

Form **990**

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

OMB No. 1545-0047

2021

Department of the Treasury
Internal Revenue Service

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

Open to Public Inspection

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 **and ending** JUN 30, 2022

B Check if applicable: <input checked="" 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
	F Name and address of principal officer: PETER BEYER SAME AS C ABOVE	E Telephone number (503) 294-1681
	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	G Gross receipts \$ 109,970,611.
J Website: WWW.CENTRALCITYCONCERN.ORG		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
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		17
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4		17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5		1430
	6 Total number of volunteers (estimate if necessary)	6		31
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a		353,563.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b		0.
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	47,262,708.		44,457,191.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	66,766,252.		65,499,182.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	44,911.		14,238.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-6,265.		-155,659.
		114,067,606.		109,814,952.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,408,034.		1,535,330.
	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)	62,069,946.		70,580,603.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.		0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 572,420.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	37,698,717.		38,600,312.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	101,176,697.		110,716,245.
19 Revenue less expenses. Subtract line 18 from line 12	12,890,909.		-901,293.	
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)	212,727,634.		220,924,557.
	22 Net assets or fund balances. Subtract line 21 from line 20	63,234,847.		71,969,488.
		149,492,787.		148,955,069.

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 PETER BEYER, CFO 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
	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	Check if self-employed <input type="checkbox"/> PTIN P00075883
			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 \$ 63,926,006. including grants of \$) (Revenue \$ 49,419,875.) 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. IN 2021, CCC SERVED 9,283 HEALTH PATIENTS ACROSS 12 FEDERALLY QUALIFIED HEALTH CENTER SITES. SERVICES RANGED FROM INTEGRATED PRIMARY AND BEHAVIORAL HEALTH CARE, COMMUNITY MENTAL HEALTH SERVICES, SUBACUTE DETOXIFICATION, INPATIENT AND OUTPATIENT RECOVERY SERVICES, ACUPUNCTURE AND NATUROPATHIC TREATMENTS, TO PHARMACY. 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

4b (Code:) (Expenses \$ 29,981,452. including grants of \$) (Revenue \$ 15,220,383.) 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 2021, WE OWNED, LEASED, OR MANAGED 30 BUILDINGS PROVIDING NEARLY 2,281 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 \$ 8,192,207. including grants of \$ 1,535,330.) (Revenue \$ 505,361.) EMPLOYMENT AND SOCIAL ENTERPRISES INCLUDE: CLEAN START A SIX-MONTH HOMELESS TO WORK JOB TRAINING AND MENTORSHIP PROGRAM THAT FILLS CLEANING AND MAINTENANCE NEEDS THROUGHOUT PORTLAND., - CENTRAL CITY BED - SELLS A DURABLE, SUSTAINABLE, CONTEMPORARY, BED BUG RESISTANT FURNITURE LINE HIGHLY SUITED FOR AFFORDABLE HOUSING DEVELOPMENTS, SHELTERS, AND DORMITORIES. CENTRAL CITY STAFFING IS A TRAINING PROGRAM PROVIDING VALUABLE WORK EXPERIENCE FOR FORMERLY HOMELESS WHILE ALSO MEETING THE NEED FOR 24/7 FRONT DESK COVERAGE AT CCC BUILDINGS.

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

4e Total program service expenses 102,099,665.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements, such as political activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38. Includes questions about grants, compensation, tax-exempt bonds, excess benefit transactions, and contributions.

