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Form 990

## Return of Organization Exempt From Income Tax

2008

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

► The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

## A For the 2008 calendar year, or tax year beginning 07-01-2008 and ending 06-30-2009

<input type="checkbox"/> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>Please use IRS label or print or type. See Specific Instructions.</b>	<b>C Name of organization</b> Central City Concern		<b>D Employer identification number</b> 93-0728816	
		<b>Doing Business As</b>		<b>E Telephone number</b> (503) 294-1681	
		<b>Number and street (or P O box if mail is not delivered to street address)</b> 232 NW 6th Avenue		<b>Room/suite</b>	
		<b>City or town, state or country, and ZIP + 4</b> Portland, OR 97209		<b>G Gross receipts</b> \$ 39,988,218	
		<b>F Name and address of Principal Officer</b> Edward Blackburn 232 NW 6th Avenue Portland, OR 97209		<b>H(a) Is this a group return for affiliates?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>I Tax-exempt status</b> <input checked="" type="checkbox"/> 501(c) (3) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(b) Are all affiliates included?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (If "No," attach a list See instructions )			
<b>J Web site:</b> ► www.centralcityconcern.org		<b>H(c) Group Exemption Number</b> ►			
<b>K Type of organization</b> <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> trust <input type="checkbox"/> association <input type="checkbox"/> other ►		<b>L Year of Formation</b> 1979 <b>M State of legal domicile</b> OR			

## Part I Summary

1	Briefly describe the organization's mission or most significant activities  SEE SCHEDULE O The mission of Central City Concern (CCC) is to provide pathways to self-sufficiency through active intervention in poverty and homelessness. Founded in 1979, CCC has developed a continuum of social services integrating programs for health care, affordable housing and employment		
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its assets		
3	Number of voting members of the governing body (Part VI, line 1a) . . . . .		
4	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .		
5	Total number of employees (Part V, line 2a) . . . . .		
6	Total number of volunteers (estimate if necessary) . . . . .		
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C) . . .		
b	Net unrelated business taxable income from Form 990-T, line 34 . . .		
	3	14	
	4	14	
	5	683	
	6	53	
	7a	0	
	7b	0	

<b>Revenue</b>  8 Contributions and grants (Part VIII, line 1h) . . . . . 9 Program service revenue (Part VIII, line 2g) . . . . . 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . . 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<b>Prior Year</b>	
	13,774,101	
	11,330,752	
	269,309	
	335,748	
	25,374,162	
	<b>Current Year</b>	
	5,911,763	
	27,459,375	
	542,925	
	34,249,811	

<b>Expenses</b>  13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b (Total fundraising expenses, Part IX, column (D), line 25 332,973) 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f) 18 Total expenses—add lines 13-17 (must equal Part IX, line 25, column (A)) 19 Revenue less expenses Subtract line 18 from line 12	<b>Prior Year</b>	
	0	
	0	
	15,910,406	
	27,111	
	9,604,321	
	25,514,727	
	-140,565	
	27,850,693	
	6,399,118	
	<b>Beginning of Year</b>	
	36,775,806	
	19,173,157	
	17,602,649	
	43,506,000	
	19,505,453	
	24,000,547	
	<b>End of Year</b>	

<b>Net Assets or Fund Balances</b>  20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20	<b>Beginning of Year</b>	
	36,775,806	
	19,173,157	
	17,602,649	
	<b>End of Year</b>	
	43,506,000	
	19,505,453	
	24,000,547	

<b>Please Sign Here</b>  ***** Signature of officer Edward Blackburn Executive Director Type or print name and title	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	
	2010-05-17 Date	
	Preparer's signature ► Robert M Prill	
	Date	Check if self-employed ► <input type="checkbox"/>
	Preparer's PTIN (See Gen Inst )	
	Firm's name (or yours if self-employed), address, and ZIP + 4 ► Hoffman Stewart & Schmidt PC 111 SW Fifth Avenue Ste 1500 Portland, OR 972043619	
	EIN ►	
	Phone no ► (503) 220-5900	

May the IRS discuss this return with the preparer shown above? (See instructions) . . . . .  Yes  No

**Part III Statement of Program Service Accomplishments** (See the instructions.)**1** Briefly describe the organization's mission

THE MISSION OF CENTRAL CITY CONCERN (CCC) IS TO PROVIDE PATHWAYS TO SELF-SUFFICIENCY THROUGH ACTIVE INTERVENTION IN POVERTY AND HOMELESSNESS Founded in 1979, CCC has developed a continuum of affordable housing options integrated with direct social services

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?  Yes  No

If "Yes," describe these new services on Schedule O

**3** Did the organization cease conducting or make significant changes in how it conducts any program services?  Yes  No

If "Yes," describe these changes on Schedule O

**4** Describe the exempt purpose achievements for each of the organization's three largest program services by expenses  
Section 501(c)(3) and (4) organizations and 4947(a)(1) trusts 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 \$ 16,699,542 including grants of \$ ) (Revenue \$ 18,890,033 )

