EXTENDED TO MAY 15, 2024

Return of Organization Exempt From Income Tax

Form **990** Department of the Treasury

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service and ending JUN 30, 2023 JUL 1, A For the 2022 calendar year, or tax year beginning 2022 D Employer identification number Check if applicable: C Name of organization Address CENTRAL CITY CONCERN 93-0728816 Name Doing business as Initial E Telephone number Number and street (or P.O. box if mail is not delivered to street address) Room/suite (503) 294-1681 232 NW 6TH AVENUE Final 154,357,408. termi G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code H(a) Is this a group return Amended return PORTLAND, OR 97209 Yes X No F Name and address of principal officer: PETER BEYER for subordinates? Applicapending SAME AS C ABOVE H(b) Are all subordinates included? Yes 527 If "No," attach a list. See instructions 4947(a)(1) or (insert no.) H(c) Group exemption number WWW.CENTRALCITYCONCERN.ORG J Website: Year of formation: 1979 M State of legal domicile: OR K Form of organization: X Corporation Trust Association Other Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O. Governance if the organization discontinued its operations or disposed of more than 25% of its net assets. 2 15 3 Number of voting members of the governing body (Part VI, line 1a) 3 15 Number of independent voting members of the governing body (Part VI, line 1b) 4 4 1553 Activities & Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 15 6 Total number of volunteers (estimate if necessary) 690,775. 7a 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7,599. 7h b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 67,646,275. 44,457,191 Contributions and grants (Part VIII, line 1h) Revenue 65,499,182 85,443,932. Program service revenue (Part VIII, line 2g) 9 981,873. 14,238 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 155 659 230 500. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 154,302,580. 109,814,952 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 1,535,330, 1,630,419 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 0. Benefits paid to or for members (Part IX, column (A), line 4) 14 70,580,603 80,812,320. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 n 0 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 38,600,312, 44,526,426. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 110,716,245. 126 969 165. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 27,333,415. 901,293, Revenue less expenses. Subtract line 18 from line 12 End of Year Beginning of Current Year 50 247,821,049. 220,924,557. 20 Total assets (Part X, line 16) 71,390,699. 71,969,488. 21 Total liabilities (Part X, line 26) 148,955,069. 176,430,350 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Date Signature of officer Sign PETER BEYER, CFO Here Type or print name and title PTIN Date Preparer's signature Print/Type preparer's name P00075883 rodd d. massinger self-employed Paid rodd d. Massinger 93-0743240 HOFFMAN, STEWART & SCHMIDT, PC Firm's EIN Preparer Firm's name Firm's address 3 CENTERPOINTE DRIVE, SUITE 300 Use Only Phone no. 503-220-5900 LAKE OSWEGO, OR 97035-8663

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

Par	t III Statement of Program Service Accomplishments
2000000100	Check if Schedule O contains a response or note to any line in this Part III
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?
	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?
	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
	AREA. IN 2022, CCC SERVED 9,283 HEALTH PATIENTS ACROSS 12 FEDERALLI 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
41-	34 404 590 (A) (Recover \$ 18,610,456.)
4b	(Code:) (Expenses \$
	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	
	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.,
	- COMPANDA DID DIO
	CENTRAL CITY BED - SELLS A DURABLE, SUSTAINABLE, CONTEMPORARY, BED BUG
	RESISTANT FURNITURE LINE HIGHLY SUITED FOR AFFORDABLE HOUSING
	DEVELOPMENTS, SHELTERS, AND DORMITORIES.
	TO A TRAINING PROCESS PROVIDING VALUABLE WORK
	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 \$) Total program service expenses 120,472,509.
4e	Total program service expenses 120,472,509.

Form 990 (2022) CENTRAL CITY CONCERN
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	8		х
	Schedule D, Part III	-		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		х
	If "Yes," complete Schedule D, Part IV			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10		х
	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
11				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
^	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
Ū	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
_	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	ļ
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		х
4.5	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. 45		
15		15		х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		-
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I. Parts I and II	21	Х	Ĺ
	2444000	Form	990	(2022)

Par	Tiv Checklist of Required Scheddles (continued)		Vaa	No
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	22		х
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			ĺ
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	х	ĺ
	Schedule J	20		
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			ĺ
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	24a	х	ĺ
	Schedule K. If "No," go to line 25a	24b		х
b	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
С	any tax-exempt bonds?	24c		х
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		Х
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			ĺ
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			l
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ĺ
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			ĺ
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			ĺ
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	per Corn	1
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):	25,000,000	(C. (1) (C. (1	1423924.27.03
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	28a		х
	"Yes," complete Schedule L, Part IV	28b		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV			
С	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
50	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		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? If "Yes," complete Schedule R, Part I	33	Х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and		37	
	Part V, line 1	34	X X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35b		х
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	SSD		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	36		x
	If "Yes," complete Schedule R, Part V, line 2 Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
37	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
00	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
38	Note: All Form 990 filers are required to complete Schedule O	38	х	
Par				
n operation.	Check if Schedule O contains a response or note to any line in this Part V			
		criba teamin	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?	<u>1c</u>	X	(0000
		-orm	JJU	(2022)

Form **990** (2022)

Par	Statements Regarding Other Ind Fillings and Tax Compilance (continued)		Tvan	No							
	To the second second as Form W.2. Transmittel of Wage and Tay Statements		Yes	No							
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 15.	53									
	filed for the calendar year ending with or within the year covered by this return	2b	x								
b	Did the organization have unrelated business gross income of \$1,000 or more during the year?	1 0-	Х								
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	` \ \	х								
b	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a		1								
4a	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		x							
	If "Yes," enter the name of the foreign country										
b	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).										
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х							
	b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?										
	ACTIVE THE PARTY OF THE STATE O										
6a	2 the street area receipts that are permethy greater than \$100,000, and did the organization solicit										
Va	any contributions that were not tax deductible as charitable contributions?	6a		Х							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
D	were not tax deductible?	6b		<u> </u>							
7	Organizations that may receive deductible contributions under section 170(c).		944								
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor	? 7a	Х								
	If "Yes," did the organization notify the donor of the value of the goods or services provided?		Х								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required										
•	to file Form 8282?	7c		Х							
d	If "Yes," indicate the number of Forms 8282 filed during the year7d										
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	. 7e		X							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g	the state of the state of successful intellectual property, did the organization file Form 8899 as required?										
h	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?										
8	- Did a depart advised friend maintained by the										
	sponsoring organization have excess business holdings at any time during the year?										
	Sponsoring organizations maintaining donor advised funds.										
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	 	-							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	. <u>9b</u>		4 33394							
	Section 501(c)(7) organizations. Enter:										
	Initiation fees and capital contributions included on Part VIII, line 12	-									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	\dashv									
11	Section 501(c)(12) organizations. Enter:										
а	Gross income from members or shareholders	\dashv									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against										
	amounts due or received from them.)	40-	A 5000000	1000000							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	+								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	\dashv									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	20 GERBER 190	1000000							
а	Is the organization licensed to issue qualified health plans in more than one state?	102									
	Note: See the instructions for additional information the organization must report on Schedule O.										
b	Enter the amount of reserves the organization is required to maintain by the states in which the			1020							
	organization is needed to locate qualified reality plants			l							
	Enter the amount of reserves on hand	14a		Х							
				1							
_b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	· · · · ·	1								
		15		x							
	excess parachute payment(s) during the year?										
10	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х							
16			10.50								
17	If "Yes," complete Form 4720, Schedule O. Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities		1								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										
	II 100, complete i onin cocc.		000								

