR	1.00	X					0.	0.	0.	
(17) LARRY NAITO DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) JONATHAN RADMACHER DIRECTOR	1.00	X						0.	0.	0.
(19) MARVIN SEPPALA, M.D. DIRECTOR	1.00	X						0.	0.	0.
(20) JULIE SHEPPARD DIRECTOR	1.00	X						0.	0.	0.
(21) ELISABETH ZELLER SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(22) RICHARD GIBSON, M.D. CHAIR	1.00	X		X				0.	0.	0.
(23) MICHAEL WHITE DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal							1,634,415.	0.	199,010.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,634,415.	0.	199,010.	

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 **53**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WORKS PROGRESS ARCHITECTURE, 811 SE STARK STREET, SUITE 210, PORTLAND, OR 97214	CONSTRUCTION SERVICES	832,705.
STUDIO PETRETTI ARCHITECTURE, 2335 SE 50TH AVE, SUITE B, PORTLAND, OR 97215	CONSTRUCTION SERVICES	118,452.
GREENSPOON MARDER LLP, 100 W CYPRESS CREEK RD, SUITE 700, FORT LAUDERDALE, FL 33309	LEGAL SERVICES	105,929.

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 **3**

Part VIII Statement of Revenue

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

				(A)	(B)	(C)	(D)	
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a						
	b Membership dues	1b						
	c Fundraising events	1c						
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,177,212.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,113,305.					
	g Noncash contributions included in lines 1a-1f	1g	\$ 165,493.					
	h Total. Add lines 1a-1f			7,290,517.				
Program Service Revenue	2 a HEALTH AND RECOVERY	Business Code	624100	64,797,612.	64,797,612.			
	b SUPPORTIVE HOUSING		624200	27,810,727.	27,810,727.			
	c EMPLOYMENT AND SOCIAL		624310	6,822,531.	5,983,433.	839,098.		
	d							
	e							
	f All other program service revenue							
	g Total. Add lines 2a-2f			99,430,870.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			321,263.			321,263.	
	4 Income from investment of tax-exempt bond proceeds							
	5 Royalties							
	6 a Gross rents	6a	(i) Real					
			(ii) Personal					
	b Less: rental expenses	6b						
	c Rental income or (loss)	6c						
	d Net rental income or (loss)							
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities					
			(ii) Other					
	b Less: cost or other basis and sales expenses	7b						
	c Gain or (loss)	7c						
d Net gain or (loss)								
8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	8a							
b Less: direct expenses	8b							
c Net income or (loss) from fundraising events								
9 a Gross income from gaming activities. See Part IV, line 19	9a							
b Less: direct expenses	9b							
c Net income or (loss) from gaming activities								
10 a 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	11 a GAIN ON PARTNERSHIP TR	Business Code	900099	2,810,217.			2,810,217.	
	b							
	c							
	d All other revenue							
	e Total. Add lines 11a-11d			2,810,217.				
12 Total revenue. See instructions			109,852,867.	98,591,772.	839,098.	3,131,480.		