Central City Concern maintains healthcare and recovery services, integrated with agency housing, to meet the primary and behavioral healthcare and drug and alcohol treatment and recovery needs of low income or chronically homeless clients in the Portland Metropolitan area. The CCC Recovery Center is an outpatient drug and alcohol treatment program serving primarily homeless and low-income clients. The 12th Avenue Recovery Center provides mental health services for homeless and low-income individuals. The recovery/Mentor program matches clients in early recovery with mentors to provide practical and emotional support. The Community Engagement Program (CEP) is a comprehensive healthcare, recovery and housing program serving chronically homeless individuals. (Continued on Schedule O) Housing rapid response connects with homeless individuals who have been identified by Portland Police as frequent offenders. CCC provides housing, supportive services and alternatives to these individuals. The David P. Hooper Detoxification center provides drug and alcohol treatment services including outreach, sobering and subacute medical detoxification. The Letty Owings Center is a residential drug and alcohol treatment program for low-income, chemically dependent women who are pregnant or newly parenting. The Old Town Clinic (OTC) is a medical, surgical and psychiatric healthcare clinic for a patient base of homeless and low-income individuals. Puentes/Float is a linguistically and culturally appropriate substance abuse treatment and mental health services program for Spanish speaking families. Recuperative care program (RCP) provides transitional housing, recuperative healthcare services and daily case management for low-income and homeless individuals following hospitalization. The Benefit and Entitlement Specialist Team (BEST) provides expedited assistance with SSI/SSD and 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

**4b** (Code ) (Expenses \$ 3,104,847 including grants of \$ ) (Revenue \$ 3,835,650 )

Central City Concern Housing provides a variety of affordable housing options where persons, who otherwise might be homeless, may live comfortably, securely and safely. In fiscal 2009, we owned, leased or managed 23 buildings providing more than 1,400 units of housing throughout the Portland Metropolitan area. This housing is available to single adults and to families, is both transitional and permanent, market rate and subsidized, serves people in recovery, living with HIV/AIDS, living with mental illness, living on social security and disability incomes, and/or people gaining employment skills and/or returning to work. (Continued on Schedule O) Of the more than 1,400 units of our housing, more than 50% are alcohol and drug free community (ADFC) housing for single adults and 88 units are ADFC units for families in recovery

**4c** (Code ) (Expenses \$ 1,112,083 including grants of \$ ) (Revenue \$ 1,245,915 )

CCC Employment Access Center (EAC) is a job resource center with specialized programs to assist homeless individuals, or those at risk of becoming homeless, achieve self-sufficiency by identifying and teaching the vocational and social skills needed to find and sustain full-time employment. Along with core employment services and over a dozen on-site partners, the EAC also maintains a variety of specialized programs including the access to Building Trades & Customer Service occupations and the Homeless Veterans Reintegration Project

(Code ) (Expenses \$ 2,875,682 including grants of \$ ) (Revenue \$ 3,487,777 )

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

**4e** Total program service expenses \$ 23,792,154 Must equal Part IX, Line 25, column (B).

**Part IV Checklist of Required Schedules**

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors?

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

4 Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II

5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I

7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 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 Schedule D, Part III

9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV

10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII

13 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

14a Did the organization maintain an office, employees, or agents outside of the U.S.?
 

- b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I

15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II

16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III

17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I

18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H

21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

22 Did the organization report more than \$5,000 on 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, questions 3, 4, or 5? If "Yes," complete Schedule J

24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25
 

- b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?
- c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?
- d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?

25a Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I

25b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11	Yes	
12	Yes	
13		No
14a		No
14b		No
15		No
16		No
17	Yes	
18	Yes	
19		No
20		No
21		No
22		No
23		No
24a		No
24b		
24c		
24d		
25a		No
25b		No
26		No
27		No

**Part IV Checklist of Required Schedules (Continued)**

**28** During the tax year, did any person who is a current or former officer, director, trustee, or key employee

- a** Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV
- b** Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV
- c** Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV

**29** Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M

**30** Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M

**31** Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I

**32** Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II

**33** Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I

**34** Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1

**35** Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2

**36** 501(c)(3) organizations Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2

**37** Did the organization conduct more than 5 percent of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

	Yes	No
<b>28a</b>		No
<b>28b</b>		No
<b>28c</b>		No
<b>29</b>	Yes	
<b>30</b>		No
<b>31</b>		No
<b>32</b>		No
<b>33</b>	Yes	
<b>34</b>	Yes	
<b>35</b>	Yes	
<b>36</b>		No
<b>37</b>		No

**Part V Statements Regarding Other IRS Filings and Tax Compliance**

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096, <i>Annual Summary and Transmittal of U.S. Information Returns</i> . Enter -0- if not applicable	1a	37
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
<b>2a</b>	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return	2a	683
<b>2b</b>	If at least one is reported in 2a, did the organization file all required federal employment tax returns? <i>Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return.</i>	Yes	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Schedule O</i>	No	
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		
<b>4b</b>	If "Yes," enter the name of the foreign country _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	No
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	No
<b>5c</b>	If "Yes," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction</i> ?		
<b>6a</b>	Did the organization solicit any contributions that were not tax deductible?	6a	No
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
<b>7</b>	<i>Organizations that may receive deductible contributions under section 170(c).</i>	7a	Yes
<b>7a</b>	Did the organization provide goods or services in exchange for any quid pro quo contribution of \$75 or more?		
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	No
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		
<b>7g</b>	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h	Yes
<b>8</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</i> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8	
<b>9</b>	<i>Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.</i>	9a	
<b>9a</b>	Did the organization make any taxable distributions under section 4966?		
<b>9b</b>	Did the organization make a distribution to a donor, donor advisor, or related person?		
<b>10</b>	<i>Section 501(c)(7) organizations.</i> Enter		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12	10a	
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
<b>11</b>	<i>Section 501(c)(12) organizations.</i> Enter		
<b>11a</b>	Gross income from members or shareholders	11a	
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	11b	
<b>12a</b>	<i>Section 4947(a)(1) non-exempt charitable trusts.</i> Is the organization filing Form 990 in lieu of Form 1041?	12a	
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	

**Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)**
**Section A. Governing Body and Management**

	Yes	No
For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		
<b>1a</b> Enter the number of voting members of the governing body . . .	<b>1a</b>	14
<b>b</b> Enter the number of voting members that are independent . . .	<b>1b</b>	14
<b>2</b> Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	<b>2</b>	No
<b>3</b> Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	<b>3</b>	No
<b>4</b> Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? . . . . .	<b>4</b>	No
<b>5</b> Did the organization become aware during the year of a material diversion of the organization's assets? . . . . .	<b>5</b>	No
<b>6</b> Does the organization have members or stockholders? . . . . .	<b>6</b>	No
<b>7a</b> Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? . . . . .	<b>7a</b>	No
<b>b</b> Are any decisions of the governing body subject to approval by members, stockholders, or other persons? . . . . .	<b>7b</b>	No
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
<b>a</b> the governing body? . . . . .	<b>8a</b>	Yes
<b>b</b> each committee with authority to act on behalf of the governing body? . . . . .	<b>8b</b>	Yes
<b>9a</b> Does the organization have local chapters, branches, or affiliates? . . . . .	<b>9a</b>	No
<b>b</b> If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? . . . . .	<b>9b</b>	
<b>10</b> Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990 . . . . .	<b>10</b>	Yes
<b>11</b> Is there any officer, director or 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 in Schedule O . . . . .	<b>11</b>	No

**Section B. Policies**

	Yes	No
<b>12a</b> Does the organization have a written conflict of interest policy? If "No", go to line 13 . . . . .	<b>12a</b>	Yes
<b>b</b> Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	<b>12b</b>	Yes
<b>c</b> Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done . . . . .	<b>12c</b>	Yes
<b>13</b> Does the organization have a written whistleblower policy? . . . . .	<b>13</b>	Yes
<b>14</b> Does the organization have a written document retention and destruction policy? . . . . .	<b>14</b>	Yes
<b>15</b> Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
<b>a</b> The organization's CEO, Executive Director, or top management official? . . . . .	<b>15a</b>	Yes
<b>b</b> Other officers or key employees of the organization? . . . . .	<b>15b</b>	Yes
Describe the process in Schedule O		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	<b>16a</b>	Yes
<b>b</b> If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	<b>16b</b>	Yes

**Section C. Disclosure**

**17** List the States with which a copy of this Form 990 is required to be filed OR \_\_\_\_\_

**18** Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply  
 own website  another's website  upon request

**19** Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table

**20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization  
 David Altman CFO  
 232 NW 6th Avenue  
 Portland, OR 97209  
 (503) 294-1681

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

**1a** Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

\* List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid

\* List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations

\* List all of the organization's **former** officers, key employees, or 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

List persons in the following order: individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if the organization did not compensate any officer, director, trustee or key employee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)					(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key Employee	Highest compensated			

**Part VII** **Continued**

<b>(A)</b> Name and Title	<b>(B)</b> Average hours per week	<b>(C)</b> Position (check all that apply)					<b>(D)</b> Reportable compensation from the organization (W- 2/1099MISC)	<b>(E)</b> Reportable compensation from related organizations (W- 2/1099-MISC)	<b>(F)</b> Estimated amount of other compensation from the organization and related organizations
		Individual Trustee or Director	Institutional Trustee	Officer	Key employee	Highest compensated employee			
<b>1b Total</b> . . . . .							333,196	0	49,560

**2** Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization **3**

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

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

<b>(A)</b> Name and business address	<b>(B)</b> Description of services	<b>(C)</b> Compensation
<b>2</b> Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation from the organization . . . . .		0

Part  
VIII

## Statement of Revenue

		(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
Contributions, gifts, grants and other similar amounts	<b>1a</b> Federated campaigns . . . <b>1a</b>				
	<b>b</b> Membership dues . . . . <b>1b</b>				
	<b>c</b> Fundraising events . . . . <b>1c</b>				
	<b>d</b> Related organizations . . . <b>1d</b>				
	<b>e</b> Government grants (contributions) <b>1e</b>	4,423,628			
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above <b>1f</b>	1,488,135			
	<b>g</b> Noncash contributions included in lines 1a-1f \$ <b>52,683</b>				
	<b>h</b> <b>Total (Add lines 1a-1f)</b> . . . . . <b>►</b>	5,911,763			
Program Service Revenue	<b>2a</b> Health and chemical de <b>Business Code</b> 624,100	18,890,033	18,890,033		
	<b>b</b> Low Income Housing Pro 624,200	3,835,650	3,835,650		
	<b>c</b> Business Services and 900,099	3,487,777	3,487,777		
	<b>d</b> Employment Access Cent 624,310	1,245,915	1,245,915		
	<b>e</b>				
	<b>f</b> All other program service revenue				
	<b>g</b> <b>Total. Add lines 2a-2f</b> . . . . . <b>► \$ 27,459,375</b>				
	<b>3</b> Investment income (including dividends, interest other similar amounts) . . . . . <b>►</b>	195,845			195,845
<b>4</b> Income from investment of tax-exempt bond proceeds . <b>►</b>					
<b>5</b> Royalties . . . . .					
	(i) Real	(ii) Personal			
<b>6a</b> Gross Rents					
<b>b</b> Less rental expenses					
<b>c</b> Rental income or (loss)					
<b>d</b> Net rental income or (loss) . . . . . <b>►</b>					
<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other 6,050,185			
<b>b</b> Less cost or other basis and sales expenses		5,703,105			
<b>c</b> Gain or (loss)		347,080			
<b>d</b> Net gain or (loss) . . . . . <b>►</b>				347,080	
<b>8a</b> Gross income from fundraising events (not including \$ <u>371,050</u> of contributions reported on line 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000 . . . . . <b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>	35,302				
<b>c</b> Net income or (loss) from fundraising events . . . <b>►</b>		335,748			335,748
<b>9a</b> Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000					
<b>a</b>					
<b>b</b> Less direct expenses . . . <b>b</b>					
<b>c</b> Net income or (loss) from gaming activities ►					
<b>10a</b> Gross sales of inventory, less returns and allowances . <b>a</b>					
<b>b</b> Less cost of goods sold . . <b>b</b>					
<b>c</b> Net income or (loss) from sales of inventory . . <b>►</b>					
Miscellaneous Revenue	<b>Business Code</b>				
<b>11a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b> All other revenue _____					
<b>e</b> <b>Total. Add lines 11a-11d</b> . . . . . <b>► \$</b>					
<b>12</b> <b>Total Revenue.</b> Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e . . . . . <b>►</b>	34,249,811	27,459,375	0	878,673	