Form 990 (2022) CENTRAL CITY CONCERN 93-0728816 Page
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	*****		Х
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a15			
··u	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent1b			
-	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
2		2		Х
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		х
		4		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		x
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		x
6	Did the organization have members or stockholders?		****	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	70		х
	more members of the governing body?	7a		
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	 .		х
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	911301314	v	690000000
а	The governing body?	8a	<u> </u>	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	200000000000000000000000000000000000000
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
·	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
_	The organization's CEO, Executive Director, or top management official	15a	Х	
	Other officers or key employees of the organization	15b	Х	
b	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			100000
10a		16a		X
	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			#1 15 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	<u>.</u>	16b		
800	exempt status with respect to such arrangements? tion C. Disclosure			
	List the states with which a copy of this Form 990 is required to be filed OR, CA, CT			
17	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) a	vailal	ole
18		JJ, C		
	for public inspection. Indicate how you made these available. Check all that apply. Other (syntain on Schodylo O)			
	X Own website X Another's website X Upon request Other (explain on Schedule O)	financ	ial	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	шапс	ıaı	
	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			
	MICHELLE WADDELL - (503) 294-1681			
	232 NW 6TH AVENUE PORTLAND OR 97209			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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 ne	or any related	orga	niza	tion	con	nper	isate	ed any current officer, d	rector, or trustee.	
(A)	(B)	(C)						(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	s both	n an	compensation	compensation	amount of
	week	├──	T ai	T a u	recio	174443	1	from	from related organizations	other compensation
	(list any	irecto						the organization	(W-2/1099-MISC/	from the
	hours for related	e or d	tee	ĺ		satec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	rruste	Trus		yee	mper		1099-NEC)	,	and related
	below	Individual trustee or director	Institutional trustee	_	Key employee	Highest compensated employee	is is			organizations
	line)	Indiv	Instit	Officer	Key e	High	Former			
(1) ANDY MENDENHALL	40.00									
CHIEF EXECUTIVE OFFICER	3.00			Х				352,076.	0.	66,819.
(2) SEAN HUBERT	40.00									
VICE PRESIDENT AND STRATEGY OFFICER	1,00				Х	<u> </u>		279,301.	0.	52,351.
(3) KIMBERLY LEATHLEY	40.00								_	
VICE PRESIDENT AND CHIEF OF HEALTH S				<u> </u>	Х			245,541.	0.	73,801.
(4) OSCAR CARDONA	40.00							266 716	0.	52,146.
CHIEF HR OFFICER	40.00		ļ	ļ	X	 	-	266,716.	0.	32,140.
(5) RICHARD BRUNO	40.00				ŀ	х		259,877.	0.	57,569.
MEDICAL DIRECTOR	40.00	-		<u> </u>		<u> </u>	├	237,077.	•	
(6) AMANDA RISSER	40.00					х		272,792.	0.	38,260.
MEDICAL DIRECTOR	40.00			-	-	 	-			
(7) PETER BEYER CHIEF FINANCIAL OFFICER	40.00			x				252,431.	0.	35,441.
	40.00		┢	 	 	┢	-	,		
(8) DAVID CHEN GENERAL COUNSEL	20.00					х		232,269.	0.	43,252.
(9) MADDEN ROWELL	40.00		 	 		╫	\vdash			
ASSOCIATE MEDICAL DIRECTOR						х		216,906.	0.	37,646.
(10) ELIJAH SMITH	40.00			l		T				
PHYSICIAN						х		168,576.	0.	52,480.
(11) ISAAC DIXON	0.50									
CHAIR		х		х				0.	0.	0.
(12) JONATHAN RADMACHER	0.50									_
VICE CHAIR		Х	<u> </u>	х		<u> </u>		0.	0.	0.
(13) ELISABETH ZELLER	0.50									
SECRETARY/TREASURER		Х	ļ	Х				0.	0.	0.
(14) BEN BERRY	0.50									•
DIRECTOR	and the second s	Х	ļ			<u> </u>		0.	0.	0.
(15) RICO A BOCALA	0.50									
DIRECTOR		Х	<u> </u>		ļ	 	ļ	0.	0.	0.
(16) SANDI DELAROSA	0.50								0.	0.
DIRECTOR		X	├			├-	₩	0.	V.	0.
(17) RILLA DELORIER	0.50	ļ.,						0.	0.	0.
DIRECTOR	1.00	X	<u> </u>			<u></u>	<u></u>	<u> </u>	<u> </u>	Form 990 (2022)

Part VII Section A. Officers, Directors, To	(B)	T		(((D)	(E)	(F)
(A) Name and title	Average hours per	box	not c	Pos heck i	nore son i	than o s both r/trus	an	Reportable compensation	Reportable compensation	Estimated amount of other
	week (list any hours for related organizations below line)	tee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) ERIC FRIEDENWALD-FISHMAN	0.50									_
DIRECTOR		Х						0.	0.	0
(19) MAMIE GATHARD	0.50									
DIRECTOR		Х						0.	0.	0
(20) MATT HARRINGTON	0.50									
DIRECTOR		Х						0.	0.	0
(21) KATRINA MCPHERSON, MD MPH	0.50							_		
DIRECTOR		Х						0.	0.	C
(22) LARRI NAITO	0.50								•	
DIRECTOR		Х						0.	0.	0
(23) FERNANDO PENA	0.50								•	0
DIRECTOR		Х						0.	0.	0
(24) CARRIE SMITH	0.50							0.	0.	0
DIRECTOR		Х						U.	V.	<u> </u>
(25) DAVE SWARTLEY	0.50							0.	0.	0
DIRECTOR		Х						U.	V.	·
(26) MICHAEL WHITE	0.50							0.	0.	0
DIRECTOR		Х	l			L		2,546,485.	0.	509,765
1b Subtotal								2,340,483.	0.	0
c Total from continuation sheets to Part								2,546,485.	0.	509,765
d Total (add lines 1b and 1c)				·····				<u> </u>	- •	
Total number of individuals (including but	it not limited to th	ose	liste	d ab	ove) wn	o re	ceived more than \$100,	000 of reportable	8
compensation from the organization										Yes No
3 Did the organization list any former office										3 X
line 1a? If "Yes," complete Schedule J fo	or such individual				······			or compensation from the	ne organization	
4 For any individual listed on line 1a, is the										4 X
and related organizations greater than \$Did any person listed on line 1a receive	150,000? If "Yes,	" CO	mple	ete S	cne	dule	J 10	or such individual		7

Section B. Independent Contractors

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 \$100,000 of compensation from the organization	d to those listed above) who received more than	
V. 100,1000 0. 00p. 1		, 000 (0000)