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	1,363,611.	1,363,611.		
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	518,715.		518,715.	
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	46,679,759.	39,040,494.	7,403,975.	235,290.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,043,549.	1,739,811.	291,581.	12,157.
9 Other employee benefits	6,449,349.	5,442,503.	968,817.	38,029.
10 Payroll taxes	4,474,880.	3,759,089.	689,524.	26,267.
11 Fees for services (nonemployees):				
a Management	1,500,481.	1,393,133.	107,348.	
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,761,430.	2,754,464.	1,936,441.	70,525.
12 Advertising and promotion				
13 Office expenses	1,329,310.	1,066,637.	208,762.	53,911.
14 Information technology	1,763,573.	992,265.	767,755.	3,553.
15 Royalties				
16 Occupancy	2,111,087.	2,087,443.	23,644.	
17 Travel	680,174.	667,820.	12,354.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	635,171.	178,980.	456,191.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,239,609.	3,118,802.	120,807.	
23 Insurance	954,984.	876,068.	78,317.	599.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRESCRIPTION COSTS	10,264,355.	10,264,355.	0.	0.
b CLIENT RELATED COSTS	5,504,913.	5,502,889.	2,024.	0.
c UTILITIES	1,559,325.	1,511,916.	47,409.	0.
d PERSONNEL RELATED COSTS	577,375.	304,210.	272,753.	412.
e All other expenses	853,665.	9,913,671.	-9,091,118.	31,112.
25 Total functional expenses. Add lines 1 through 24e	97,265,315.	91,978,161.	4,815,299.	471,855.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	31,594,306.	2	34,779,623.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	21,824,265.	4	23,652,685.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	50,915,203.	7	55,777,436.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,702,536.	9	1,072,507.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 95,263,453.		
	b Less: accumulated depreciation	10b 26,044,087.	64,553,571.	10c 69,219,366.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	9,786,226.	12	12,024,283.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	514,330.	15	70,958.
16 Total assets. Add lines 1 through 15 (must equal line 33)	180,890,437.	16	196,596,858.	
Liabilities	17 Accounts payable and accrued expenses	8,739,903.	17	9,184,000.
	18 Grants payable		18	
	19 Deferred revenue	1,671,220.	19	1,788,552.
	20 Tax-exempt bond liabilities	3,185,670.	20	3,105,325.
	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	41,281,674.	23	43,421,400.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	2,520,823.	25	3,237,744.
	26 Total liabilities. Add lines 17 through 25	57,399,290.	26	60,737,021.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	77,494,696.	27	86,968,482.
	28 Net assets with donor restrictions	45,996,451.	28	48,891,355.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> 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	123,491,147.	32	135,859,837.
33 Total liabilities and net assets/fund balances	180,890,437.	33	196,596,858.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	109,852,867.
2	Total expenses (must equal Part IX, column (A), line 25)	2	97,265,315.
3	Revenue less expenses. Subtract line 2 from line 1	3	12,587,552.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	123,491,147.
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	23,393.
7	Investment expenses	7	
8	Prior period adjustments	8	4,660.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-246,915.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	135,859,837.

Part XII Financial Statements and Reporting

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

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

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization CENTRAL CITY CONCERN	Employer identification number 93-0728816
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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 **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - 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?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 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.")	3,295,799.	19,435,396.	14,327,185.	10,735,089.	7,290,517.	55,083,986.
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	3,295,799.	19,435,396.	14,327,185.	10,735,089.	7,290,517.	55,083,986.
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)						
6 Public support. Subtract line 5 from line 4.						55,083,986.

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	3,295,799.	19,435,396.	14,327,185.	10,735,089.	7,290,517.	55,083,986.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	1,214,273.	1,010,031.	1,266,432.	352,593.	321,263.	4,164,592.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		91,949.	-10,938.	-57,903.	213,335.	236,443.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)		755,117.	3,986,197.	6,447,475.	2,810,217.	13,999,006.
11 Total support. Add lines 7 through 10						73,484,027.
12 Gross receipts from related activities, etc. (see instructions)					12	401,101,644.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	14	74.96 %
15 Public support percentage from 2018 Schedule A, Part II, line 14	15	75.72 %
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		<input checked="" type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part 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 in line 12 on 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		
11a		
11b		
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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		
1		
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)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		
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?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described in (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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
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 <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a 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? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>			
b Did the activities described in (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? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>			
3 Parent of Supported Organizations. Answer (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? <i>Provide details in Part VI.</i>			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			
2a			
2b			
3a			
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):		
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	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2019

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. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result 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			

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 CENTRAL CITY CONCERN **Employer identification number** 93-0728816

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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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 (for example, recreation or education) Preservation of a 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 Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 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?

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)?

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 FASB 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 FASB 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 FASB 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 make significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment ▶ _____ %
 - b Permanent endowment ▶ _____ %
 - c Term endowment ▶ _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		10,722,802.		10,722,802.
b Buildings		77,493,326.	22,509,697.	54,983,629.
c Leasehold improvements		763,109.	296,368.	466,741.
d Equipment		4,316,124.	3,150,381.	1,165,743.
e Other		1,968,092.	87,641.	1,880,451.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				69,219,366.

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) INVESTMENT IN LIMITED PARTNERSHIPS	12,024,283.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	12,024,283.	