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, Yes, No. Rows 1a, 1b, 1c. Includes questions about Form 1096, Forms W-2G, and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year; 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?; 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?; 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?; 5 Did the organization become aware during the year of a significant diversion of the organization's assets?; 6 Did the organization have members or stockholders?; 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?; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body?; 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.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates?; 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?; 11b Describe on 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; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done; 13 Did the organization have a written whistleblower policy?; 14 Did the organization have a written document retention and destruction policy?; 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; 15b Other officers or key employees of the organization; 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?; 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.
[X] Own website [X] Another's website [X] 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
PETER BEYER, 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RACHEL SOLOTAROFF CEO	40.00 3.00			X				324,056.	0.	62,163.
(2) ANDREW B. MENDENHALL CHIEF MEDICAL OFFICER	40.00					X		286,644.	0.	61,169.
(3) AMANDA RISSER MEDICAL DIRECTOR	40.00					X		244,729.	0.	40,488.
(4) SEAN HUBERT VICE PRESIDENT AND CHIEF STRATEGY OF	40.00 1.00					X		219,307.	0.	59,654.
(5) JACQUELYN S. HUNT CHIEF INTEGRATION & INNOVA	40.00					X		219,222.	0.	44,036.
(6) OSCAR CARDONA CHIEF PEOPLE OFFICER	40.00					X		231,256.	0.	21,359.
(7) PETER BEYER CFO	40.00			X				172,066.	0.	26,539.
(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 CHAIR	1.00	X		X				0.	0.	0.
(15) LINDA GIRARD DIRECTOR	1.00 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) MARVIN SEPPALA, M.D. DIRECTOR	1.00	X						0.	0.	0.
(19) JULIE SHEPPARD DIRECTOR	1.00	X						0.	0.	0.
(20) ELISABETH ZELLER SECRETARY/TREASURER	1.00	X		X				0.	0.	0.
(21) RICHARD GIBSON, M.D. DIRECTOR	1.00	X						0.	0.	0.
(22) MICHAEL WHITE DIRECTOR	1.00	X						0.	0.	0.
(23) ORLANDO WILLIAMS DIRECTOR	1.00	X						0.	0.	0.
(24) JONATHAN RADMACHER VICE CHAIR	1.00	X		X				0.	0.	0.
(25) ERIC FRIEDENWALD-FISHMAN DIRECTOR	1.00	X						0.	0.	0.
(26) DAVE SWARTLEY DIRECTOR	1.00	X						0.	0.	0.
1b Subtotal								1,697,280.	0.	315,408.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,697,280.	0.	315,408.

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 24

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		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
J.R. JOHNSON LLC 9425 N BURRAGE AVE, PORTLAND, OR 97217	MAINTENANCE/REPAIR SERVICES/EQUIPMENT	371,220.
OFFICE OF GENERAL COUNSEL NETWORK LLC, 1515 SW FIFTH AVENUE SUITE 1032, PORTLAND,	LEGAL SERVICES	361,536.
SCOT GUDGER 16509 NW SELLER ROAD, BANKS, OR 97106	CONTRACTOR - HEALTH SERVICES	193,033.
WORKS PROGRESS ARCHITECTURE 811 SE STARK STREET, PORTLAND, OR 97214	HOUSING DEVELOPMENT SERVICES	167,751.
BULLARD LAW, 200 SW MARKET ST, STE 1900, PORTLAND, OR 97201	LEGAL SERVICES	165,784.

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 9

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	346,232.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	30,222,032.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	13,888,927.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 92,191.				
	h Total. Add lines 1a-1f			44,457,191.			
	Program Service Revenue	2 a HEALTH AND RECOVERY	Business Code	624100	49,419,875.	49,419,875.	
b SUPPORTIVE HOUSING			624200	15,220,383.	15,220,383.		
c EMPLOYMENT AND SOCIAL			624310	858,924.	505,361.	353,563.	
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f				65,499,182.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			14,238.		14,238.	
	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 \$ 346,232. of contributions reported on line 1c). See Part IV, line 18	8a			0.			
		b Less: direct expenses	8b	155,659.			
		c Net income or (loss) from fundraising events			-155,659.		-155,659.
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	Business Code					
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			109,814,952.	65,145,619.	353,563.	-141,421.	