rendered to the organization? If "Yes." complete Schedule J for such person

rm 990 CENTRAL CITY Part VII Section A. Officers, Directors, Tru (A) Name and title	(B) Average hours per week (list any hours for	(c		(O Pos	C) ition	l		(D) Reportable	(E) Reportable	(F) Estimated
	Average hours per week (list any hours for			Pos	ition		Iv)	Reportable	Reportable	Estimated
Name and title	hours per week (list any hours for						Iv)			
	per week (list any hours for		heck	all 1	that	app	lv)			
	week (list any hours for							compensation	compensation	amount of
	week (list any hours for	١.			1		Γ	from	from related	other
	hours for		1			ge ,		the	organizations	compensatio
	hours for	흥				읦		organization	(W-2/1099-MISC)	from the
		dire		l		a pa		(W-2/1099-MISC)		organizatior
	related	10 aa	ste			nsat		·		and related
	organizations	trust	를		ae	8 E				organization
	below	dra		_	를	stoc	ا ا			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
COLONDO MILITARIO	0.50	F	 -	_	_		-			
7) ORLANDO WILLIAMS	0.50	x						0.	0.	
RECTOR		<u> </u>	-	-			-			
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Pa	rt V	4111				a in this Dark VIII			[]
			Check if Schedule O contains a response	onse	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e		42,430.				
ntribution 1 Other S			All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f 1g	\$	32,601,966. 220,624.				
Sã		h	Total. Add lines 1a-1f			67,646,275.			
					Business Code		and the second second		
اما	2	а	HEALTH AND RECOVERY		624100	65,812,082.	65,812,082.		
Š	_		SUPPORTIVE HOUSING		624200	18,610,456.	18,610,456.		
ie a		~	EMPLOYMENT AND SOCIAL		624310	1,021,394.	330,619.	690,775.	
n S		٠.							
Program Service Revenue		d							
§		е							
م		f	All other program service revenue			05 442 022			
		g	Total. Add lines 2a-2f			85,443,932.			
	3		Investment income (including dividends,	ntere	est, and				004 072
			other similar amounts)			981,873.			981,873.
	4	4 Income from investment of tax-exempt bond pro			roceeds				
	5			oyalties					
l	5		(i) Rea	 J	(ii) Personal				
	_				(,,				
	6		Gross rents 6a				100000000000000000000000000000000000000		
			Less: rental expenses 6b			200		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		С	Rental income or (loss) 6c		<u> </u>	ACTUAL CONTRACTOR OF THE CONTRACTOR		5.75	
1		d	Net rental income or (loss)						
	7	а	Gross amount from sales of (i) Securi	ties	(ii) Other			0.000000	12.00
1			assets other than inventory 7a			Marie Control			
1		h	Less: cost or other basis						
0		~	and sales expenses 7b						
2		_	Gain or (loss) 7c					a salah kan bangan	And the first of the o
Revenue			, , , , , , , , , , , , , , , , , , , ,			PROPERTY CASE CASE RELIGION TO A TWO STORY			
			Net gain or (loss)		<u> </u>				
Othe	8		Gross income from fundraising events (not including \$ 42,430. of contributions reported on line 1c). See						
I				-	285,328.	30 10 1981			
			Part IV, line 18	8a					
			Less: direct expenses	8b	34,020.	220 500		0.001303600	230,500.
1			Net income or (loss) from fundraising eve		<u> </u>	230,500.			200,000.
	9	а	Gross income from gaming activities. See	•		10.00		er som en til også ers	
			Part IV, line 19	9a					
1		b	Less: direct expenses	9b			A Augustin		
			Net income or (loss) from gaming activities	s					
			Gross sales of inventory, less returns						
I		<u>.</u>	and allowances	10a					
				10b					
ł			Less: cost of goods sold		1	and the state of t	2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
		С	Net income or (loss) from sales of invento	ry	Business Code				
s l					Business Code				
Miscellaneous Revenue	11	а							
ane Li		b							
₩ K		С							
S A			All other revenue						
Σ			Total. Add lines 11a-11d						
1	40		Total sovenue 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 (C) (**D**) Fundraising (B) Program service (A) Total expenses Do not include amounts reported on lines 6b. Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 1,630,419. 1,630,419 and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 1,739,572 1,739,572, trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 11,134,150. 619,941. 62,396,043, 50,641,952. 7 Other salaries and wages Pension plan accruals and contributions (include 33,018. 565,687. 2,526,562, 3,125,267. section 401(k) and 403(b) employer contributions) 81,600. 1,250,610. 7,576,208. 6,243,998, Other employee benefits 9 4,795,414. 1,117,147. 62,669. 5,975,230. 10 Payroll taxes Fees for services (nonemployees): a Management Legal Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 65,589. 6,261,898. 3,753,773 2,442,536. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 22,029. 285,568, 1,588,653. 1,281,056 13 Office expenses 1,774. 1,227,796. 1,505,782. 2,735,352. Information technology 14 15 Royalties 349,994, 6,309,016, 6,659,010. 16 Occupancy Travel 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 447.673. 2,701. 450,374. 20 Payments to affiliates _____ 21 3,623,976. 179,469. 3,803,445. Depreciation, depletion, and amortization 22 1,295. 1,389,782. 144,827. 1,535,904. 23 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.) 10,937,381. 10,937,381 PRESCRIPTION COSTS 13,623. 6,897,002. 6,883,379, CLIENT RELATED COSTS 557,353. 3,059. 1,302,004. 1,862,416. PERSONNEL RELATED COSTS C 1,111,148. 44,500. VEHILES 1,155,648. -17,151,990. 234,530. 17,556,803. 639,343. All other expenses 5,371,152. 1,125,504. 126,969,165. 120,472,509 Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year 1 Cash - non-interest-bearing 55,635,246. 43,499,990. 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 26,848,911. 18,760,534. Accounts receivable, net 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 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 59,079,324. 57,619,862. 7 Notes and loans receivable, net 8 Inventories for sale or use 1,151,676. 2,264,144. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 125,762,242. basis. Complete Part VI of Schedule D 10a 89,032,378. 36,729,864. 74,216,393. 10c b Less: accumulated depreciation 10b 7,120,588. 11 Investments - publicly traded securities 14,579,530. 13,482,888. 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 5,396,184. 57,958. 15 Other assets. See Part IV, line 11 15 220,924,557. 247,821,049. 16 Total assets. Add lines 1 through 15 (must equal line 33) 16 9,347,531. 10,897,309. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 8,508,803. 10,694,980. 19 19 Deferred revenue 2,813,866. 2,915,801. 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 43,708,338. 43,540,229. 23 Secured mortgages and notes payable to unrelated third parties 23 24 Unsecured notes and loans payable to unrelated third parties 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 7,012,161. 3,921,169. 25 71,969,488 71,390,699. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. Net Assets or Fund Balances 151,906,773. 124,960,759. 27 Net assets without donor restrictions 24,523,577. 23,994,310. 28 Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 29 30 Paid-in or capital surplus, or land, building, or equipment fund 30 31 Retained earnings, endowment, accumulated income, or other funds 31 176,430,350. 148,955,069, 32 Total net assets or fund balances 247,821,049 220,924,557. 33 Total liabilities and net assets/fund balances

Form	1 990 (2022) CENTRAL CITT CONCERN			, «	7-					
	rt XI Reconciliation of Net Assets									
	Check if Schedule O contains a response or note to any line in this Part XI	······			X					
			454	200	E 0 0					
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,302, ,969,						
2	Total expenses (must equal Part IX, column (A), line 25)									
3										
4										
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			<u> </u>					
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,		176	420	250					
	column (B))	10	1/6	,430,	350.					
Pa	rt XII Financial Statements and Reporting				х					
	Check if Schedule O contains a response or note to any line in this Part XII			Yes						
				165	140					
1										
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.									
2a	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:									
	Separate basis Consolidated basis Both consolidated and separate basis			х						
b	Were the organization's financial statements audited by an independent accountant?		. 2b	Α						
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,								
	consolidated basis, or both:									
	Separate basis X Consolidated basis Both consolidated and separate basis	.111			363843600					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		х						
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Α	\$1.00 E					
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	eaule O.		A. 12.	FR4555					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			х						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		. <u>3a</u>							
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit	_,	х						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		(2022)					
			⊢orm	23U ((2022)					

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

Open to Public

OMB No. 1545-0047

Name of the organization

Employer identification number

93-0728816 CENTRAL CITY CONCERN Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (v) Amount of monetary (vi) Amount of other (iii) Type of organization (ii) EIN (i) Name of supported your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization above (see instructions))

Schedule A (Form 990) 2022 Part II Support Sch 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.)

Sec	ction A. Public Support			3/4/1			
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	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 organ-						
	ization'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			2.96% (50%)			
	governmental unit or publicly	and the second		ATTENDED			
	supported organization) included		All english to the				
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)			DL second and a	No. of the Control of		3,199,460.
6	Public support. Subtract line 5 from line 4.						174,192,320.
Sec	ction B. Total Support					r	
Cale	ndar 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 instruction	ons)			12	401,683,882.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third, f	fourth, or fifth tax y	ear as a section 5	01(c)(3)	<u></u>
	organization, check this box and stop	o here					L
	ction C. Computation of Publi					T I	01 52 04
14	Public support percentage for 2022 (l					14	91.53 % 85.30 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14		***************************************	15	
16a	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies	as a publicly supp	orted organization				
b	33 1/3% support test - 2021. If the	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s dox
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not c	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% (or more,
	and if the organization meets the fact						1 1
	meets the facts-and-circumstances te	st. The organization	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	check a box on line	9 13, 16a, 16b, or 1	/a, and line 15 is	10% Or
	more, and if the organization meets the	ne facts-and-circun	nstances test, chec	ck this box and st	t op here. Explain i	n Part VI how the	
	organization meets the facts-and-circle	umstances test. Th	e organization qua	alifies as a publicly	supported organiz	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a		(Form 990) 2022

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Schedule A (Form 990) 2022 CENTRAL CITY CONCERN | 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, 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 bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization'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						
7 8	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	1 1 1 2010	- # \ 0040	(-) 0000	(4) 2021	(e) 2022	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(i) iotai
-	Amounts from line 6						
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
••	activities not included on line 10b,						
	whether or not the business is						
12	regularly carried on Other income. Do not include gain						
	or loss from the sale of capital						
12	assets (Explain in Part VI.)						
14	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third.	fourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (I			column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	III, line 15			16	%
Se	ction D. Computation of Inves	stment Income	Percentage			r	
	Investment income percentage for 20					17	<u>%</u>
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the	organization did n	ot check the box	on line 14, and line	15 is more than 3	3 1/3%, and line 17	7 is not
	more than 33 1/3%, check this box ar	nd stop here. The	organization quali	fies as a publicly s	upported organiza	tion	
k	33 1/3% support tests - 2021. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and st	op here. The orga	nization qualifies a	is a publicly suppo	rted organization	
20	Private foundation. If the organization	on did not check a	box on line 14, 19:	a, or 19b, check th	is box and see ins	tructions	<u> LL</u>

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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

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes." and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) nurnoses
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," complete Part I of Schedule L (Form 990).
- Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes." complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 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? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.

		Yes	No
	1		
	2 3a		
	30		
	3b		
	3c 4a		
	4b		
	4c		
	5a		
	5b		
	5c		
	7		
	Sing.		
	8		
	9a		
	9b 9c		
	10a 10b		(1012) (23)
_	ייטט		

Par	TIV Supporting Organizations (continued)			Γ
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b	OPENSANDA W	10 S (287 PS) 15
c	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			·
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
•	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
•	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
				1000000
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	2		
Sact	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations			
Seci	ion o. Type it oupporting organizations		Yes	No
	and the directors		100	
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	100		
	or management of the supporting organization was vested in the same persons that controlled or managed	1	(\$220,000,000,000	SSS mineral con-
	the supported organization(s).			L
Seci	tion D. All Type III Supporting Organizations		Yes	No
	and the second s		163	INO
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		0.01560.0	46.00000
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1-1-	1.04000	
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	-	1000	
	the organization maintained a close and continuous working relationship with the supported organization(s).	2	100000	0.000
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a		30.04	
	significant voice in the organization's investment policies and in directing the use of the organization's			9000
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	31,859,850,00	100000000000000000000000000000000000000	14,118,116
	supported organizations played in this regard.	3		L
Sect	tion 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	s).		
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	nstruction	s).	r
	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	2007		
	that these activities constituted substantially all of its activities.	2a		700000000000000000000000000000000000000
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			1
-	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	100000000000000000000000000000000000000	1992553	200488970 200488970
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1000000	10 (10 miles)	
а	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	За		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	10.00	28.00	
D	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or its supported organizations: If Tes. describe if the control blaves by the organization in this tyses.			

