

EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2022

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

A For the 2022 calendar year, or tax year beginning JUL 1, 2022 and ending JUN 30, 2023

Form sections B through M: B Check if applicable; C Name of organization; D Employer identification number; E Telephone number; F Name and address of principal officer; G Gross receipts; H(a) Is this a group return; H(b) Are all subordinates included; I Tax-exempt status; J Website; K Form of organization; L Year of formation; M State of legal domicile.

Part I Summary

Table with 22 rows and 3 columns: Line number, Description, and Amount. Rows include: 1 Mission statement; 2-7 Governance; 8-12 Revenue; 13-19 Expenses; 20-22 Net Assets or Fund Balances.

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.

Signature block form with fields for Sign Here (Officer: PETER BEYER, CFO) and Paid (Preparer: TODD D. MASSINGER).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 76,176,544. including grants of \$) (Revenue \$ 65,812,082.) 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 2022, 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 \$ 34,404,590. including grants of \$) (Revenue \$ 18,610,456.) CENTRAL CITY CONCERN HOUSING PROVIDES A VARIETY OF AFFORDABLE HOUSING OPTIONS WHERE PERSONS, WHO OTHERWISE MIGHT BE HOMELESS, MAY LIVE COMFORTABLY, SECURELY, AND SAFELY. WE OWN, LEASE, OR MANAGE 29 BUILDINGS PROVIDING NEARLY 2,186 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. OF THE NEARLY 2,186 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.

4c (Code:) (Expenses \$ 9,891,375. including grants of \$ 1,630,419.) (Revenue \$ 330,619.) 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 120,472,509.

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-21 contain various questions about organizational activities and financial reporting, with 'X' marks in the Yes or No columns.

Part IV Checklist of Required Schedules (continued)

		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	X	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		X
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b	A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	X	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

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

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

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee reporting, tax returns, business income, foreign accounts, prohibited transactions, and various organizational requirements.

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 4 columns: Question, 1a, 1b, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policies, and compensation reviews.

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.
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

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, box 6 of 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) ANDY MENDENHALL CHIEF EXECUTIVE OFFICER	40.00 3.00			X				352,076.	0.	66,819.
(2) SEAN HUBERT VICE PRESIDENT AND STRATEGY OFFICER	40.00 1.00				X			279,301.	0.	52,351.
(3) KIMBERLY LEATHLEY VICE PRESIDENT AND CHIEF OF HEALTH S	40.00				X			245,541.	0.	73,801.
(4) OSCAR CARDONA CHIEF HR OFFICER	40.00				X			266,716.	0.	52,146.
(5) RICHARD BRUNO MEDICAL DIRECTOR	40.00					X		259,877.	0.	57,569.
(6) AMANDA RISSER MEDICAL DIRECTOR	40.00					X		272,792.	0.	38,260.
(7) PETER BEYER CHIEF FINANCIAL OFFICER	40.00			X				252,431.	0.	35,441.
(8) DAVID CHEN GENERAL COUNSEL	40.00					X		232,269.	0.	43,252.
(9) MADDEN ROWELL ASSOCIATE MEDICAL DIRECTOR	40.00					X		216,906.	0.	37,646.
(10) ELIJAH SMITH PHYSICIAN	40.00					X		168,576.	0.	52,480.
(11) ISAAC DIXON CHAIR	0.50	X		X				0.	0.	0.
(12) JONATHAN RADMACHER VICE CHAIR	0.50	X		X				0.	0.	0.
(13) ELISABETH ZELLER SECRETARY/TREASURER	0.50	X		X				0.	0.	0.
(14) BEN BERRY DIRECTOR	0.50	X						0.	0.	0.
(15) RICO A BOCALA DIRECTOR	0.50	X						0.	0.	0.
(16) SANDI DELAROSA DIRECTOR	0.50	X						0.	0.	0.
(17) RILLA DELORIER DIRECTOR	0.50 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) ERIC FRIEDENWALD-FISHMAN DIRECTOR	0,50	X						0.	0.	0.
(19) MAMIE GATHARD DIRECTOR	0,50	X						0.	0.	0.
(20) MATT HARRINGTON DIRECTOR	0,50	X						0.	0.	0.
(21) KATRINA MCPHERSON, MD MPH DIRECTOR	0,50	X						0.	0.	0.
(22) LARRI NAITO DIRECTOR	0,50	X						0.	0.	0.
(23) FERNANDO PENA DIRECTOR	0,50	X						0.	0.	0.
(24) CARRIE SMITH DIRECTOR	0,50	X						0.	0.	0.
(25) DAVE SWARTLEY DIRECTOR	0,50	X						0.	0.	0.
(26) MICHAEL WHITE DIRECTOR	0,50	X						0.	0.	0.
1b Subtotal								2,546,485.	0.	509,765.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								2,546,485.	0.	509,765.