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 ...	1,535,330.	1,535,330.		
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	616,078.		616,078.	
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	54,916,184.	44,131,001.	10,354,516.	430,667.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	2,617,743.	2,129,723.	465,813.	22,207.
9 Other employee benefits	7,158,555.	5,715,774.	1,383,182.	59,599.
10 Payroll taxes	5,272,043.	4,209,482.	1,018,668.	43,893.
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	5,405,645.	2,787,931.	2,493,051.	124,663.
12 Advertising and promotion				
13 Office expenses	1,498,021.	1,284,175.	355,761.	-141,915.
14 Information technology	2,622,201.	1,142,418.	1,479,683.	100.
15 Royalties				
16 Occupancy	3,520,828.	3,366,654.	154,174.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	554,706.	100,335.	454,371.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,627,290.	3,486,425.	140,865.	
23 Insurance	935,591.	844,413.	90,172.	1,006.
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	9,182,064.	9,182,064.		
b CLIENT RELATED COSTS	6,565,687.	6,563,961.	1,726.	
c UTILITIES	1,750,989.	1,708,687.	42,302.	
d PERSONNEL RELATED COSTS	1,327,399.	323,356.	1,000,838.	3,205.
e All other expenses	1,609,891.	13,587,936.	-12,007,040.	28,995.
25 Total functional expenses. Add lines 1 through 24e	110,716,245.	102,099,665.	8,044,160.	572,420.
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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	45,424,057.	2	55,635,246.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,764,348.	4	18,760,534.
	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	57,893,835.	7	57,619,862.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	1,027,971.	9	1,151,676.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 107,149,475.		
	b Less: accumulated depreciation	10b 32,933,082.	75,169,448.	10c 74,216,393.
	11 Investments - publicly traded securities		11	
	12 Investments - other securities. See Part IV, line 11	13,383,517.	12	13,482,888.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	64,458.	15	57,958.
16 Total assets. Add lines 1 through 15 (must equal line 33)	212,727,634.	16	220,924,557.	
Liabilities	17 Accounts payable and accrued expenses	10,041,428.	17	10,897,309.
	18 Grants payable		18	
	19 Deferred revenue	2,870,539.	19	10,694,980.
	20 Tax-exempt bond liabilities	3,012,886.	20	2,915,801.
	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	44,590,013.	23	43,540,229.
	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	2,719,981.	25	3,921,169.
	26 Total liabilities. Add lines 17 through 25	63,234,847.	26	71,969,488.
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	124,948,984.	27	124,960,759.
	28 Net assets with donor restrictions	24,543,803.	28	23,994,310.
	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	149,492,787.	32	148,955,069.
33 Total liabilities and net assets/fund balances	212,727,634.	33	220,924,557.	

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	109,814,952.
2	Total expenses (must equal Part IX, column (A), line 25)	2	110,716,245.
3	Revenue less expenses. Subtract line 2 from line 1	3	-901,293.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	149,492,787.
5	Net unrealized gains (losses) on investments	5	359,509.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	4,695.
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-629.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	148,955,069.

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 on 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)

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

2021

Open to Public Inspection

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

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	14,327,185.	10,735,089.	7,290,517.	47,262,708.	44,457,191.	124,072,690.
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	14,327,185.	10,735,089.	7,290,517.	47,262,708.	44,457,191.	124,072,690.
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)						4,172,461.
6 Public support. Subtract line 5 from line 4.						119,900,229.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	14,327,185.	10,735,089.	7,290,517.	47,262,708.	44,457,191.	124,072,690.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources ...	1,266,432.	352,593.	321,263.	44,911.	14,238.	1,999,437.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...	-10,938.	-57,903.	213,335.	756,876.	353,563.	1,254,933.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,986,197.	6,447,475.	2,810,217.			13,243,889.
11 Total support. Add lines 7 through 10						140,570,949.
12 Gross receipts from related activities, etc. (see instructions)					12	397,366,318.
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f)).....	14	85.30 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	80.66 %
16a 33 1/3% support test - 2021. 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 - 2020. 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 - 2021. 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 - 2020. 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

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2021. 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; 19b 33 1/3% support tests - 2020. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	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 lines 3b and 3c 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 box 12a or 12b in Part I, answer lines 4b and 4c 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 lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 line 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 on lines 11b and 11c below, the governing body of a supported organization?		
11a		
b A family member of a person described on line 11a above?		
11b		
c A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI .		
11c		

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

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

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<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).		

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2021 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1 Distributable amount for 2021 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2021 (reasonable cause required - <i>explain in Part VI</i>). See instructions.			
3 Excess distributions carryover, if any, to 2021			
a From 2016			
b From 2017			
c From 2018			
d From 2019			
e From 2020			
f Total of lines 3a through 3e			
g Applied to underdistributions of prior years			
h Applied to 2021 distributable amount			
i Carryover from 2016 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2021 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2021 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.			
7 Excess distributions carryover to 2022. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2017			
b Excess from 2018			
c Excess from 2019			
d Excess from 2020			
e Excess from 2021			

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

2021

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.

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

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

Form for Part II Conservation Easements. Includes checkboxes for types of easements, a table for 'Held at the End of the Tax Year' with rows 2a-2d, and questions about monitoring, expenses, and reporting.

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.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting and amounts for art and historical treasures.