**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) but are not required to complete columns (B), (C), and (D).**

<b>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</b>	<b>(A) Total expenses</b>	<b>(B) Program service expenses</b>	<b>(C) Management and general expenses</b>	<b>(D) Fundraising expenses</b>
<b>1</b> Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
<b>2</b> Grants and other assistance to individuals in the U S See Part IV, line 22				
<b>3</b> Grants and other assistance to governments, organizations and individuals outside the U S See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .	316,757		316,757	
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages	14,823,489	12,561,555		199,818
<b>8</b> Pension plan contributions (include section 401(k) and section 403(b) employer contributions) . . . . .	507,219	439,818	59,626	7,775
<b>9</b> Other employee benefits . . . . .	1,880,975	1,569,132	284,154	27,689
<b>10</b> Payroll taxes . . . . .	1,587,259	1,315,118	248,894	23,247
<b>11</b> Fees for services (non-employees)				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .	18,248	10,997	7,251	
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising See Part IV, line 17 . . .	27,111			27,111
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .	173,067	142,505	24,779	5,783
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .	725,044	646,030	79,014	
<b>17</b> Travel . . . . .	155,588	141,814	12,977	797
<b>18</b> Payments of travel or entertainment expenses for any Federal, state or local public officials . . . . .				
<b>19</b> Conferences, conventions and meetings . . . . .				
<b>20</b> Interest . . . . .	404,844	353,768	51,076	
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .	852,652	800,364	52,288	
<b>23</b> Insurance . . . . .	202,590	177,339	24,503	748
<b>24</b> Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below )				
<b>a</b> Contract services	1,380,238	1,094,581	272,901	12,756
<b>b</b> Program expenses	1,142,724	1,136,097	6,377	250
<b>c</b> Medical services and su	984,590	984,095		495
<b>d</b> Utilities	800,400	784,085		16,315
<b>e</b> Repairs and maintenance	796,597	722,305		69,369
<b>f</b> All other expenses	1,071,301	912,551		4,923
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24f	27,850,693	23,792,154	3,725,566	332,973
<b>26</b> <b>Joint Costs.</b> Check <input type="checkbox"/> if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

**Part X Balance Sheet**

		<b>(A)</b> Beginning of year	<b>(B)</b> End of year
<b>Assets</b>			
1	Cash—non-interest-bearing . . . . .	1	
2	Savings and temporary cash investments . . . . .	4,627,549	2
3	Pledges and grants receivable, net . . . . .	3	
4	Accounts receivable, net . . . . .	2,973,977	4
5	Receivables from current and former officers, directors, trustees, key employees or other related parties <i>Complete Part II of Schedule L</i> . . . . .	5	
6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) <i>Complete Part II of Schedule L</i> . . . . .	6	
7	Notes and loans receivable, net . . . . .	7	6,839,142
8	Inventories for sale or use . . . . .	8	
9	Prepaid expenses and deferred charges . . . . .	152,682	9
10a	Land, buildings, and equipment cost basis . . . . .	10a	22,612,792
b	Less accumulated depreciation <i>Complete Part VI of Schedule D</i> . . . . .	10b	6,740,968
10a		20,482,508	10c
			15,871,824
11	Investments—publicly traded securities . . . . .	11	
12	Investments—other securities See Part IV, line 11 <i>Complete Part VII of Schedule D</i> . . . . .	3,530,461	12
13	Investments—program-related See Part IV, line 11 <i>Complete Part VIII of Schedule D</i> . . . . .	13	
14	Intangible assets . . . . .	14	
15	Other assets See Part IV, line 11 <i>Complete Part IX of Schedule D</i> . . . . .	5,008,629	15
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	36,775,806	16
17	Accounts payable and accrued expenses . . . . .	2,568,476	17
18	Grants payable . . . . .	18	
19	Deferred revenue . . . . .	931,083	19
20	Tax-exempt bond liabilities . . . . .	20	
21	Escrow account liability <i>Complete Part IV of Schedule D</i> . . . . .	21	
22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons <i>Complete Part II of Schedule L</i> . . . . .	22	
23	Secured mortgages and notes payable to unrelated third parties . . . . .	13,633,594	23
24	Unsecured notes and loans payable . . . . .	24	
25	Other liabilities <i>Complete Part X of Schedule D</i> . . . . .	2,040,004	25
26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	19,173,157	26
	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>		
27	Unrestricted net assets . . . . .	12,620,535	27
28	Temporarily restricted net assets . . . . .	4,982,114	28
29	Permanently restricted net assets . . . . .	29	
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.</b>		
30	Capital stock or trust principal, or current funds . . . . .	30	
31	Paid-in or capital surplus, or land, building or equipment fund . . . . .	31	
32	Retained earnings, endowment, accumulated income, or other funds . . . . .	32	
33	Total net assets or fund balances . . . . .	17,602,649	33
34	Total liabilities and net assets/fund balances . . . . .	34	43,506,000
<b>Net Assets or Fund Balances</b>			