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgai	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			art VI). See instructions.		
•	All other Type III non-functionally integrated supporting organizations must					
Section A - Adjusted Net Income (A) Prior Year (optional)						
	Net short-term capital gain	1				
1	Recoveries of prior-year distributions	2				
2	Other gross income (see instructions)	3				
<u>3</u> 4	Add lines 1 through 3.	4				
	Depreciation and depletion	5				
5	Portion of operating expenses paid or incurred for production or					
6	collection of gross income or for management, conservation, or					
		6				
	maintenance of property held for production of income (see instructions)	7				
	Other expenses (see instructions)					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		(B) Current Year		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):	1		100 mg		
а	Average monthly value of securities	1a				
	Average monthly cash balances	1b				
	Fair market value of other non-exempt-use assets	1c				
	Total (add lines 1a, 1b, and 1c)	1d				
	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
•	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
	ion C - Distributable Amount			Current Year		
	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				
	Enter greater of line 2 or line 3.	4				
4	Income tax imposed in prior year	5				
5	Distributable Amount. Subtract line 5 from line 4, unless subject to	\dashv \dagger				
6		6				
	emergency temporary reduction (see instructions). Check here if the current year is the organization's first as a non-functional content.		ed Type III supporting organ	ization (see		
7	instructions)	any antograt	or The medberma order			

Pai	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _{(continu}	ued)	
Sect	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe				
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he organization is responsive	•		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	•	,	10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022	and the second of the second o	and the second second second		
	From 2017				6 C C C C C C C C C C C C C C C C C C C
	From 2018				
	From 2019		age of the second		
	From 2020				Mary and the second
	From 2021				
	Total of lines 3a through 3e				ALCOHOL SECTION AND ADMINISTRATION OF THE PROPERTY OF THE PROP
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)		4.55		
i	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
С	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				The state of the s
	than zero, explain in Part VI. See instructions.			esas as Security	
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.		a company		
7	Excess distributions carryover to 2023. Add lines 3j		Section 1		entra d'especial de la companya de l
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019		Service Service		
<u>c</u>	Excess from 2020				
<u>d</u>	Excess from 2021				
е	Excess from 2022				hadula A (Farm 000) 2022

Cahadula A	(Form 990) 2022 CENTRAL CITY CONCERN	93-0728816	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addition (See instructions.)	and 2; Part IV, Section . Section B. line 1e: Pa	C.
440			
<u> </u>			

SCHEDULE D (Form 990)

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.

Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL CITY CONCERN

Employer identification number 93-0728816

Pai	Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes On Form 550, Factiv, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advis	sed funds
J	are the organization's property, subject to the organization's e		
6	Did the organization inform all grantees, donors, and donor ac	lvisors in writing that grant funds can be	used only
Ū	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpose	conferring
			l V l N-
Pai			
1	Purpose(s) of conservation easements held by the organizatio	n (check all that appl <u>y).</u>	
	Preservation of land for public use (for example, recreat	ion or education) Preservation o	f a historically important land area
	Protection of natural habitat	Preservation o	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the peri-	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing cons	servation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conserva	tion easements during the year
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 170	(h)(4)(B)(i)
_	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footnot	ote to the organization's financial statem	ents that describes the
	argenization's accounting for consensation easements		
Pai	t III Organizations Maintaining Collections of		ther Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 958	3, not to report in its revenue statement a	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in fu	urtherance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these iten	ns.
b	If the organization elected, as permitted under FASB ASC 958	3, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furtl	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
	(ji) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under FASB AS		
а	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		\$

Saba	dule D (Form 990) 2022 CENTRAL CI	TY CONCERN					93-	-0728816	P	age 2
Pa	t III Organizations Maintaining C	collections of Ar	t, Histo	rical Tre	asures, o	r Other	Similar As:	sets _{(cont}	inued)	
3	Using the organization's acquisition, accessi									
	collection items (check all that apply):									
а	Public exhibition	C	3 🔲 L	oan or excl	hange progra	am				
b	Scholarly research	•	• 🔲 c	other						
C	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	e organizatio	n's exem	pt purpose in l	Part XIII.		
5	During the year, did the organization solicit of	or receive donations	of art, hist	orical treas	ures, or othe	er similar a	ssets			
-	to be sold to raise funds rather than to be m	aintained as part of t	he organi	zation's col	lection?			Yes		No
Pai	TIV Escrow and Custodial Arran	gements. Compl	ete if the	organizatio	n answered '	'Yes" on F	orm 990, Parl	t IV, line 9, o	r	
	reported an amount on Form 990, Pa									
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for co	ontributions	or other ass	sets not in	cluded			7
	on Form 990, Part X?							Yes	L	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	ble:						
								Amou	nt	
С	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			7
	Did the organization include an amount on F						y?	Yes	<u></u>	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation	has been	orovided on	Part XIII				
Pai	t V Endowment Funds. Complete	7						nools (a) En	Ir vooro	haok
		(a) Current year	(b) Pr	ior year	(c) Two yea	rs dack (d) Three years b	Dack (e) For	ır years	Dack
1a	Beginning of year balance									
b	Contributions									
C	Net investment earnings, gains, and losses									
d	Grants or scholarships		ļ				·			
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses		<u> </u>							
g	End of year balance		L							
2	Provide the estimated percentage of the cur			column (a)) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment	%								
С	TOTAL ORGANITION	%								
	The percentages on lines 2a, 2b, and 2c sho				ومامان ماسمام م	ad for tha				
За	Are there endowment funds not in the posse	ession of the organiza	ation that	are neid an	ia administer	ed for the			Yes	No
	organization by:							3a(i)	-	
	(i) Unrelated organizations									
	(ii) Related organizations			nodulo D2			***************************************			
b	If "Yes" on line 3a(ii), are the related organization									L
<u>4</u>	Describe in Part XIII the intended uses of the		wment tu	nas.						
r _(a)	Complete if the organization answere	d "Yes" on Form 990). Part IV.	line 11a. S	ee Form 990	. Part X. li	ne 10.			
		(a) Cost or o			or other		cumulated	(d) Bo	ok valu	
	Description of property	basis (investr	. 1	basis			reciation	(3, 50		-
	Land de la constant d				,054,466.			17	,054,	466.
	Land			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,925,712.	3	1,873,610.		,052,	
	Buildings	E .	-		,171,445.		437,102.		,734,	
	Leasehold improvements				,453,561.		4,153,088.		,300,	
d	Equipment	•••			157 058		266 064.		890	

89,032,378.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990. Part X. column (B). line 10c.)

Schedule D (Form 990) 2022 CENTRAL CITY COI	ICERN	93	-0728810 Page •
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.		Property of the second
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) lir	ne 15.)		
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) ACCRUED INTEREST			1,141,803
(3) CAPITAL LEASE OBLIGATIONS			5,503,835
(4) DEFERRED COMPENSATION LIABILITY			306,256
(E) DIE MO MANAGED PROPERTIES			60,267

7,012,161. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 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 X Schedule D (Form 990) 2022

(5) (6) (7) (8) DUE TO MANAGED PROPERTIES

	t XI Reconciliation of Revenue per Audited Financial State	ements With Revenu	e per Return.	гаце
Pai	TXI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990, Part IV, line			
		, 12.Ll.	1	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
2 a	Net unrealized gains (losses) on investments	2a		
a b	Donated services and use of facilities	1 1		
C	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		1 0 1	
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.)	1 1		
-	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial Sta	tements With Expen	ses per Return.	
F 1.050.0	Complete if the organization answered "Yes" on Form 990, Part IV, line			
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	1 1		
c	Other losses			
d	Other (Describe in Part XIII.)	i i		
	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18)	5	
	t XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;		Part V, line 4; Part X, line 2; Part X	I,
ines	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any	additional information.		
PART	X, LINE 2:			
1ANA	GEMENT DOES NOT BELIEVE THE ORGANIZATION HAS ANY UNCERTAIN	TAX		
POSI	TIONS.			
		·		
				······································

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization CENTRAL CIT	TY CONCERN				93-072881	6
\$20,000 pt 125,000 pt 175,000	Complete if the organization answe	red "Y	es" or	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not
required to complete this part 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the	ed funds through any of the followin e Solicitat f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with providuals or entities (fundraisers) pursua	tion of tion of fundra (includ	non-garden governations dising of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	L Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
		<u> </u>				
Total 3 List all states in which the organizatio or licensing.	n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is exempt from re	gistration