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 81

	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
STROSS CONTRACTING LLC 13207 SE MALL ST, PORTLAND, OR 97236	CONSTRUCTION SERVICES	232,008.
FELDESMAN TUCKER LEIFER FIDELL, 1129 20TH ST NW 4TH FLOOR, WASHINGTON, DC 20036	LEGAL SERVICES	175,863.
PROPELEX LLC 533 2ND ST, ENCINITAS, CA 92024	IT SERVICES	124,754.
TALENCE GROUP LLC PO BOX 22304, PORTLAND, OR 97269	SECURITY SERVICES	112,500.
SCHNITZER PROPERTIES, LLC UNIT #62 PO BOX 4500, PROTLAND, OR 97208	PROPERTY MGMT	105,690.

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 5

SEE PART VII, SECTION A CONTINUATION SHEETS

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	42,430.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	35,001,879.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	32,601,966.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 220,624.				
	h Total. Add lines 1a-1f		67,646,275.				
Program Service Revenue		Business Code					
	2 a HEALTH AND RECOVERY	624100	65,812,082.	65,812,082.			
	b SUPPORTIVE HOUSING	624200	18,610,456.	18,610,456.			
	c EMPLOYMENT AND SOCIAL	624310	1,021,394.	330,619.	690,775.		
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		85,443,932.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		981,873.			981,873.	
	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 \$ 42,430. of contributions reported on line 1c). See Part IV, line 18	8a		285,328.				
			54,828.				
b Less: direct expenses	8b						
c Net income or (loss) from fundraising events			230,500.		230,500.		
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		Business Code					
	11 a						
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			154,302,580.	84,753,157.	690,775.	1,212,373.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,630,419.	1,630,419.		
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	1,739,572.		1,739,572.	
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	62,396,043.	50,641,952.	11,134,150.	619,941.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	3,125,267.	2,526,562.	565,687.	33,018.
9 Other employee benefits	7,576,208.	6,243,998.	1,250,610.	81,600.
10 Payroll taxes	5,975,230.	4,795,414.	1,117,147.	62,669.
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.)	6,261,898.	3,753,773.	2,442,536.	65,589.
12 Advertising and promotion				
13 Office expenses	1,588,653.	1,281,056.	285,568.	22,029.
14 Information technology	2,735,352.	1,227,796.	1,505,782.	1,774.
15 Royalties				
16 Occupancy	6,659,010.	6,309,016.	349,994.	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	450,374.	2,701.	447,673.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	3,803,445.	3,623,976.	179,469.	
23 Insurance	1,535,904.	1,389,782.	144,827.	1,295.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PRESCRIPTION COSTS	10,937,381.	10,937,381.		
b CLIENT RELATED COSTS	6,897,002.	6,883,379.	13,623.	
c PERSONNEL RELATED COSTS	1,862,416.	557,353.	1,302,004.	3,059.
d VEHICLES	1,155,648.	1,111,148.	44,500.	
e All other expenses	639,343.	17,556,803.	-17,151,990.	234,530.
25 Total functional expenses. Add lines 1 through 24e	126,969,165.	120,472,509.	5,371,152.	1,125,504.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1
	2	Savings and temporary cash investments	55,635,246.	2 43,499,990.
	3	Pledges and grants receivable, net		3
	4	Accounts receivable, net	18,760,534.	4 26,848,911.
	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	57,619,862.	7 59,079,324.
	8	Inventories for sale or use		8
	9	Prepaid expenses and deferred charges	1,151,676.	9 2,264,144.
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 125,762,242.	
	b	Less: accumulated depreciation	10b 36,729,864.	74,216,393. 10c 89,032,378.
	11	Investments - publicly traded securities		11 7,120,588.
	12	Investments - other securities. See Part IV, line 11	13,482,888.	12 14,579,530.
	13	Investments - program-related. See Part IV, line 11		13
	14	Intangible assets		14
	15	Other assets. See Part IV, line 11	57,958.	15 5,396,184.
16	Total assets. Add lines 1 through 15 (must equal line 33)	220,924,557.	16 247,821,049.	
Liabilities	17	Accounts payable and accrued expenses	10,897,309.	17 9,347,531.
	18	Grants payable		18
	19	Deferred revenue	10,694,980.	19 8,508,803.
	20	Tax-exempt bond liabilities	2,915,801.	20 2,813,866.
	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	43,540,229.	23 43,708,338.
	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	3,921,169.	25 7,012,161.
	26	Total liabilities. Add lines 17 through 25	71,969,488.	26 71,390,699.
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	124,960,759.	27 151,906,773.
	28	Net assets with donor restrictions	23,994,310.	28 24,523,577.
	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	148,955,069.	32 176,430,350.	
33	Total liabilities and net assets/fund balances	220,924,557.	33 247,821,049.	