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

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

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

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

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		11,521,234.		11,521,234.
b Buildings		86,851,421.	28,608,701.	58,242,720.
c Leasehold improvements		1,081,210.	346,220.	734,990.
d Equipment		4,926,089.	3,772,205.	1,153,884.
e Other		2,769,521.	205,956.	2,563,565.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				74,216,393.

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	13,482,888.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	13,482,888.	

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	1,143,665.
(3) CAPITAL LEASE OBLIGATIONS	152,682.
(4) INTEREST RATE SWAP	13,738.
(5) DEFERRED COMPENSATION LIABILITY	242,910.
(6) DUE TO MANAGED PROPERTIES	2,368,174.
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	3,921,169.

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 G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2021

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
CENTRAL CITY CONCERN

Employer identification number
93-0728816

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

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

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

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

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
		VIRTUAL EVENT (event type)	(event type)	(total number)	
Revenue	1 Gross receipts	346,232.			346,232.
	2 Less: Contributions	346,232.			346,232.
	3 Gross income (line 1 minus line 2)				
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	155,659.			155,659.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				155,659.
	11 Net income summary. Subtract line 10 from line 3, column (d)				-155,659.

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

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

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

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

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes No

- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility		13a	%
b An outside facility		13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

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

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

**SCHEDULE 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

2021

**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 noncash 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)	442,102.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER FEDERAL ASSISTANCE LISTING NUMBER 14.267, MULTIFAMILY
JOIN 1435 NE 81ST AVENUE #100 PORTLAND, OR 97213	93-1090005	501(C)(3)	290,022.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER FEDERAL ASSISTANCE LISTING NUMBER 14.267, MULTIFAMILY
NATIVE AMERICAN REHABILITATION ASSOCIATION OF THE NORTHWEST, INC. - 1776 SW MADISON STREET - PORTLAND, OR 97205	23-7098400	501(C)(3)	359,437.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER FEDERAL ASSISTANCE LISTING NUMBER 14.267, MULTIFAMILY
TRANSITION PROJECTS, INC. 665 NW HOYT STREET PORTLAND, OR 97209	93-0591582	501(C)(3)	443,769.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER FEDERAL ASSISTANCE LISTING NUMBER 14.267, MULTIFAMILY

- 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) 2021

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

FEDERAL ASSISTANCE LISTING NUMBER 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

FEDERAL ASSISTANCE LISTING NUMBER 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

FEDERAL ASSISTANCE LISTING NUMBER 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

FEDERAL ASSISTANCE LISTING NUMBER 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

2021

Open to Public Inspection

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

Part I Questions Regarding Compensation

	Yes	No								
<p>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.</p> <table border="0"> <tr> <td><input type="checkbox"/> First-class or charter travel</td> <td><input type="checkbox"/> Housing allowance or residence for personal use</td> </tr> <tr> <td><input type="checkbox"/> Travel for companions</td> <td><input type="checkbox"/> Payments for business use of personal residence</td> </tr> <tr> <td><input type="checkbox"/> Tax indemnification and gross-up payments</td> <td><input type="checkbox"/> Health or social club dues or initiation fees</td> </tr> <tr> <td><input type="checkbox"/> Discretionary spending account</td> <td><input type="checkbox"/> Personal services (such as maid, chauffeur, chef)</td> </tr> </table>	<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)		
<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	1b									
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?	2									
<p>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.</p> <table border="0"> <tr> <td><input checked="" type="checkbox"/> Compensation committee</td> <td><input checked="" type="checkbox"/> Written employment contract</td> </tr> <tr> <td><input type="checkbox"/> Independent compensation consultant</td> <td><input checked="" type="checkbox"/> Compensation survey or study</td> </tr> <tr> <td><input type="checkbox"/> Form 990 of other organizations</td> <td><input checked="" type="checkbox"/> Approval by the board or compensation committee</td> </tr> </table>	<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				
<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?	4a	X								
b Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X								
c Participate in or receive payment from an equity-based compensation arrangement?	4c	X								
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.										
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.										
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:										
a The organization?	5a	X								
b Any related organization?	5b	X								
If "Yes" on line 5a or 5b, describe in Part III.										
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:										
a The organization?	6a	X								
b Any related organization?	6b	X								
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	7	X								
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	8	X								
9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9									