Pé	irt l	Fundraising Events. Complete if the of fundraising event contributions and ground fundraising event contributions.	ne organization answered	"Yes" on Form 990, Pa F7_lines 1 and 6b_l ist	rt IV, line 18, or reported events with gross receip	ts areater than \$5,000.			
		or fundraising event contributions and gr	(a) Event #1 COMPASSION IN ACTION LUNCHEON	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))			
			(event type)	(event type)	(total number)	001. (0)/			
Revenue	1	Gross receipts	327,758.			327,758.			
<u>.</u>	2	Less: Contributions	42,430.			42,430.			
	3	Gross income (line 1 minus line 2)	285,328.			285,328.			
	4	Cash prizes							
	5	Noncash prizes							
seuses	6	Rent/facility costs	14,206.			14,206.			
Direct Expenses	7	Food and beverages	18,297.			18,297.			
څ	۱.		4,940.			4,940.			
	8	Entertainment Other direct expenses	45 205			17,385.			
	10					54,828.			
		Net income summary. Subtract line 10 from				230,500.			
Pa			answered "Yes" on Form	990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.			T	1			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev									
	1	Gross revenue							
ses	2	Cash prizes							
Direct Expenses	3	Noncash prizes							
Direct	4	Rent/facility costs							
	5	Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	Yes % No	No No	No No				
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)						
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)						
а	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? b If "No," explain:								
		ere any of the organization's gaming licenses re Yes," explain:			year?	Yes No			
					Cah	edule G (Form 990) 2022			

Sah	edule G (Form 990) 2022	CENTRAL CITY CONCERN	93-0	728816	Page 3
11	Does the organization conduct gar	ning activities with nonmembers?		Yes	No
12	Is the organization a grantor, bene	ficiary or trustee of a trust, or a member of a partnership or other entity formed	Ł		
		,		Yes	No
13	Indicate the percentage of gaming				
				13a	<u>%</u>
k	An outside facility			13b	<u>%</u>
14	Enter the name and address of the	person who prepares the organization's gaming/special events books and re-	cords:		
	Name				
	Address				
		act with a third party from whom the organization receives gaming revenue?		Yes	No
b		9 (0.01)20 (0.01)	amount		
		third party \$			
C	If "Yes," enter name and address of	f the third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name			ora	
	Gaming manager compensation	\$			
	Description of services provided				
	Description of services provided				
	Director/officer	Employee Independent contractor			
17	Mandatory distributions:				
а	Is the organization required under	state law to make charitable distributions from the gaming proceeds to			
	retain the state gaming license?		,,	Yes	No
b		equired under state law to be distributed to other exempt organizations or spe	ent in the		
Da	organization's own exempt activitie	es during the tax year \$ nation. Provide the explanations required by Part I, line 2b, columns (iii) and	(v) and Par	III. lines 9.	9b. 10b.
Tie		applicable. Also provide any additional information. See instructions.	, (1), a. 14	,	,
	130, 130, 10, and 170, as	applicable. Also provide any additional members are			
mountain.					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

Schedule G	(Form 990)	CENTRAL CITY CONCERN	93-0728816	Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)		

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SCHEDULE (Form 990)

Department of the Treasury Internal Revenue Service Name of the organization

CENTRAL CITY CONCERN

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

OMB No. 1545-0047	2022	Open to Public

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

Employer identification number inspection 93-0728816 **≗**

X Yes

art l General Information on Grants and Assistance	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?
تة	-	

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 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part

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
							PASS-THROUGH OF FEDERAL
CASCADIA BEHAVIONAL HEALTHCAKE 847 NE 19TH AVENUE SUITE 100							FUNDS UNDER FEDERAL ASSISTANCE LISTING NUMBER
PORTLAND, OR, OR 97232	93-0770054	501(C)(3)	421,986.	0			14.267, MULTIFAMILY
							PASS-THROUGH OF FEDERAL
JOIN							FUNDS UNDER FEDERAL
1435 NE 81ST AVENUE SUITE 100							ASSISTANCE LISTING NUMBER
PORTLAND, OR, OR 97213	93-1090005 501(C)(3)	501(C)(3)	356,959.	0.			14.267, MULTIFAMILY
NATIVE AMERICAN REHABILITATION							PASS-THROUGH OF FEDERAL
ASSOCIATION OF THE NORTHWEST -							FUNDS UNDER FEDERAL
1776 SW MADISON STREET - PORTLAND,							ASSISTANCE LISTING NUMBER
OR, OR 97205	23-7098400	501(C)(3)	387,765.	0.			14.267, MULTIFAMILY
							PASS-THROUGH OF FEDERAL
TRANSITION PROJECTS, INC.							FUNDS UNDER FEDERAL
665 NW HOYT STREET							ASSISTANCE LISTING NUMBER
PORTLAND, OR, OR 97209	93-0591582	501(C)(3)	463,709.	0.			14.267, MULTIFAMILY
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	d government org	yanizations listed in th	e line 1 table				

Enter total number of other organizations listed in the line 1 table

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

Schedule I (Form 990) 2022

Page 2 Schedule I (Form 990) 2022 (f) Description of noncash assistance 93-0728816 (e) Method of valuation (book, FMV, appraisal, other) Part IV | Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. 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. (d) Amount of non-cash assistance (c) Amount of cash grant MANAGEMENT REVIEWS SUBAWARD REIMBURSEMENT REQUESTS FOR COMPLIANCE WITH THE (H) PURPOSE OF GRANT OR ASSISTANCE: PASS-THROUGH OF FEDERAL FUNDS UNDER APPLICABLE SUBAWARD CONTRACT, CONDUCTS REGULAR MEETINGS WITH SUBAWARDEE AGENCY PROGRAM STAFF, AND REVIEWS AUDITED FINANCIAL REPORTS FOR THE NAME OF ORGANIZATION OR GOVERNMENT: CASCADIA BEHAVIORAL HEALTHCARE (b) Number of recipients CENTRAL CITY CONCERN (a) Type of grant or assistance PART II, LINE 1, COLUMN (H): Schedule I (Form 990) 2022 PART I, LINE 2: SUBGRANTEES. 232102 10-31-22 PartIII

Schedule I (Form 990) CENTRAL CITY CONCERN	93-0728816	Page 2
Part IV Supplemental Information		
FEDERAL ASSISTANCE LISTING NUMBER 14.267, MULTIFAMILY HOUSING SERVICE		
COORDINATORS CONTINUUM OF CARE PROGRAM.		
COORDINATORS CONTINUON OF CARE INCOME.		
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.		
COOKBINITORD CONTESTS TO THE PROPERTY OF THE P		
NAME OF ORGANIZATION OR GOVERNMENT:		
NATIVE AMERICAN REHABILITATION ASSOCIATION OF THE NORTHWEST		A
(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 OF COMPRISE, TRANSITION PROJECTS INC		
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)

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.

orm 990. Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number

OMB No. 1545-0047

CENTRAL CITY CONCERN 93-0728816

Pa	art I Questions Regarding Compensation			
1000000		,	Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			10.7
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account 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			artificial a
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2	TAXABLE SEL	121102500010
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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X 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:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
	- vivil to the second components of the second components	4c		X
_	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
	Any related organization?	5b	140 (0.10)	X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ť	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b	Sold on Page	Х
	If "Yes" on line 6a or 6b, describe in Part III.	170-14 SE		
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	1223		100
·	not described on lines 5 and 6? If "Yes," describe in Part III	7	10.000.000	Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	900		
-	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			A STATE OF
-	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2022

Page 2

Schedule J (Form 990) 2022 CENTRAL CITY (

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

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

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

		(B) Breakdown of W-2 and/ com	2 and/or 1099-MISC and/or 1099-NEC compensation	and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ANDY MENDENHALL	Ξ	352,076.	0.	0.	23,890.	42,929.	418,895.	0.
CHIEF EXECUTIVE OFFICER	€	0	.0	.0	.0	0	.0	0.
(2) SEAN HUBERT	ε	249,301.	30,000.	.0	20,423.	31,928.	331,652.	0
VICE PRESIDENT AND STRATEGY OFFICER	Ξ	0	0	0	0	0	0	0
(3) KIMBERLY LEATHLEY	ε	223,576.	21,965.	0	24,554.	49,247.	319,342.	0
VICE PRESIDENT AND CHIEF OF HEALTH S		0	0	0	.0	0	0	
(4) OSCAR CARDONA	Ξ	249,301.	17,415.	*0	13,495.	38,651.	318,862.	0
CHIEF HR OFFICER	E	0	0	0	• 0	0	.0	0
(5) RICHARD BRUNO	Ξ	259,877.	0	0	16,218.	41,351.	317,446.	0
MEDICAL DIRECTOR	Ξ	0	0.	0	.0	.0	0	0
(6) AMANDA RISSER	Ξ	267,946.	4,846.	• 0	17,710.	20,550.	311,052.	0
MEDICAL DIRECTOR	€	0	0	• 0	• 0	0	0	0
(7) PETER BEYER	Ξ	237,431.	15,000.	0.	16,440.	19,001.	287,872.	0
CHIEF FINANCIAL OFFICER	Ξ	0	0	0	0	0	0	
(8) DAVID CHEN	€	232,269.	0	0.	8,827.	34,425.	275,521.	0.
GENERAL COUNSEL	∷≘	0.	0.	0	• 0	• 0	0	0.
(9) MADDEN ROWELL	Ξ	216,906.	0.	.0	13,190.	957'77	254,552.	0
ASSOCIATE MEDICAL DIRECTOR	Ξ	0.	0	.0	.0	•0	0.	
(10) ELIJAH SMITH	ε	168,576.	0.	0.	20,500.	.086,18	221,056.	0.
PHYSICIAN	Ξ	0.	0.	0	0.	0	0.	0.
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							Sched	Schedule J (Form 990) 2022

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

Name of the organization

CENTRAL CITY CONCERN

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, Supplemental Information on Tax-Exempt Bonds

explanations, and any additional information in Part VI.