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)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

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) ACCRUED INTEREST	1,029,784.
(3) CAPITAL LEASE OBLIGATIONS	119,651.
(4) INTEREST RATE SWAP	570,621.
(5) DEFERRED COMPENSATION LIABILITY	154,314.
(6) DUE TO MANAGED PROPERTIES	1,363,374.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,237,744.

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

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

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

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

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

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

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

MANAGEMENT DOES NOT BELIEVE THE ORGANIZATION HAS ANY UNCERTAIN TAX

POSITIONS.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
▶ **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 **CENTRAL CITY CONCERN** Employer identification number **93-0728816**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
CASCADIA BEHAVIORAL HEALTHCARE 847 NE 19TH AVENUE SUITE 100 PORTLAND, OR 97232	93-0770054	501(C)(3)	425,774.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER CFDA 14.267, MULTIFAMILY HOUSING SERVICE COORDINATORS
JOIN 1435 NE 81ST AVENUE #100 PORTLAND, OR 97213	93-1090005	501(C)(3)	316,721.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER CFDA 14.267, MULTIFAMILY HOUSING SERVICE COORDINATORS
NATIVE AMERICAN REHABILITATION ASSOCIATION OF THE NORTHWEST, INC. - 1776 SW MADISON STREET - PORTLAND, OR 97205	23-7098400	501(C)(3)	295,254.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER CFDA 14.267, MULTIFAMILY HOUSING SERVICE COORDINATORS
TRANSITION PROJECTS, INC. 665 NW HOYT STREET PORTLAND, OR 97209	93-0591582	501(C)(3)	325,862.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER CFDA 14.267, MULTIFAMILY HOUSING SERVICE COORDINATORS

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **▶** _____
- 3** Enter total number of other organizations listed in the line 1 table **▶** _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.
SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2019)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

MANAGEMENT REVIEWS SUBAWARD REIMBURSEMENT REQUESTS FOR COMPLIANCE WITH THE
 APPLICABLE SUBAWARD CONTRACT, CONDUCTS REGULAR MEETINGS WITH SUBAWARDEE
 AGENCY PROGRAM STAFF, AND REVIEWS AUDITED FINANCIAL REPORTS FOR THE
 SUBGRANTEES.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: CASCADIA BEHAVIORAL HEALTHCARE

(H) PURPOSE OF GRANT OR ASSISTANCE: PASS-THROUGH OF FEDERAL FUNDS UNDER

Part IV Supplemental Information

CFDA 14.267, MULTIFAMILY HOUSING SERVICE COORDINATORS CONTINUUM OF CARE

PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: JOIN

(H) PURPOSE OF GRANT OR ASSISTANCE: PASS-THROUGH OF FEDERAL FUNDS UNDER

CFDA 14.267, MULTIFAMILY HOUSING SERVICE COORDINATORS CONTINUUM OF CARE

PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT:

NATIVE AMERICAN REHABILITATION ASSOCIATION OF THE NORTHWEST, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PASS-THROUGH OF FEDERAL FUNDS UNDER

CFDA 14.267, MULTIFAMILY HOUSING SERVICE COORDINATORS CONTINUUM OF CARE

PROGRAM.

NAME OF ORGANIZATION OR GOVERNMENT: TRANSITION PROJECTS, INC.

(H) PURPOSE OF GRANT OR ASSISTANCE: PASS-THROUGH OF FEDERAL FUNDS UNDER

CFDA 14.267, MULTIFAMILY HOUSING SERVICE COORDINATORS CONTINUUM OF CARE

PROGRAM.