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	154,302,580.
2 Total expenses (must equal Part IX, column (A), line 25)	2	126,969,165.
3 Revenue less expenses. Subtract line 2 from line 1	3	27,333,415.
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	148,955,069.
5 Net unrealized gains (losses) on investments	5	142,555.
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain on Schedule O)	9	-689.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	176,430,350.

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	2a		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	2b	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.	2c	x	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____	3a	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 _____	3b	x	

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) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	10,735,089.	7,290,517.	47,262,708.	44,457,191.	67,646,275.	177,391,780.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	10,735,089.	7,290,517.	47,262,708.	44,457,191.	67,646,275.	177,391,780.
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)						3,199,460.
6 Public support. Subtract line 5 from line 4.						174,192,320.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4	10,735,089.	7,290,517.	47,262,708.	44,457,191.	67,646,275.	177,391,780.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	352,593.	321,263.	44,911.	14,238.	981,874.	1,714,879.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	-57,903.	213,335.	756,876.	353,563.	690,775.	1,956,646.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	6,447,475.	2,810,217.				9,257,692.
11 Total support. Add lines 7 through 10						190,320,997.
12 Gross receipts from related activities, etc. (see instructions)					12	401,683,882.
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 2022 (line 6, column (f), divided by line 11, column (f))	14	91.53	%
15 Public support percentage from 2021 Schedule A, Part II, line 14	15	85.30	%
16a 33 1/3% support test - 2022. 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 - 2021. 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 - 2022. 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 - 2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included 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

15 Public support percentage for 2022 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked 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)

- 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?
 - b A family member of a person described on line 11a above?
 - 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 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.
- 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.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).
- 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.

	Yes	No
1		
2		
3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
 - a The organization satisfied the Activities Test. Complete line 2 below.
 - b The organization is the parent of each of its supported organizations. Complete line 3 below.
 - c The organization supported a governmental entity. Describe in Part VI how you supported a 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.
 - 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.
- 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.
 - 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.