2022 Open to Public Inspection

OMB No. 1545-0047

Employer identification number

93-0728816

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

Schedule K (Form 990) 2022 ŝ (g) Defeased (h) On behalf (i) Pooled financing × Yes ŝ Ŷ × of issuer Yes Yes ŝ × Yes ŝ OF. O (f) Description of purpose DEBT AND CONSTRUCTION REFINANCE OF EXISTING Yes ŝ Ω Yes 250,000 (e) Issue price 4,459,000. 000 550,000. 4 × × ŝ 2010 91, 4 ⋖ (d) Date issued 02/04/10 Yes × × SEE PART VI FOR COLUMN (F) CONTINUATIONS (c) CUSIP# For Paperwork Reduction Act Notice, see the Instructions for Form 990. Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, Does the organization maintain adequate books and records to support the NONE Were the bonds issued as part of a refunding issue of taxable bonds (or, if (b) Issuer EIN 93-6001787 issued prior to 2018, an advance refunding issue)? if issued prior to 2018, a current refunding issue)? Has the final allocation of proceeds been made? STATE OF OREGON - OREGON FACILITIES Working capital expenditures from proceeds Capital expenditures from proceeds Credit enhancement from proceeds Capitalized interest from proceeds Amount of bonds legally defeased Gross proceeds in reserve funds Proceeds in refunding escrows Year of substantial completion Issuance costs from proceeds final allocation of proceeds? (a) Issuer name Amount of bonds retired Other unspent proceeds Total proceeds of issue Other spent proceeds Part | Bond Issues Proceeds A AUTHORITY Partil ΨH 9 9 Ŋ œ 6 4 15 4 9 12 4 က 13 8 ပ

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Interested trade or business activity carried on by your organization, a state or local government and there section SOI(s) organization, or a state or local government test? Interested and Solid state or local government test? Interested and Solid state security or payment test? Interested and Solid state state and solid state and solid state and solid s	another section 501(c)(3) organization, or a state or local government Total of lines 4 and 5 Does the bond issue meet the private security or payment test? Tast here been a sale or disposition of any of the bond-financed property to a nongovernmental person other than a 501(c)(3) organization since the bonds were issued? B If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		% %				
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Figure F	governmental person other than a 501(c)(3) organization since the bonds were issued? If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						
res* to line 8a, enter the percentage of bond-financed property sold or bosed of feat the percentage of bond-financed property sold or bosed of feat the percentage of bond-financed property sold or feat the bosed of feat the percentage of bond-financed property sold or feat the same are remediated in accordance with the organization established written procedures to ensure that all representation established written procedures with the available of the issue are remediated in accordance with the organization established written and 1.45-2? A B C D NO Yes	If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of						
res.* to line 8a, was any remedial action taken pursuant to Regulations titons 1.141-12 and 1.145-27 Acrit was any remedial action taken pursuant to Regulations storage and the state of the issue are remediated in accordance with the qualified bonds of the issue are remediated in accordance with the submitted bonds of the issue are remediated in accordance with the variable bonds of the issue are remediated in accordance with the qualified bonds of the issue are remediated in accordance with the variable bonds of the issue are remediated in accordance with the variable bonds of the issue are remediated in accordance with the variable bonds of the issue are remediated in accordance with the variable bonds of the issue are remediated on accordance with the variable bonds of the issue are remediated bonds of the inexp. provide in Part VI the date the rebate computation was formed Acrit of the Control of the Acrit of the Acrit of the Control of the Acrit of the Control of the Acrit							
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tions 1.141-12 and 1.145-2? It is the organization established written procedures to ensure that all equalified bonds of the issue are remediated in accordance with the uirements under Regulations sections 1.141-12 and 1.145-2? Arbitrage Arbitrage Rebate, Yield Reduction and validy in Lieu of Arbitrage Rebate? Vo. 10 line 1, did the following apply? Arbitrage Rebate? Arbitrage Rebate Regulation Arbitrage Repate Regulation Arbitrage Repate Repate Regulation Arbitrage							
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Arbitrage							
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Arbitrage Arbitrage Arbitrage Rebate, Yield Reduction and alth in Lieu of Arbitrage Rebate? Yes No	uirements under Regulations sections 1.141-12 and 1.145-2?						
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? Yes No Yes	- 1						
Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Pearty in Lieu of Arbitrage Rebate? Yes No No </td <td></td> <td>8</td> <td></td> <td>0</td> <td></td> <td></td> <td></td>		8		0			
Penalty in Lieu of Arbitrage Rebate? If "No" to line 1, did the following apply? a Rebate not due yet? b Exception to rebate? c No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	S	Yes	No	Yes	No
If "No" to line 1, did the following apply? a Rebate not due yet? b Exception to rebate? c No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed							
a Rebate not due yet? b Exception to rebate? c No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	l						
Exception to rebate? No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	a Rebate not due vet?						
No rebate due? If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed	Exception to rebate?						44,7
1	No rebate due?						
ретбитед	1						
	performed						
3 Is the bond issue a variable rate issue?	Is the bond issue a variable rate issue?						

Schedule K (Form 990) 2022 Ŷ £ ۵ Yes Yes ŝ ŝ Yes Yes ŝ ŝ 93-0728816 m Yes Yes Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. ŝ ŝ × × Yes Yes d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? (A) ISSUER NAME: STATE OF OREGON - OREGON FACILITIES AUTHORITY Has the organization established written procedures to ensure that violations voluntary closing agreement program if self-remediation isn't available under of federal tax requirements are timely identified and corrected through the 6 Were any gross proceeds invested beyond an available temporary period? 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? 4a Has the organization or the governmental issuer entered into a qualified REFINANCE OF EXISTING DEBT AND CONSTRUCTION OF FACILITY Has the organization established written procedures to monitor the CENTRAL CITY CONCERN Part V Procedures To Undertake Corrective Action hedge with respect to the bond issue? SCHEDULE K, PART I, BOND ISSUES: d Was the hedge superintegrated? (F) DESCRIPTION OF PURPOSE: requirements of section 148? Was the hedge terminated? Part IV Arbitrage (continued) applicable regulations? Schedule K (Form 990) 2022 **b** Name of provider b Name of provider c Term of hedge c Term of GIC 232123 10-28-22

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

OMB No. 1545-0047

<u> 2022</u>

Open to Public Inspection

Name of the organization

CENTRAL CITY CONCERN

Employer identification number

93-0728816

Pa	rt I Types of Property	(a)	(b)	(c)	1 (d)		
		Check if applicable	Number of contributions or	Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method of noncash contril	determir		:s
	Art - Works of art							
1	Art - Works of art Art - Historical treasures							
2	***************************************							
3	Art - Fractional interests							
4	Books and publications	Х	The second second	66,706.	ESTIMATED FAIR	VALUE		
5	Clothing and household goods	**						
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	Х	3	112,751.	ESTIMATED FAIR	VALUE		
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (SUITES AT MODA)	Х	1	35,000.	ESTIMATED FAIR	VALUE		.,
26	Other (OTHER MISC.)	Х	6	6,167.	ESTIMATED FAIR	VALUE		
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organiz	ration during	the tax vear for co	ontributions				
2.3	for which the organization completed Form 828							
	to which the organization completed form oze	50, r a.r v, D					Yes	No
20-	During the year, did the organization receive by	, contributio	n any property rep	orted in Part I. lines 1 throug	nh 28. that it			
30a	must hold for at least 3 years from the date of t	the initial co	ntribution and whi	ch isn't required to be used	for			
						30a		х
	exempt purposes for the entire holding period?					100		
		مدر فمطف ما	a viras tha ravious	of any popetandard contribu	tions?	31	х	33.025
31	Does the organization have a gift acceptance p	oulcy that re	equires trie review (n any nonstandard contribu		31	 	
32a	Does the organization hire or use third parties of					200		x
	contributions?					32a		
b	If "Yes," describe in Part II.				-1 1			
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of property	tor which column (a) is che	скеа,		10000	
	describe in Part II					RSEASONAS	distribution)	ARTEGER !