**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

CENTRAL CITY CONCERN

Employer identification number

93-0728816

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2019

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) ANDREW B. MENDENHALL CHIEF MEDICAL OFFICER	(i)	317,185.	0.	0.	19,000.	11,815.	348,000.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) RACHEL SOLOTAROFF CEO	(i)	273,970.	0.	0.	19,000.	20,395.	313,365.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) CHRISTOPHER J. HOBART M.D. PSYCHIATRIST	(i)	225,955.	0.	0.	22,515.	14,358.	262,828.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JOHN BISCHOF MEDICAL DIRECTOR	(i)	207,702.	0.	0.	19,383.	2,962.	230,047.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EOWYN RIEKE SITE DIRECTOR	(i)	230,400.	0.	0.	19,000.	14,617.	264,017.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JACQUELYN S. HUNT CHIEF INTEGRATION & INNOVATION OFFICER	(i)	197,732.	0.	0.	11,058.	529.	209,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) SARAH CHISHOLM CFO	(i)	181,471.	0.	0.	15,938.	8,440.	205,849.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Supplemental Information on Tax-Exempt Bonds

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

▶ **Attach to Form 990.** ▶ **Go to www.irs.gov/Form990 for instructions and the latest information.**

Name of the organization **CENTRAL CITY CONCERN** Employer identification number **93-0728816**

Part I Bond Issues		SEE PART VI FOR COLUMN (F) CONTINUATIONS									
(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
						Yes	No	Yes	No	Yes	No
A STATE OF OREGON -- OREGON FACILITIES AUTHORITY	93-6001787	NONE	02/04/10	4,550,000.	REFINANCE OF EXISTING DEBT AND CONSTRUCTION OF		X		X		X
B											
C											
D											

Part II Proceeds		A		B		C		D	
1 Amount of bonds retired									
2 Amount of bonds legally defeased									
3 Total proceeds of issue		4,550,000.							
4 Gross proceeds in reserve funds									
5 Capitalized interest from proceeds									
6 Proceeds in refunding escrows									
7 Issuance costs from proceeds		91,000.							
8 Credit enhancement from proceeds									
9 Working capital expenditures from proceeds									
10 Capital expenditures from proceeds		4,459,000.							
11 Other spent proceeds									
12 Other unspent proceeds									
13 Year of substantial completion		2010							
		Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?			X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?			X						
16 Has the final allocation of proceeds been made?		X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?		X							

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

Schedule K (Form 990) 2019

Part III Private Business Use								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?	X							
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		1.12 %		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		5.88 %		%		%		%
6 Total of lines 4 and 5		7.00 %		%		%		%
7 Does the bond issue meet the private security or payment test?	X							
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?	X							

Part IV Arbitrage								
	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?		X						
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions

SCHEDULE K, PART I, BOND ISSUES:

(A) ISSUER NAME: STATE OF OREGON -- OREGON FACILITIES AUTHORITY

(F) DESCRIPTION OF PURPOSE:

REFINANCE OF EXISTING DEBT AND CONSTRUCTION OF FACILITY

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2019

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **CENTRAL CITY CONCERN** Employer identification number **93-0728816**

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	X	1	100.	ESTIMATED FAIR VALUE
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		11,085.	ESTIMATED FAIR VALUE
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	X	7	132,528.	ESTIMATED FAIR VALUE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (TRANSIT TICKE)	X	12	17,800.	ESTIMATED FAIR VALUE
26 Other (GIFT CARDS)	X	8	2,580.	ESTIMATED FAIR VALUE
27 Other (OTHER MISC.)	X	1	1,400.	ESTIMATED FAIR VALUE
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**

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

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

Schedule M (Form 990) 2019

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

SCHEDULE M, PART I, COLUMN (B):

THE NUMBER REPORTED IN PART I COLUMN (B) IS THE NUMBER OF CONTRIBUTIONS.

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

CENTRAL CITY CONCERN

Employer identification number

93-0728816

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

THE MISSION OF CENTRAL CITY CONCERN (CCC) TO PROVIDE COMPREHENSIVE

SOLUTIONS TO ENDING HOMELESSNESS AND ACHIEVING SELF-SUFFICIENCY.

FOUNDED IN 1979, CCC HAS DEVELOPED A COMPREHENSIVE CONTINUUM OF

AFFORDABLE HOUSING OPTIONS INTEGRATED WITH DIRECT SOCIAL SERVICES

INCLUDING HEALTHCARE, RECOVERY, AND EMPLOYMENT.

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

INCLUDING HEALTHCARE, RECOVERY, AND EMPLOYMENT.