**Part XI Financial Statements and Reporting**

		<b>Yes</b>	<b>No</b>
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> cash <input checked="" type="checkbox"/> accrual <input type="checkbox"/> other		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .	2a	No
b	Were the organization's financial statements audited by an independent accountant? . . . . .	2b	Yes
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? . . . . .	2c	Yes
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .	3a	Yes
b	If "Yes," did the organization undergo the required audit or audits? . . . . .	3b	Yes

**SCHEDULE A**  
(Form 990 or 990EZ)**Public Charity Status and Public Support****2008**Department of the Treasury  
Internal Revenue Service**To be completed by all section 501(c)(3) organizations and section 4947(a)(1)  
nonexempt charitable trusts.****Attach to Form 990 or Form 990-EZ. See separate instructions.****Open to Public  
Inspection****Name of the organization**  
Central City Concern**Employer identification number**

93-0728816

**Part I Reason for Public Charity Status** (to be completed by all organizations) (See Instructions)

The organization is not a private foundation because it is (Please check only one organization)

1  A church, convention of churches, or association of churches described in **Section 170(b)(1)(A)(i)**.

2  A school described in **Section 170(b)(1)(A)(ii)**. (Attach Schedule E )

3  A hospital or a cooperative hospital service organization described in **Section 170(b)(1)(A)(iii)**. (Attach Schedule H )

4  A medical research organization operated in conjunction with a hospital described in **Section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state

5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **Section 170(b)(1)(A)(iv)**. (Complete Part II )

6  A federal, state, or local government or governmental unit described in **Section 170(b)(1)(A)(v)**.

7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

8  A community trust described in **Section 170(b)(1)(A)(vi)** (Complete Part II )

9  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **Section 509(a)(2)**. (Complete Part III )

10  An organization organized and operated exclusively to test for public safety See **Section 509(a)(4)**. (See instructions )

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 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See **Section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h

e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f  If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box

g  Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

(i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?

(ii) a family member of a person described in (i) above?

(iii) a 35% controlled entity of a person described in (i) or (ii) above?

h  Provide the following information about the organizations the organization supports

	<b>Yes</b>	<b>No</b>
<b>11g(i)</b>		
<b>11g(ii)</b>		
<b>11g(iii)</b>		

<b>(i) Name of Supported Organization</b>	<b>(ii) EIN</b>	<b>(iii) Type of organization (described on lines 1- 9 above or IRC section (See Instructions))</b>	<b>(iv) Is the organization in col (i) listed in your governing document?</b>		<b>(v) Did you notify the organization in col (i) of your support?</b>		<b>(vi) Is the organization in col (i) organized in the U S ?</b>		<b>(vii) Amount of support?</b>
			<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	<b>Yes</b>	<b>No</b>	
<b>Total</b>									

**Part II Support Schedule for Organizations Described in IRC 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.)
**Public Support**

<b>Calendar year</b> (or fiscal year beginning in)	<b>(a) 2004</b>	<b>(b) 2005</b>	<b>(c) 2006</b>	<b>(d) 2007</b>	<b>(e) 2008</b>	<b>(f) Total</b>
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	9,644,056	10,950,567	11,927,563	13,774,101	5,911,763	52,208,050
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add line 1-3	9,644,056	10,950,567	11,927,563	13,774,101	5,911,763	52,208,050
<b>5</b> The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)						
<b>6 Public Support</b> subtract line 5 from line 4						52,208,050

**Total Support**

<b>Calendar year</b> (or fiscal year beginning in)	<b>(a) 2004</b>	<b>(b) 2005</b>	<b>(c) 2006</b>	<b>(d) 2007</b>	<b>(e) 2008</b>	<b>(f) Total</b>
<b>7</b> Amounts from line 4	9,644,056	117,566	11,927,563	13,774,101	5,911,763	52,208,050
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	97,244	117,566	238,988	233,567	195,845	883,210
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on					347,080	347,080
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV )						
<b>11 Total Support</b> (Add lines 7 through 10)						53,438,340
<b>12</b> Gross receipts from related activities, etc (See instructions )					<b>12</b>	59,274,243

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

**Computation of Public Support Percentage**

<b>14</b> Public Support Percentage for 2008 (line 6 column (f) divided by line 11 column (f))	<b>14</b>	<b>97.700 %</b>
<b>15</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 26f	<b>15</b>	<b>98.700 %</b>
<b>16a</b> <b>33 1/3% Test - 2008.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>b</b> <b>33 1/3% Test - 2007.</b> If the organization did not check the box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization		
<b>17a</b> <b>10% Facts and Circumstances Test - 2008.</b> If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>b</b> <b>10% Facts and Circumstances Test - 2007.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		
<b>18</b> <b>Private Foundation.</b> If the organization did not check the box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		

**Part III Support Schedule for Organizations Described in IRC 509(a)(2)**  
 (Complete only if you checked the box on line 9 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total</b> Add lines 1-5						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						
<b>c</b> Total of lines 7a and 7b						
<b>8 Public Support</b> (Subtract line 7c from line 6)						