	Yes	No
2a		
2b		
3a		
3b		

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

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

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

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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		(A) Prior Year	Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	

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

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

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 2022 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-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2022 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2022		
a	From 2017		
b	From 2018		
c	From 2019		
d	From 2020		
e	From 2021		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2022 distributable amount		
i	Carryover from 2017 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2022 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2022 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2022, 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 2022. 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 2023. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2018		
b	Excess from 2019		
c	Excess from 2020		
d	Excess from 2021		
e	Excess from 2022		

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

2022

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 values, and yes/no questions about donor advisement.

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

Table with 2 columns: Question, Held at the End of the Tax Year. Rows include purpose of easements, number of easements, and monitoring details.

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

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

Table with 2 columns: Question, Amount. Rows include reporting requirements for art collections and revenue/asset amounts.

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

Schedule D (Form 990) 2022

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 | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 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 | | |
| (ii) Related organizations | | |
- b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?
- 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		17,054,466.		17,054,466.
b Buildings		93,925,712.	31,873,610.	62,052,102.
c Leasehold improvements		2,171,445.	437,102.	1,734,343.
d Equipment		5,453,561.	4,153,088.	1,300,473.
e Other		7,157,058.	266,064.	6,890,994.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				89,032,378.

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	14,579,530.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	14,579,530.	

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.

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2) ACCRUED INTEREST	1,141,803.
(3) CAPITAL LEASE OBLIGATIONS	5,503,835.
(4) DEFERRED COMPENSATION LIABILITY	306,256.
(5) DUE TO MANAGED PROPERTIES	60,267.
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	7,012,161.

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.

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		COMPASSION IN ACTION LUNCHEON (event type)	(event type)	NONE (total number)	
Revenue	1	Gross receipts	327,758.		327,758.
	2	Less: Contributions	42,430.		42,430.
	3	Gross income (line 1 minus line 2)	285,328.		285,328.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	14,206.		14,206.
	7	Food and beverages	18,297.		18,297.
	8	Entertainment	4,940.		4,940.
	9	Other direct expenses	17,385.		17,385.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			54,828.
	11	Net income summary. Subtract line 10 from line 3, column (d)			230,500.

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**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

2022

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, OR 97232	93-0770054	501(C)(3)	421,986.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER FEDERAL ASSISTANCE LISTING NUMBER 14.267, MULTIFAMILY
JOIN 1435 NE 81ST AVENUE SUITE 100 PORTLAND, OR, OR 97213	93-1090005	501(C)(3)	356,959.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER FEDERAL ASSISTANCE LISTING NUMBER 14.267, MULTIFAMILY
NATIVE AMERICAN REHABILITATION ASSOCIATION OF THE NORTHWEST - 1776 SW MADISON STREET - PORTLAND, OR, OR 97205	23-7098400	501(C)(3)	387,765.	0.			PASS-THROUGH OF FEDERAL FUNDS UNDER FEDERAL ASSISTANCE LISTING NUMBER 14.267, MULTIFAMILY
TRANSITION PROJECTS, INC. 665 NW HOYT STREET PORTLAND, OR, OR 97209	93-0591582	501(C)(3)	463,709.	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

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

(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

2022

Open to Public Inspection

Name of the organization

CENTRAL CITY CONCERN

Employer identification number

93-0728816

Part I Questions Regarding Compensation

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Schedule J (Form 990) 2022

SCHEDULE K
(Form 990)
Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2022
Open to Public Inspection

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
STATE OF OREGON - OREGON FACILITIES A AUTHORITY	93-6001787	NONE	02/04/10	4,550,000.	REFINANCE OF EXISTING DEBT AND CONSTRUCTION OF					X	X
B											
C											
D											

Part II Proceeds

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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						
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2022

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

2022

**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	66,706.	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	112,751.	ESTIMATED FAIR VALUE	
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other (SUITES AT MODA)	X	35,000.	ESTIMATED FAIR VALUE	
26	Other (OTHER MISC.)	X	6,167.	ESTIMATED FAIR VALUE	
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 3 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.		

**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

2022

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.