Schedule M (Form 990) 2022 CENTRAL CITY CONCERN	93-0728816	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b is reporting in Part I, column (b), the number of contributions, the number of items received, c this part for any additional information.	n, and 33, and whether the organiz or a combination of both. Also cor	zation
SCHEDULE M, PART I, COLUMN (B):		
THE NUMBER REPORTED IN PART I COLUMN (B) IS THE NUMBER OF		
CONTRIBUTIONS.		
		<u> </u>

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

OMB No. 1545-0047

2022

Open to Public

Internal Revenue Service Go to www.irs.gov/Form990 for the latest information Inspection Name of the organization Employer identification number CENTRAL CITY CONCERN 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.

Name of the organization CENTRAL CITY CONCERN	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.	

Schedule O (Form 990) 2022

232212 10-28-22

Schedule O (Form 990) 2022 Name of the organization	Employer identification number
CENTRAL CITY CONCERN	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)

Name of the organization Department of the Treasury Internal Revenue Service

Parti

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Related Organizations and Unrelated Partnerships

Attach to Form 990.

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

Open to Public Inspection 2022

OMB No. 1545-0047

Employer identification number 93-0728816

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. CENTRAL CITY CONCERN

(a) Name, address, and EIN (if applicable) of disregarded enttry	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CENTRAL, CTMY TNIVEGROD TWG 02 020001					
THE TRANSPORT THE 32-0/78819	CONDUCT, PROMOTE OR				
232 NW SIXTH AVENUE	ATTAINMENT OF LAWFUL				
PORTLAND, OR 97209		OREGON			
CCC-8 NW 8TH, LLC - 93-0728816			0	0.	0. CENTRAL CITY CONCERN
232 NW SIXTH AVENUE	GENERAL PARTNER IN 8 NW 8TH				
PORTLAND, OR 97209	LIMITED PARTNERSHIP	THOUSE OF			
CCC - HOTEL ALDER, LLC - 93-0728816		ONEGON	0.	0.	0. CENTRAL CITY CONCERN
232 NW SIXTH AVENUE	GENERAL PARTNER IN HOTEL				
PORTLAND, OR 97209	ALDER LIMITED PARTNERSHIP	NO CO	,		
CENTRAL CITY HOUSING, LLC - 93-0728816		NOOTHO	0	0	0. CENTRAL CITY CONCERN
232 NW SIXTH AVENUE	ρq				
PORTLAND, OR 97209		OREGON	•	1	
			-		

0. CENTRAL CITY CONCERN 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. • Part II

(0)							
(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	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	(b)(13) ed
CENTRAL CIMY CONCERN PRINT CONCERN				501(c)(3))	•		
CLIT CONCERN DEVELOPMENT -	SUPPORT AND BENEFIT					Yes	ŝ
26-4282195, 232 NW SIXTH AVENUE, PORTLAND,	FINANCIALLY AND/OR						
OR 97209	OPERATIONALLY CENTRAL, CITY OFFICIAL			0	CENTRAL CITY		
CENTRAL CITY CONCERN FOUNDATION - 26-2841032 SUPPORT AND BENEFIT	SUPPORT AND BENEFIT		501(C)(3)	11 0	CONCERN		×
232 NW SIXTH AVENUE	FINANCIALLY AND/OR						
PORTLAND, OR 97209	OPERATIONALLY CENTRAL CTTV OPECON			O	CENTRAL CITY		
CCC EASTSIDE QALICB - 82-2972478	SUPPORT AND BENEFIT		501(C)(3)	11	CONCERN		×
232 NW SIXTH AVENUE	FINANCIALLY AND/OR						
PORTLAND, OR 97209	OPERATIONALLY CENTRAL CITY OREGON		501/01/01	U .	CENTRAL CITY		
			01(C)(3)	11	CONCERN		×

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

SEE PART VII FOR CONTINUATIONS

Schedule R (Form 990) 2022

H 232161 09-14-22

93-0728816

Schedule R (Form 990)

Part I | Continuation of Identification of Disregarded Entities

3,946,096. CENTRAL CITY CONCERN 3,051,621, CENTRAL CITY CONCERN O. CENTRAL CITY CONCERN 14,711,808, CENTRAL CITY CONCERN 1,006,397. CENTRAL CITY CONCERN 5,461,808. CENTRAL CITY CONCERN 0. CENTRAL CITY CONCERN 2,621,060. CENTRAL CITY CONCERN 7,111,210. CENTRAL CITY CONCERN 1,006,398, CENTRAL CITY CONCERN Direct controlling entity End-of-year assets -71. -19. -49. -92. -26. -26. 。 0 -46. -19. Total income Ð Legal domicile (state or foreign country) DREGON OREGON OREGON OREGON OREGON OREGON OREGON REGON OREGON OREGON GENERAL PARTNER IN EASTSIDE GENERAL PARTNER IN MIRACLES GENERAL PARTNER IN MIRACLES ARTHUR LIMITED PARTNERSHIP CENTRAL APARTMENTS LIMITED MEMBER OF CCC NE 2ND, LLC CENTRAL APARMENTS LIMITED GENERAL PARTNER IN ROSE QUARTER CONDO A LIMITED GENERAL PARTNER IN TOWN OWNER OF 110 SW ARTHUR RESIDENTIAL AFFORDABLE GENERAL PARTNER 1ST & SENERAL PARTNER STARK CENTER GREENS LIMITED DWNER AND OPERATOR OF Primary activity PARTNERSHIP PARTNERSHIP PARTNERSHIP PARTNERSHIP CAMPUS LP STREET LP HOUSING LP - 47-2954288 LLC - 93-0728816 LLC - 93-0728816 LLC - 93-0728816 LLC - 26-4402152 93-0728816 - 93-0728816 - 47-4794734 Name, address, and EIN of disregarded entity CCC NE 2ND, LLC - 93-0728816 CCC ESTATE, LLC - 93-0728816 CCC - TOWN CENTER GREENS, CCC - ADMINISTRATIVE GP, LLC CCC - ACQUISITION, LLC - EASTSIDE CAMPUS, CENTRAL CITY MCA, INC CCC - 1ST AND ARTHUR, ROSE QUARTER HOUSING 232 NW SIXTH AVENUE 232 NW SIXTH AVENUE PORTLAND, OR 97209 - STARK STREET, 232 NW SIXTH AVENUE PORTLAND, OR 97209 PORTLAND, OR 97209 PORTLAND, OR 97209 232 NW SIXTH AVENUE PORTLAND, OR 97209 232 NW SIXTH AVENUE 232 NW SIXTH AVENUE PORTLAND, OR 97209 ည္သ

Schedule R (Form 990)

Part I Continuation of Identification of Disregarded Entities

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
CCC - INTERSTATE, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN CCC - INTERSTATE APARTMENTS LP	OREGON	-35.	1,893,905.	893,905, CENTRAL CITY CONCERN
CCC-HENRY, LLC - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN C.K. HENRY BUILDING LIMITED PARTNERSHIP	OREGON	-128,	15,160,756.	CENTRAL CITY CONCERN
IVISION STREET GP, LLC - XTH AVENUE OR 97209	93-0728816 GENERAL PARTNER IN 115TH STREET HOUSING LIMITED PARTNERSHIP	OREGON	-41.	1,851,521.	CENTRAL CITY CONCERN
CCC-DIVISION STREET GP - 93-0728816 232 NW SIXTH AVENUE PORTLAND, OR 97209	GENERAL PARTNER IN DIVISION STREET HOUSING PARTNERS LIMITED PARTNERSHIP	OREGON	• 9 -	194,668.	CENTRAL CITY CONCERN
CCC-WESTWIND APARTMENTS LP - 93-0728816 232 NW 6TH AVE PORTLAND, OR 97209	GENERAL PARTNER IN WESTWIND APARTMENTS LIMITED PARTNERSHIP	OREGON	-194.	6,116,254.	CENTRAL CITY CONCERN
AANCE GROUP, LLC - 93-1999577 AT SERVICES, INC 700 BISHOP ST, 96813	GENERAL PARTNER IN WY'EAST INSURANCE GROUP, LLC	HAWAII	°o	• 0	CENTRAL CITY CONCERN