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

Schedule J (Form 990) 2021

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 and/or 1099-NEC 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) RACHEL SOLOTAROFF CEO	(i)	324,056.	0.	0.	62,163.	0.	386,219.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) ANDREW B. MENDENHALL CHIEF MEDICAL OFFICER	(i)	286,644.	0.	0.	61,169.	0.	347,813.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) AMANDA RISSER MEDICAL DIRECTOR	(i)	244,729.	0.	0.	40,488.	0.	285,217.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) SEAN HUBERT VICE PRESIDENT AND CHIEF STRATEGY OF	(i)	219,307.	0.	0.	59,654.	0.	278,961.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JACQUELYN S. HUNT CHIEF INTEGRATION & INNOVA	(i)	219,222.	0.	0.	44,036.	0.	263,258.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) OSCAR CARDONA CHIEF PEOPLE OFFICER	(i)	231,256.	0.	0.	21,359.	0.	252,615.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PETER BEYER CFO	(i)	172,066.	0.	0.	26,539.	0.	198,605.	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							

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

2021

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				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods	X		9,842.	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	8	82,321.	ESTIMATED FAIR VALUE
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (OTHER MISC.)	X	1	28.	ESTIMATED FAIR VALUE
26	Other ()				
27	Other ()				
28	Other ()				

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

	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) 2021

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)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

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:

HOMELESSNESS, ADDICTION AND MENTAL HEALTH CHALLENGES. (CONTINUED ON

SCHEDULE O).

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 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

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

Schedule O (Form 990) 2021

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

INDIVIDUALS FOLLOWING HOSPITALIZATION. THE BENEFIT AND ENTITLEMENT

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

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 2,281 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:

THIS BUSINESS OFFER EMPLOYMENT OPPORTUNITIES TO PEOPLE LIVING ON NO OR

VERY LOW INCOMES. ALL HAVE MULTIPLE BARRIERS TO EMPLOYMENT SUCH AS

HOMELESSNESS, OR CHEMICAL DEPENDENCY. THIS ENTERPRISE PROVIDES

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.

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:

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

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

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

-629.

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

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

2021
Open to Public Inspection

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

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	0.	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	0.	0.	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	0.	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) 2021

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	-36.	2,458,859.	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	-31.	7,095,065.	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.	969,481.	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	-20.	969,481.	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	-61.	5,548,712.	CENTRAL CITY CONCERN
CCC - 1ST AND ARTHUR, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER 1ST & ARTHUR LIMITED PARTNERSHIP	OREGON	-26.	3,078,048.	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	-87.	4,018,932.	CENTRAL CITY CONCERN
CCC - EASTSIDE CAMPUS, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN EASTSIDE CAMPUS LP	OREGON	-64.	14,964,785.	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	-34.	1,823,026.	CENTRAL CITY CONCERN
CCC-HENRY, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN C.K. HENRY BUILDING LIMITED PARTNERSHIP	OREGON	-128.	15,050,537.	CENTRAL CITY CONCERN
CCC-115 DIVISION STREET GP, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN 115TH STREET HOUSING LIMITED PARTNERSHIP	OREGON	0.	1,752,435.	CENTRAL CITY CONCERN
CCC-DIVISION STREET GP - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN DIVISION STREET HOUSING PARTNERS LIMITED PARTNERSHIP	OREGON	-15.	34,374.	CENTRAL CITY CONCERN
CCC-WESTWIND APARTMENTS LP - 93-0728816 232 NW 6TH AVE PORTLAND, OR 97209	GENERAL PARTNER IN WESTWIND APARTMENTS LIMITED PARTNERSHIP	OREGON	0.	109,238.	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	-36.	2,458,859.		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	-31.	7,095,065.		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.	1,938,962.		X	N/A	X		.01%
1ST & ARTHUR, LIMITED PARTNERSHIP - 93-0728816, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC - 1ST AND ARTHUR, LLC	RELATED	-26.	3,078,048.		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	-328.	498.	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	
TOWN CENTER GREENS LIMITED PARTNERSHIP - 47-3002763, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC TOWN CENTER GREENS, LP	RELATED	-61.	5,548,712.		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	-87.	4,018,932.		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	-128.	15,050,537.		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	-34.	1,823,026.		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	-64.	14,964,785.		X	N/A	X		.01%
DIVISION STREET HOUSING PARTNERS, LIMITED PARTNERSHIP - 84-4020264, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC-DIVISION STREET GP	RELATED	-15.	34,374.		X	N/A	X		.01%
115TH STREET HOUSING LIMITED PARTNERSHIP - 85-1139614, 232 NW 6TH AVENUE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC-115 DIVISION STREET GP LLC	RELATED	0.	1,752,435.		X	N/A	X		.01%
CCC-WESTWIND APARTMENTS LP - 93-0728816, 232 NW 6TH AVE, PORTLAND, OR 97209	LOW-INCOME HOUSING	OR	CCC-WESTWIND LLC	RELATED	0.	109,238.		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.