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

CENTRAL CITY CONCERN PROVIDES HOUSING, SUPPORTIVE SERVICES AND

ALTERNATIVES TO THESE INDIVIDUALS. THE HOOPER DETOXIFICATION

STABILIZATION CENTER PROVIDES DRUG AND ALCOHOL DETOX SERVICES PROVIDES

A PUBLIC SAFETY FUNCTION IN PORTLAND. THE LETTY OWINGS CENTER IS A

RESIDENTIAL DRUG AND ALCOHOL TREATMENT PROGRAM FOR LOW-INCOME,

CHEMICALLY DEPENDENT WOMEN WHO ARE PREGNANT OR NEWLY PARENTING. THE

OLD TOWN CLINIC (OTC) IS A HEALTHCARE CLINIC FOR A PATIENT BASE OF

HOMELESS AND LOW-INCOME INDIVIDUALS. PUENTES/FLOAT IS A LINGUISTICALLY

AND CULTURALLY APPROPRIATE SUBSTANCE ABUSE TREATMENT AND MENTAL HEALTH

SERVICES PROGRAM FOR SPANISH SPEAKING FAMILIES. RECUPERATIVE CARE

PROGRAM (RCP) PROVIDES TRANSITIONAL HOUSING, RECUPERATIVE HEALTHCARE

SERVICES AND DAILY CASE MANAGEMENT FOR LOW-INCOME AND HOMELESS

INDIVIDUALS FOLLOWING HOSPITALIZATION. THE BENEFIT AND ENTITLEMENT

SPECIALIST TEAM (BEST) PROVIDES EXPEDITED ASSISTANCE WITH SSI/SSD AND

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

Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization CENTRAL CITY CONCERN	Employer identification number 93-0728816
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MEDICAID APPLICATIONS FOR REFERRED HOMELESS INDIVIDUALS. FAMILY

ALCOHOL AND DRUG FREE COMMUNITY HOUSING NETWORK (FAN) IS A

COLLABORATIVE PROGRAM THAT SERVES FAMILIES RECOVERING FROM THE EFFECTS

OF DRUG AND ALCOHOL ADDICTION. IT PROVIDES SERVICES IN CASE SERVICES,

RENT SUBSIDY, AND ALCOHOL/DRUG FREE COMMUNITY HOUSING.

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

OF THE NEARLY 1,940 UNITS OF HOUSING, MORE THAN 50% ARE ALCOHOL AND

DRUG FREE COMMUNITY (ADFC) HOUSING FOR ADULTS; 88 UNITS ARE ADFC UNITS

FOR FAMILIES IN RECOVERY.

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

HOMELESSNESS, OR CHEMICAL DEPENDENCY. THESE ENTERPRISES PROVIDE

ON-THE-JOB TRAINING THAT INCREASES JOB SKILLS AND EMPLOYABILITY,

LEADING TO BETTER-THAN-MINIMUM WAGE INCOMES AND HELPING PEOPLE MOVE

FROM DEPENDENCY TO SELF-SUFFICIENCY.

CCC ALSO OPERATES THE COMMUNITY VOLUNTEER CORPS, PROVIDING MEANINGFUL

VOLUNTEER WORK OPPORTUNITIES THAT HELP PEOPLE LIVING IN CCC HOUSING

DEVELOP BASIC JOB SKILLS, BUILD A WORK HISTORY, AND REGAIN CONFIDENCE

IN THEIR ABILITY TO SUCCEED.

EMPLOYMENT ACCESS CENTER IS A JOB RESOURCE CENTER WITH SPECIALIZED

PROGRAMS TO ASSIST HOMELESS INDIVIDUALS, OR THOSE AT RISK OF BECOMING

HOMELESS, ACHIEVE SELF-SUFFICIENCY BY TEACHING THE VOCATIONAL AND

SOCIAL SKILLS NEEDED TO FIND AND SUSTAIN FULL-TIME EMPLOYMENT.

EER WORK OPPORTUNITIES THAT HELP PEOPLE LIVING IN CCC HOUSING DEVELOP

Name of the organization CENTRAL CITY CONCERN	Employer identification number 93-0728816
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BASIC JOB SKILLS, BUILD A WORK HISTORY, AND REGAIN CONFIDENCE IN THEIR ABILITY TO SUCCEED.