**Total Support**

Calendar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
<b>9</b> Amounts from line 6						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after 30 June, 1975						
<b>c</b> Add lines 10a and 10b						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
<b>13 Total Support</b> (Add lines 9, 10c, 11 and 12)						
<b>14 First Five Years</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b>						►

**Computation of Public Support Percentage**

<b>15</b> Public Support Percentage for 2008 (line 8 column (f) divided by line 13 column (f))	<b>15</b>
<b>16</b> Public Support Percentage for 2007 Schedule A, Part IV-A, line 27g	<b>16</b>

**Computation of Investment Income Percentage**

<b>17</b> Investment Income Percentage for 2008 (line 10c column (f) divided by line 13 column (f))	<b>17</b>
<b>18</b> Investment Income Percentage from 2007 Schedule A, Part IV-A, line 27h	<b>18</b>
<b>19a</b> <b>33 1/3% Tests - 2008.</b> If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>b</b> <b>33 1/3% Tests - 2007.</b> If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization	►
<b>20</b> <b>Private Foundation</b> If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions	►

**Part IV** **Supplemental Information.** Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide any other additional information. (see instructions)

**Facts and Circumstances Test**

**SCHEDULE D**

(Form 990)

OMB No 1545-0047

**Supplemental Financial Statements****2008****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service► Attach to Form 990. To be completed by organizations that  
answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.**Name of the organization**

Central City Concern

**Employer identification number**

93-0728816

**Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate Contributions to (during year)		
3 Aggregate Grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

1 Purpose(s) of conservation easements held by the organization (check all that apply)

Preservation of land for public use (e.g., recreation or pleasure)  Preservation of an historically important land area

Protection of natural habitat  Preservation of certified historic structure

Preservation of open space

2 Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the Year
2a	
2b	
2c	
2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ►

4 Number of states where property subject to conservation easement is located ►

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

 Yes  No

6 Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year ►

7 Amount of expenses incurred in monitoring, inspecting, and enforcing 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 170(h)(4)(B)(ii)?

 Yes  No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

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

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1 ► \$

(ii) Assets included in Form 990, Part X ► \$

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

a Revenues included in Form 990, Part VIII, line 1 ► \$

b Assets included in Form 990, Part X ► \$

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

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a  Public exhibition      d  Loan or exchange programs  
 b  Scholarly research      e  Other  
 c  Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?  Yes  No

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?  Yes  No

b If "Yes," explain why in Part XIV and complete the following table

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21?  Yes  No

b If "Yes," explain the arrangement in Part XIV

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

	(a) Current Year	(b) Prior Year	(c) Two Years Back	(d) Three Years Back	(e) Four Years Back
1a Beginning of year balance . . . . .					
1b Contributions . . . . .					
1c Investment earnings or losses . . . . .					
1d Grants or scholarships . . . . .					
1e Other expenditures for facilities and programs . . . . .					
1f Administrative expenses . . . . .					
1g End of year balance . . . . .					

## 2 Provide the estimated percentage of the year end balance held as

a Board designated or quasi-endowment ►

b Permanent endowment ►

c Term endowment ►

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by

	Yes	No
3a(i) unrelated organizations . . . . .		
3a(ii) related organizations . . . . .		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? . . . . .

4 Describe in Part XIV the intended uses of the organization's endowment funds

**Part VI Investments—Land, Buildings, and Equipment.** See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land . . . . .	3,114,520			3,114,520
1b Buildings . . . . .	16,168,441	3,968,637		12,199,804
1c Leasehold improvements . . . . .	1,107,701	1,084,951		22,750
1d Equipment . . . . .	2,222,130	1,687,380		534,750
1e Other . . . . .				
<b>Total.</b> Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).) . . . . . ►				15,871,824

**Part VII Investments—Other Securities.** 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
Financial derivatives and other financial products		
Closely-held equity interests		
Other Investment in Limited Partnerships	3,470,912	C
Other Due from Foundation	252,143	F
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 12.) ►	<b>3,723,055</b>	

**Part VIII Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 13.) ►		

**Part IX Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Due from managed properties	460,857
Loan fees	38,020
Notes receivable from limited partnerships	6,285,524
Predevelopment costs	2,081
Assets limited as to use	830,786
Other receivables	697,882
<b>Total.</b> (Column (b) should equal Form 990, Part X, col.(B) line 15.) . . . . . ►	<b>8,315,150</b>

**Part X Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of Liability	(b) Amount
Federal Income Taxes	
Accrued interest	1,837,595
Capital lease obligations	54,037
Other advances	356,327
Line of credit	255,414
<b>Total.</b> (Column (b) should equal Form 990, Part X, col (B) line 25.) ►	<b>2,503,373</b>

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

**Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements**

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	34,249,811
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	27,850,693
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	6,399,118
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	-1,220
9	Total adjustments (net) Add lines 4 - 8	9	-1,220
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,397,898

**Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return**

1	Total revenue, gains, and other support per audited financial statements	1	33,649,687
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	63,776
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	34,082
e	Add lines 2a through 2d	2e	97,858
3	Subtract line 2e from line 1	3	33,551,829
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 XIV)	4b	697,982
c	Add lines 4a and 4b	4c	697,982
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12 )	5	34,249,811

**Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

1	Total expenses and losses per audited financial statements	1	27,951,324
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	63,776
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	36,855
e	Add lines 2a through 2d	2e	100,631
3	Subtract line 2e from line 1	3	27,850,693
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	
c	Add lines 4a and 4b	4c	0
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18 )	5	27,850,693