Schedule R (Form 990) 2022 CENTRAL CITY CONCERN

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. PartIII

.01% .01% Percentage ownership .01% .018 3 managing partner? Yes No General or × × × × Code V-UBI amount in box 20 of Schedule K-1 (Form 1065) N/A N/A N/A N/A ŝ Disproportionate allocations? Ξ Yes 3,051,621. 2,621,060. 7,111,210. 2,012,795, Share of end-of-year assets <u>6</u> -26. -46. -26. -38. Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> RELATED RELATED ELATED RELATED ADMINISTRATIVE Direct controlling entity CC - 1ST AND COUSING, LLC OSE QUARTER ARTHUR, LLC LC AND CCC CCC ESTATE, CC NE 2ND **©** BP, LLC LLC (c)
Legal
domicile
(state or
foreign ଞ୍ଚ g QR, OR O Primary activity LOW-INCOME LOW-INCOME LOW-INCOME LOW-INCOME 9 HOUSING HOUSING HOUSING HOUSING 232 232 PARTNERSHIP - 26-4473087, 232 ROSE QUARTER CONDO A LIMITED OR O.R OR. 97209 MIRACLES CENTRAL APARTMENTS PARTNERSHIP - 93-0728816, PARTNERSHIP - 20-4374931 NW 6TH AVENUE, PORTLAND, PORTLAND, Name, address, and EIN of related organization PORTLAND, 47-3380178, 232 NW 6TH 1ST & ARTHUR, LIMITED AVENUE, PORTLAND, OR LIMITED PARTNERSHIP THE ESTATE LIMITED NW 6TH AVENUE, NW 6TH AVENUE, 97209 97209

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. Part IV

and a second second as a second secon	mg the tan Joan:								
(a)	(q)	(၁)	(p)	(e)	(J)		(u)	3	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling Type of entity (C corp., S corp, entity or trust)	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	Percentage ownership	Section 512(b)(13) controlled entity?	€6.5°
		country)		Ol tidaty				Yes	8
ROSE QUARTER HOUSING CONDOMINIUM ASSOCIATION									
- 26-4402152, 232 NW SIXTH AVENUE, PORTLAND, MUTUAL BENEFIT	MUTUAL BENEFIT								
OR 97209	CORPORATION	OR	N/A	c CORP	-10,945.	-10,447.	1008		×
	-								
								_	
									1
	,								

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

.018 .018 018 .018 .01% Percentage ownership .01% .01% .01% 3 managing partner? Yes × × × × × × × × Code V-UBI amount in box 20 of Schedule 2 K-1 (Form 1065) N/A N/A N/A N/A N/A N/A N/A N/A \equiv ate allocations? Disproportionŝ × × × Ξ Yes 1,893,905. 3,946,096. 15,160,756. 14,711,808, 194,668 1,851,521 6,116,254 5,461,808, Share of end-of-year assets <u>6</u> -41. -194. -71. -92. -128. -35. 9 -49. Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>e</u> RELATED RELATED RELATED RELATED RELATED RELATED RELATED RELATED CC - EASTSIDE LLC MENTER GREENS, Direct controlling entity CC-DIVISION CCC-WESTWIND - HENRY, CAMPUS LLC CCC - STARK STREET, LLC INTERSTATE, STREET GP STREET GP NOISION CC TOWN CC-115 CCC SIC S LLC SIC (c)
Legal
domicile
(state or
foreign OR g 8 OR 8 S, O.R. QR, Primary activity LOW-INCOME OW-INCOME LOW-INCOME LOW-INCOME LOW-INCOME COW-INCOME LOW-INCOME LOW-INCOME HOUSING HOUSING HOUSING HOUSING HOUSING HOUSING HOUSING HOUSING PARTNERSHIP - 85-1139614, 232 PARTNERS, LIMITED PARTNERSHIP PARTNERSHIP - 81-5265240, 232 PARTNERSHIP - 47-3002763, 232 PARTNERSHIP - 81-4802767, 232 115TH STREET HOUSING LIMITED NW 6TH AVENUE, PORTLAND, OR AVENUE, PORTLAND, OR 97209 NW 6TH AVENUE, PORTLAND, OR AVENUE PORTLAND OR 97209 S. AVENUE PORTLAND OR 97209 NW 6TH AVENUE, PORTLAND, OR C.K. HENRY BUILDING LIMITED CCC - INTERSTATE APARTMENTS 93-0728816, 232 NW 6TH AVE, PORTLAND, OR 97209 CCC-WESTWIND APARTMENTS LP TOWN CENTER GREENS LIMITED 84-4020264, 232 NW 6TH NW 6TH AVENUE, PORTLAND, Name, address, and EIN of related organization EASTSIDE CAMPUS LIMITED DIVISION STREET HOUSING STARK STREET APARTMENTS 81-4842318, 232 NW 6TH 81-8281126, 232 NW 6TH LIMITED PARTNERSHIP -LIMITED PARTNERSHIP -97209 97209

Page 3

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	s with one or more rel	lated organizations listed ii	n Parts II-IV?	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c ×
d Loans or loan guarantees to or for related organization(s)				X X
				1e X
f Dividends from related organization(s)				1f X
(i)				1g X
				1h X
				;
j Lease of facilities, equipment, or other assets to related organization(s)				1j x
				40.50
k Lease of facilities, equipment, or other assets from related organization(s)				×
I Performance of services or membership or fundraising solicitations for related organization(s)	nization(s)			11 ×
m Performance of services or membership or fundraising solicitations by related organization(s)	nization(s)			-t
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	on(s)			1n x
 Sharing of paid employees with related organization(s) 				10 X
n Reimhursement paid to related organization(s) for expenses				X X
				╀
d nembursement paid by related organization(s) for expenses				# DI
r Other transfer of cash or property to related organization(s)				1r X
				1s
2 If the answer to any of the above is "Yes," see the instructions for information on w	who must complete th	is line, including covered r	ation 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	volved
(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	Æ.	42,307.	PMV	
(4) ROSE QUARTER CONDO A LIMITED PARTNERSHIP	K	62,684.	PMV	
(5) STARK STREET APARTMENTS LIMITED PARTNERSHIP	Ą	23,896.	FMV	
(A) THE ESTATE LIMITED PARTNERSHIP	ď	.080,080	FMV	
232163 09-14-22			Schedule	Schedule R (Form 990) 2022

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Schedule R (Form 990)

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	В	300,000. FMV	FMV
(9) CCC EASTSIDE QALICB	ບ	2,971,863. FMV	FMV
(10) DIVISION STREET HOUSING PARTNERS, LP		240,783. FMV	FMV
(11) EASTSIDE CAMPUS LIMITED PARTNERSHIP	ņ	44,673.	FMV
(12) CCC EASTSIDE QALICB	M	1,786,586.	FMV
(13) 1ST & ARTHUR LIMITED PARTNERSHIP	ď	133,953.	FMV
(14) STARK STREET APARTMENTS LIMITED PARTNERSHIP	Д	579,834.	FMV
(15) CCC - INTERSTATE APARTMENTS LIMITED PARTNERSHIP	P	31,706.	FMV
(16) CCC EASTSIDE QALICB	Q ,	54,800. FMV	PMV
(17) DIVISION STREET HOUSING PARTNERS, LP	Д	192,795.	PMV
(18) EASTSIDE CAMPUS LIMITED PARTNERSHIP	Д	366,590.	PMV
(19) ROSE QUARTER CONDO A LIMITED PARTNERSHIP	£ι	414,145.	FMV
(20) THE ESTATE LIMITED PARTNERSHIP	Ċ.	970,877.	PMV
(21) TOWN CENTER GREENS LIMITED PARTNERSHIP	Ъ	192,142.	PMV
(22) CCC - WESTWIND APARTMENTS LP	α	3,075,000.	FMV
(23)			
(24)			

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Schedule R (Form 990) 2022 CENTRAL CITY CONCERN

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37. Part VI Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

		,	1	ı	1	1	
(k) Percentage ownership							Property of France Cook
General or managing partner?							
Gene man: part							
(h) (i) (j) (k) Dispropor- Local V-UBI General or Percentage innations of Schedule K-1 Ves No (Form 1065) Yes No							Podo
Spor- ate ions?							
(h) Disproprionate allocation							
(g) Share of end-of-year assets							
(f) Share of total income							
(e) Are all partners sec. 501(c)(3) ler Yes No							
(d) Predominant income (related, unrelated, excluded from tax under sections 512-514) y							
(c) Legal domicile (state or foreign country)							
(b) Primary activity							
(a) Name, address, and EIN of entity							

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Part VII Supplemental Information		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
TAKE 11, IDENTIFICATION OF THE PROPERTY OF THE		
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		
TENNINGTER AND OR ODDINGTONALLY		
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:		
	44444	
NAME OF RELATED ORGANIZATION:		
THE PARTY OF THE P		
MIRACLES CENTRAL APARTMENTS LIMITED PARTNERSHIP		
DIRECT CONTROLLING ENTITY: CCC NE 2ND, LLC AND CCC - ADMINISTRATIVE GP,		
LLC		