EMPLOYMENT ACCESS CENTER IS A JOB RESOURCE CENTER WITH SPECIALIZED PROGRAMS TO ASSIST HOMELESS INDIVIDUALS, OR THOSE AT RISK OF BECOMING HOMELESS, ACHIEVE SELF-SUFFICIENCY BY TEACHING THE VOCATIONAL AND SOCIAL SKILLS NEEDED TO FIND AND SUSTAIN FULL-TIME EMPLOYMENT.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED AND APPROVED BY MANAGEMENT AND THE FINANCE COMMITTEE WITH SUBSEQUENT MANAGEMENT CERTIFICATION MADE TO THE AUDIT COMMITTEE.

FORM 990, PART VI, SECTION B, LINE 12C:

A CONFLICT OF INTEREST QUESTIONNAIRE AND STATEMENT IS COMPLETED/SIGNED ANNUALLY BY ALL BOARD MEMBERS. ALL EMPLOYEES ARE TRAINED ON THE CONFLICT OF INTEREST POLICY AT NEW EMPLOYEE ORIENTATION AND SIGN ACKNOWLEDGEMENT FORMS. ANY POTENTIAL CONFLICTS ARE REVIEWED BY THE DIRECTOR OF RISK MANAGEMENT AND DEPENDING ON THE CONFLICT IT IS BROUGHT TO THE APPROPRIATE COMMITTEE FOR REVIEW. THOSE COMMITTEES COULD EITHER BE EXECUTIVE TEAM, AUDIT COMMITTEE, BOARD OR FINANCE COMMITTEE.

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

CCC HAS A COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE PERFORMED THE ANNUAL REVIEW OF THE EXECUTIVE DIRECTOR COMPENSATION THAT WAS REVIEWED AND APPROVED BY THE CHAIR AND VICE-CHAIR OF THE BOARD OF DIRECTORS. COMPENSATION FOR KEY EMPLOYEES IS ESTABLISHED BY THE EXECUTIVE DIRECTOR ON AN ANNUAL BASIS. THE MOST RECENT COMPENSATION PACKAGE FOR KEY EMPLOYEES WAS DETERMINED BY REFERENCE TO A COMPENSATION BENCHMARKING STUDY FOR

Name of the organization CENTRAL CITY CONCERN	Employer identification number 93-0728816
--	--

COMPARABLE ORGANIZATIONS.

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

A COMPLETE COPY OF THE ORGANIZATION'S FORM 990 CAN BE OBTAINED FROM CCC'S WEBSITE. OTHER GOVERNING DOCUMENTS, SUCH AS FORM 1023 AND 1024 ARE AVAILABLE FROM THE ORGANIZATION UPON REQUEST.

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

EQUITY IN LOSSES OF LIMITED PARTNERSHIP	-453.
CHANGE IN VALUE OF INTEREST RATE SWAP	-246,462.
TOTAL TO FORM 990, PART XI, LINE 9	-246,915.

FORM 990, PART XII, LINE 2C

THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR REGARDING THE OVERSIGHT OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS OR THE SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANTS' THAT AUDIT THE FINANCIAL STATEMENTS OF THE ORGANIZATION.

**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 CENTRAL CITY CONCERN	Employer identification number 93-0728816
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTRAL CITY INVESTOR, INC. - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	CONDUCT, PROMOTE OR ATTAINMENT OF LAWFUL BUSINESS	OREGON	0.	0.	CENTRAL CITY CONCERN
CCC-8 NW 8TH, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN 8 NW 8TH LIMITED PARTNERSHIP	OREGON	-299,211.	0.	CENTRAL CITY CONCERN
CCC - HOTEL ALDER, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN HOTEL ALDER LIMITED PARTNERSHIP	OREGON	-36.	205,030.	CENTRAL CITY CONCERN
CENTRAL CITY HOUSING, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	ENGAGE IN REAL ESTATE OWNERSHIP AND RELATED ACTIVITIES	OREGON	319,679.	0.	CENTRAL CITY CONCERN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
CENTRAL CITY CONCERN DEVELOPMENT - 26-4282195, 232 NW SIXTH AVENUE, PORTLAND, OR 97209	SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY CENTRAL CITY	OREGON	501(C)(3)	11	CENTRAL CITY CONCERN		X
CENTRAL CITY CONCERN FOUNDATION - 26-2841032 232 NW SIXTH AVENUE PORTLAND, OR 97209	SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY CENTRAL CITY	OREGON	501(C)(3)	11	CENTRAL CITY CONCERN		X
CCC EASTSIDE QALICB - 82-2972478 232 NW SIXTH AVENUE PORTLAND, OR 97209	SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY CENTRAL CITY	OREGON	501(C)(3)	11	CENTRAL CITY CONCERN		X