**Part XIV Supplemental Information**

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part XIV, lines 1b and 2b, Part V, line 4, Part X, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b

Identifier	Return Reference	Explanation
Part XI, Line 8 - Other Adjustments		Equity in losses of limited partnership -1220
Part XII, Line 2d - Other Adjustments		Special event expenses 35302 Equity in losses of limited partnerships -1220
Part XII, Line 4b - Other Adjustments		Revenue recognized from consolidated entities 697982
Part XIII, Line 2d - Other Adjustments		Special event expenses 35302 Expenses of consolidated entities for financial stmt purposes 1553

2008

Open to Public  
InspectionSCHEDULE G  
(Form 990 or 990-EZ)Supplemental Information Regarding  
Fundraising or Gaming ActivitiesDepartment of the Treasury  
Internal Revenue Service

► Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a.

Name of the organization  
Central City Concern

Employer identification number

93-0728816

**Part I Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply

a <input checked="" type="checkbox"/> Mail solicitations	e <input checked="" type="checkbox"/> Solicitation of non-government grants
b <input type="checkbox"/> Email solicitations	f <input checked="" type="checkbox"/> Solicitation of government grants
c <input checked="" type="checkbox"/> Phone solicitations	g <input checked="" type="checkbox"/> Special fundraising events
d <input checked="" type="checkbox"/> In-person solicitations	

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising activities?

 Yes  No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table

(i) Name 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			
Samantha Swaim Fundraising LLC	Consultant		No	0	27,111	0
<b>Total</b>						

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

OR

**Part II Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

	(a) Event #1 <u>Letty Owings Center Auction</u> (event type)	(b) Event #2 <u>Richard Harris Luncheon</u> (event type)	(c) Other Events (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts . . . . .	39,226	331,824	371,050
	2 Less Charitable contributions . . . . .			
	3 Gross revenue (line 1 minus line 2) . . . . .	39,226	331,824	371,050
Direct Expenses	4 Cash Prizes . . . . .			
	5 Non-cash Prizes . . . . .			
	6 Rent/Facility costs . . . . .			
	7 Other direct expenses . . . . .	9,800	25,502	35,302
	8 Direct expense summary Add lines 4 through 7 in column (d) . . . . . ►			35,302
	9 Net income summary Combine lines 3 and 8 in column (d) . . . . . ►			335,748

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

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

9 Enter the state(s) in which the organization operates gaming activities . . . . .	Yes	No
a Is the organization licensed to operate gaming activities in each of these states? . . . . .	9a	
b If "No," Explain _____		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? . . . . .	10a	
b If "Yes," Explain _____		
11 Does the organization operate gaming activities with nonmembers? . . . . .	11	
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . . . .	12	

	<b>Yes</b>	<b>No</b>
<b>13</b> Indicate the percentage of gaming activity operated in	<b>13a</b>	<b>13b</b>
<b>a</b> The organization's facility . . . . .	. . . . .	. . . . .
<b>b</b> An outside facility . . . . .	. . . . .	. . . . .
<b>14</b> Provide the name and address of the person who prepares the organization's gaming/special events books and records		
Name ►		
Address ►		
<b>15a</b> Does the organization have a contract with a third party from whom the organization receives gaming revenue? . . . . .	<b>15a</b>	. . . . .
<b>b</b> If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____		
<b>c</b> If "Yes," enter name and address		
Name ►		
Address ►		
<b>16</b> Gaming manager information		
Name ►		
Gaming manager compensation ► \$ _____		
Description of services provided ►		
<input type="checkbox"/> Director/officer	<input type="checkbox"/> Employee	<input type="checkbox"/> Independent contractor
<b>17</b> Mandatory distributions		
<b>a</b> Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? . . . . .	<b>17a</b>	. . . . .
<b>b</b> Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____	. . . . .	. . . . .

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

## Non-Cash Contributions

OMB No 1545-0047

To be completed by organizations that answered  
"Yes" on Form 990, Part IV, lines 29 or 30.  
Attach to Form 990

2008

Open to Public  
InspectionName of the organization  
Central City Concern

Employer identification number

93-0728816

## Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .	X		635	Estimated fair value
5 Clothing and household goods . . . . .	X		31,400	Estimated fair value
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .				
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution (historic structures) . . . . .				
14 Qualified conservation contribution (other) . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	8	4,833	Estimated fair value
20 Drugs and medical supplies . . . . .	X	4	1,975	Estimated fair value
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other (describe <u>Other misc</u> )	X	66	13,840	Estimated fair value
26 Other (describe _____)				
27 Other (describe _____)				
28 Other (describe _____)				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee			29	

Acknowledgement . . . . .

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

**Part II** **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

**SCHEDULE O**  
(Form 990)**Supplemental Information to Form 990****2008****Open to Public  
Inspection**Department of the Treasury  
Internal Revenue Service**► Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.****Name of the organization**

Central City Concern

**Employer identification number**

93-0728816

Identifier	Return Reference	Explanation
Form 990, Part III, line 2	New Program Services	During 2009, CCC assumed the operations of the 12th Avenue Recovery Center, an outpatient mental health services clinic for homeless and low-income individuals that was previously operated by another nonprofit organization