PART I, REVENUE LESS EXPENSES, LINE 19

CENTRAL CITY CONCERN RECEIVED CAPITAL GRANTS IN THE AMOUNT OF \$14M TO

SUPPORT THE EXPANSION OF THEIR SUBSTANCE ABUSE DISORDER RECUPERATIVE

CARE PROGRAM, TO SUPPORT THE INSTALLATION OF A NEW EMPLOYEE HEALTH

RECORD SYSTEM AND THE EXPANSION OF THEIR RIVERHAVEN SUPPORTIVE HOUSING

PROGRAM.

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.

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

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

Schedule O (Form 990) 2022

Name of the organization

CENTRAL CITY CONCERN

Employer identification number
93-0728816

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 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 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

THIS BUSINESS OFFERS 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.

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

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

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

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

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

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

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

Name of the organization

CENTRAL CITY CONCERN

Employer identification number
93-0728816

EQUITY IN LOSSES OF LIMITED PARTNERSHIP

-689.

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.

OMB No. 1545-0047

2022

Name of the organization

CENTRAL CITY CONCERN

Open to Public
Inspection

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.

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	-46.	2,621,060.	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	-26.	7,111,210.	CENTRAL CITY CONCERN
CCC - ADMINISTRATIVE GP, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP	OREGON	-19.	1,006,398.	CENTRAL CITY CONCERN
CCC NE 2ND, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP	OREGON	-19.	1,006,397.	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	-49.	5,461,808.	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.	3,051,621.	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	-92.	3,946,096.	CENTRAL CITY CONCERN
CCC - EASTSIDE CAMPUS, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN EASTSIDE CAMPUS LP	OREGON	-71.	14,711,808.	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	-46.	2,621,060.		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	-26.	7,111,210.		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	-38.	2,012,795.		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.	3,051,621.		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	-10,945.	-10,447.	100%		X

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		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	-49.	5,461,808.	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	-92.	3,946,096.	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.	15,160,756.	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	-35.	1,893,905.	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	-71.	14,711,808.	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	-6.	194,668.	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	-41.	1,851,521.	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	-194.	6,116,254.	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)		
s Other transfer of cash or property from related organization(s)		

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

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) C.K. HENRY BUILDING LIMITED PARTNERSHIP	A	208,880.FMV	
(2) CCC - INTERSTATE APARTMENTS LIMITED PARTNERSHIP	A	4,221.FMV	
(3) MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP	A	42,307.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	162,994. FMV	
(8)	WY' EAST INSURANCE GROUP, LLC	B	300,000. FMV	
(9)	CCC EASTSIDE QALICB	C	2,971,863. FMV	
(10)	DIVISION STREET HOUSING PARTNERS, LP	J	240,783. FMV	
(11)	EASTSIDE CAMPUS LIMITED PARTNERSHIP	J	44,673. FMV	
(12)	CCC EASTSIDE QALICB	K	1,786,586. FMV	
(13)	1ST & ARTHUR LIMITED PARTNERSHIP	P	133,953. FMV	
(14)	STARK STREET APARTMENTS LIMITED PARTNERSHIP	P	579,834. FMV	
(15)	CCC - INTERSTATE APARTMENTS LIMITED PARTNERSHIP	P	31,706. FMV	
(16)	CCC EASTSIDE QALICB	P	54,800. FMV	
(17)	DIVISION STREET HOUSING PARTNERS, LP	P	192,795. FMV	
(18)	EASTSIDE CAMPUS LIMITED PARTNERSHIP	P	366,590. FMV	
(19)	ROSE QUARTER CONDO A LIMITED PARTNERSHIP	P	414,145. FMV	
(20)	THE ESTATE LIMITED PARTNERSHIP	P	970,877. FMV	
(21)	TOWN CENTER GREENS LIMITED PARTNERSHIP	P	192,142. FMV	
(22)	CCC - WESTWIND APARTMENTS LP	Q	3,075,000. FMV	
(23)				
(24)				

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