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

Schedule R (Form 990) 2019

SEE PART VII FOR CONTINUATIONS

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CCC ESTATE, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	OWNER AND OPERATOR OF RESIDENTIAL AFFORDABLE HOUSING	OREGON	-42.	2,271,156.	CENTRAL CITY CONCERN
ROSE QUARTER HOUSING, LLC - 26-4402152 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN ROSE QUARTER CONDO A LIMITED PARTNERSHIP	OREGON	-16.	6,979,115.	CENTRAL CITY CONCERN
CCC - ADMINISTRATIVE GP, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN MIRACLES CENTRAL APARMENTS LIMITED PARTNERSHIP	OREGON	-19.	948,033.	CENTRAL CITY CONCERN
CCC NE 2ND, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP	OREGON	-19.	948,033.	CENTRAL CITY CONCERN
CCC - TOWN CENTER GREENS, LP - 47-2954288 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN TOWN CENTER GREENS LIMITED PARTNERSHIP	OREGON	-60.	5,287,383.	CENTRAL CITY CONCERN
CCC - 1ST AND ARTHUR, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER 1ST & ARTHUR LIMITED PARTNERSHIP	OREGON	-28.	3,129,132.	CENTRAL CITY CONCERN
CCC - ACQUISITION, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	OWNER OF 110 SW ARTHUR	OREGON	0.	0.	CENTRAL CITY CONCERN
CENTRAL CITY MCA, INC - 47-4794734 232 NW SIXTH AVENUE PORTLAND, OR 97209	MEMBER OF CCC NE 2ND, LLC	OREGON	0.	0.	CENTRAL CITY CONCERN
CCC - STARK STREET, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER STARK STREET LP	OREGON	-105.	4,138,921.	CENTRAL CITY CONCERN
CCC - EASTSIDE CAMPUS, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN EASTSIDE CAMPUS LP	OREGON	-94.	15,676,285.	CENTRAL CITY CONCERN

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CCC - INTERSTATE, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN CCC - INTERSTATE APARTMENTS LP	OREGON	-39.	1,811,050.	CENTRAL CITY CONCERN
CCC - HENRY, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN C.K. HENRY BUILDING LP	OREGON	0.	0.	CENTRAL CITY CONCERN

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
THE ESTATE LIMITED PARTNERSHIP - 20-4374931, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC ESTATE, LLC	RELATED	-30.	2,271,156.		X	N/A	X		.01%
HOTEL ALDER, LP - 93-0728816 232 NW 6TH AVENUE PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	HOTEL ALDER, LLC	RELATED	-26.	205,030.		X	N/A	X		.01%
ROSE QUARTER CONDO A LIMITED PARTNERSHIP - 26-4473087, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	ROSE QUARTER HOUSING, LLC	RELATED	-18.	6,979,115.		X	N/A	X		.01%
MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP - 47-3380178, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC NE 2ND, LLC AND CCC - ADMINISTRATIVE GP, LLC	RELATED	-39.	1,896,066.		X	N/A	X		.01%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
ROSE QUARTER HOUSING CONDOMINIUM ASSOCIATION - 26-4402152, 232 NW SIXTH AVENUE, PORTLAND, OR 97209	MUTUAL BENEFIT CORPORATION	OR	N/A	C CORP	0.	0.	100.00%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate 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	
1ST & ARTHUR, LIMITED PARTNERSHIP - 93-0728816, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC - 1ST AND ARTHUR, LLC	RELATED	-26.	3,129,132.		X	N/A	X		.01%
TOWN CENTER GREENS LIMITED PARTNERSHIP - 47-3002763, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC TOWN CENTER GREENS, LP	RELATED	-48.	5,287,383.		X	N/A	X		.01%
STARK STREET APARTMENTS LIMITED PARTNERSHIP - 81-8281126, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC - STARK STREET, LLC	RELATED	-106.	4,138,921.		X	N/A	X		.01%
C.K. HENRY BUILDING LIMITED PARTNERSHIP - 81-4802767, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC - HENRY, LLC	RELATED	0.	349.		X	N/A	X		.01%
CCC - INTERSTATE APARTMENTS LIMITED PARTNERSHIP - 81-4842318, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC - INTERSTATE, LLC	RELATED	-47.	1,811,050.		X	N/A	X		.01%
EASTSIDE CAMPUS LIMITED PARTNERSHIP - 81-5265240, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC - EASTSIDE CAMPUS, LLC	RELATED	-213.	15,676,285.		X	N/A	X		.01%