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

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)	X	
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)	X	
k Lease of facilities, equipment, or other assets from related organization(s)	X	
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		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) C.K. HENRY BUILDING LIMITED PARTNERSHIP	A	202,115.	FMV
(2) CCC - INTERSTATE APARTMENTS LIMITED PARTNERSHIP	A	3,750.	FMV
(3) MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP	A	40,420.	FMV
(4) ROSE QUARTER CONDO A LIMITED PARTNERSHIP	A	62,684.	FMV
(5) STARK STREET APARTMENTS LIMITED PARTNERSHIP	A	23,896.	FMV
(6) THE ESTATE LIMITED PARTNERSHIP	A	56,080.	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) TOWN CENTER GREENS LIMITED PARTNERSHIP	A	156,415.	FMV
(8) DIVISION STREET HOUSING PARTNERS, LP	B	100,000.	FMV
(9) DIVISION STREET HOUSING PARTNERS, LP	J	231,040.	FMV
(10) 1ST & ARTHUR LIMITED PARTNERSHIP	J	10,031.	FMV
(11) EASTSIDE CAMPUS LIMITED PARTNERSHIP	J	17,019.	FMV
(12) CCC EASTSIDE QALICB	K	1,719,059.	FMV
(13) 1ST & ARTHUR LIMITED PARTNERSHIP	P	124,610.	FMV
(14) STARK STREET APARTMENTS LIMITED PARTNERSHIP	P	546,394.	FMV
(15) CCC - INTERSTATE APARTMENTS LIMITED PARTNERSHIP	P	33,910.	FMV
(16) CCC EASTSIDE QALICB	P	24,400.	FMV
(17) DIVISION STREET HOUSING PARTNERS, LP	P	252,826.	FMV
(18) EASTSIDE CAMPUS LIMITED PARTNERSHIP	P	339,589.	FMV
(19) ROSE QUARTER CONDO A LIMITED PARTNERSHIP	P	72,321.	FMV
(20) THE ESTATE LIMITED PARTNERSHIP	P	968,900.	FMV
(21) TOWN CENTER GREENS LIMITED PARTNERSHIP	P	213,131.	FMV
(22) DIVISION STREET HOUSING PARTNERS, LP	Q	138,854.	FMV
(23) 115TH STREET HOUSING LIMITED PARTNERSHIP	Q	360,400.	FMV
(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) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Part VII Supplemental Information

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

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

Type and Entity: SALES OF BED BUG RESIS POST-2017 NO
 Section 382 Annual Limitation Section 382 Carryover

DETAIL CARRYOVER SCHEDULE

Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/20	Amount Used for 06/30/21	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
2018	57,903.	57,903.	12,712.	45,191.							
2021	81,531.										
Detail Type	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for

Type and Entity: PRE-2018 NOL FED
 Section 382 Annual Limitation

DETAIL CARRYOVER SCHEDULE

Section 382 Carryover

Year Originated	Original Carryover Amount	Total Amount Used	Section 382 Carryover		Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
			Amount Used for 06/30/17	Amount Used for 06/30/20							
A 2013	146,141.	146,141.	91,949.	54,192.							
B 2014	65,061.	65,061.		65,061.							
C 2015	70,432.	70,432.		70,432.							
D 2017	10,938.	10,938.		10,938.							
E											
F											
G											
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V											
W											
Detail Type	ESBC	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for	Amount Used for
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B											
C											
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Type and Entity: NOL CA		DETAIL CARRYOVER SCHEDULE										
Section 382 Annual Limitation		Section 382 Carryover										
Year Originated	Original Carryover Amount	Total Amount Used	Amount Used for 06/30/17	Amount Used for 06/30/20	Amount Used for 06/30/21	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A	2013	25,638.	25,638.	16,725.	8,913.							
B	2014	11,799.	3,676.		2,978.	698.						
C	2015	19,536.										
D	2017	9,683.										
E	2018	57,903.										
F	2021	81,531.										
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Detail Type	ESBC	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____	Amount Used for _____
A												
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