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 organization 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	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) THE ESTATE LIMITED PARTNERSHIP	A	56,080.	FMV
(2) ROSE QUARTER CONDO A LIMITED PARTNERSHIP	A	62,684.	FMV
(3) MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP	A	36,652.	FMV
(4) TOWN CENTER GREENS LIMITED PARTNERSHIP	A	142,293.	FMV
(5) THE ESTATE LIMITED PARTNERSHIP	J	73,728.	FMV
(6) THE ESTATE LIMITED PARTNERSHIP	P	756,710.	FMV

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

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(7) HOTEL ALDER LIMITED PARTNERSHIP	P	160,642.	FMV
(8) ROSE QUARTER CONDO A LIMITED PARTNERSHIP	P	380,715.	FMV
(9) TOWN CENTER GREENS LIMITED PARTNERSHIP	P	189,707.	FMV
(10) CCC - INTERSTATE APARTMENTS LIMITED PARTNERSHIP	A	3,380.	FMV
(11) STARK STREET APARTMENTS LIMITED PARTNERSHIP	A	55,759.	FMV
(12) 1ST & ARTHUR LIMITED PARTNERSHIP	P	95,899.	FMV
(13) C.K. HENRY BUILDING LIMITED PARTNERSHIP	P	19,935.	FMV
(14) CCC - INTERSTATE APARTMENTS LIMITED PARTNERSHIP	P	95,899.	FMV
(15) EASTSIDE CAMPUS LIMITED PARTNERSHIP	P	67,573.	FMV
(16) STARK STREET APARTMENTS LIMITED PARTNERSHIP	P	428,186.	FMV
(17) CCC EASTSIDE QALICB	J	1,748,816.	FMV
(18) CK HENRY BUILDING LIMITED PARTNERSHIP	A	284,046.	FMV
(19) CCC EASTSIDE QALICB	P	703,643.	FMV
(20) CCC EASTSIDE QALICB	B	101,798.	FMV
(21)			
(22)			
(23)			
(24)			

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) <small>Are all partners sec. 501(c)(3) orgs.?</small>		(f) Share of total income	(g) Share of end-of-year assets	(h) <small>Dispropor- tionate allocations?</small>		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) <small>General or managing partner?</small>		(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.

PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

NAME OF RELATED ORGANIZATION:

CENTRAL CITY CONCERN DEVELOPMENT

PRIMARY ACTIVITY: SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY

CENTRAL CITY CONCERN

NAME OF RELATED ORGANIZATION:

CENTRAL CITY CONCERN FOUNDATION

PRIMARY ACTIVITY: SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY

CENTRAL CITY CONCERN

NAME OF RELATED ORGANIZATION:

CCC EASTSIDE QALICB

PRIMARY ACTIVITY: SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY

CENTRAL CITY CONCERN

PART III, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS PARTNERSHIP:

NAME OF RELATED ORGANIZATION:

MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP

DIRECT CONTROLLING ENTITY: CCC NE 2ND, LLC AND CCC - ADMINISTRATIVE GP,

LLC