Identifier	Return Reference	Explanation
Form 990, Part III, line 4d	Other Program Services	When faced with the realities of decreasing funding for services, coupled with a shortage of employment opportunities for individuals with little or no skills, CCC conceived of business enterprises as one answer to both challenges. As of fiscal 2009, business enterprises consisted of Central City Painting - an interior and exterior painting service Central City Janitorial - a janitorial service for office and apartment buildings Clean and safe - a public sanitation and safety service in the downtown core Central City Maintenance - a property maintenance service. These businesses offer employment opportunities to people living on no, or very low incomes. All have multiple barriers to employment such as homelessness, chemical dependency, and long-term welfare dependency. These enterprises provide on-the-job training that increases job skills and employability, leading to better-than-minimum wage incomes and helping people move from dependency to self-sufficiency. CCC also operates the Community Volunteer Corps, bringing meaningful community service projects to people in CCC's housing programs who need work skills and mentoring before seeking employment. Expenses \$ 2875682 including grants of \$ 0 Revenue \$ 3487777

Identifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		Form 990 is reviewed and approved by the audit committee of the organization prior to filing. A copy of the 990 is included in the information packet to the board of directors

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 12c		A conflict of interest questionnaire and statement is completed/signed annually by all board members. All employees are trained on the Conflict of Interest Policy at New Employee Orientation and sign acknowledgement forms. Employees are required to annually review the policy and re-sign. Any potential conflicts are reviewed by the Director of Risk Management and depending on the conflict it is brought to the appropriate committee for review. Those committees could either be Executive Team, Audit Committee, Board or Finance Committee

Identifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		CCC has formed a compensation committee. The Compensation Committee performed the annual review of the Executive Director compensation that was reviewed and approved by the Chair and Vice-Chair of the Board of Directors. Compensation for key employees is established by the Executive Director on an annual basis. The most recent compensation package for key employees was determined by reference to a compensation benchmarking study for comparable organizations

Identifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 19		A complete copy of the Organization's Form 990 can be obtained from CCC's website. Other governing documents, such as form 1023 and 1024 are available from the organization upon request

Identifier	Return Reference	Explanation
Form 990, Part XI, 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

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## **SCHEDULE R** **(Form 990)**

## Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2008

## Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

► **Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.**  
► See separate instructions.

► See separate instructions.

**Name of the organization**

## Central City Concern

**Employer identification number**

93-0728816

## Part I 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
See Additional Data Table					

## **Part II Identification of Related Tax-Exempt Organizations**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
Central City Concern Development  232 NW Sixth Avenue Portland, OR97209 26-4282195	Support and benefit, financially and/or operationally Central City Concern	OR	Pending	11	N/A
Central City Concern Foundation  232 NW Sixth Avenue Portland, OR97209 26-2841032	Support and benefit, financially and/or operationally Central City Concern	OR	509(a)(3)	11	N/A

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

**Part IV Identification of Related Organizations Taxable as a Corporation or Trust**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
Rose Quarter Housing Condominium Association 232 NW Sixth Avenue Portland, OR97209 26-4402152	Mutual Benefit Corporation	OR	N/A	C			100 000 %

**Part V Transactions with Related Organizations****Note.** Complete line 1 if any entity is listed in Parts II, III or IV

	Yes	No
1a	Yes	
1b	Yes	
1c		No
1d	Yes	
1e		No
1f	Yes	
1g		No
1h		No
1i		No
1j	Yes	
1k		No
1l		No
1m		No
1n		No
1o		No
1p	Yes	
1q		No
1r		No

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

- a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to other organization(s)
- c Gift, grant, or capital contribution from other organization(s)
- d Loans or loan guarantees to or for other organization(s)
- e Loans or loan guarantees by other organization(s)
- f Sale of assets to other organization(s)
- g Purchase of assets from other organization(s)
- h Exchange of assets
- i Lease of facilities, equipment, or other assets to other organization(s)
- j Lease of facilities, equipment, or other assets from other organization(s)
- k Performance of services or membership or fundraising solicitations for other organization(s)
- l Performance of services or membership or fundraising solicitations by other organization(s)
- m Sharing of facilities, equipment, mailing lists, or other assets
- n Sharing of paid employees
- o Reimbursement paid to other organization for expenses
- p Reimbursement paid by other organization for expenses
- q Other transfer of cash or property to other organization(s)
- r Other transfer of cash or property from other organization(s)

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

(A) Name of other organization(s)	(B) Transaction type(a-r)	(C) Amount Involved
(1)  See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

## Part VI Unrelated Organizations Taxable as a Partnership

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.

**Software ID:**  
**Software Version:**  
**EIN:** 93-0728816  
**Name:** Central City Concern

**Form 990, Schedule R, Part I - 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
Central City Investor Inc 232 NW Sixth Avenue Portland, OR 97209 93-0728816	Conduct, promote or attainment of lawful business	OR	0	1,000	N/A
8 NW 8 LLC 232 NW Sixth Avenue Portland, OR 97209 93-0728816	General Partner in 8 NW 8th Limited Partnership	OR	-44	1,128,554	N/A
Hotel Alder LLC 232 NW Sixth Avenue Portland, OR 97209 93-0728816	General Partner in Hotel Alder Limited Partnership	OR	-26	177,458	N/A
Central City Housing LLC 232 NW Sixth Avenue Portland, OR 97209 93-0728816	Engage in real estate ownership and related activities	OR	20,241	848,042	N/A
CCC Estate LLC 232 NW Sixth Avenue Portland, OR 97209 93-0728816	Owner and operator of residential affordable housing	OR	-55	1,184,316	N/A
Rose Quarter Condo B LLC 232 NW Sixth Avenue Portland, OR 97209 26-4402110	Owner and operator of residential and commercial space	OR	0	0	Central City Concern Development
Rose Quarter Housing LLC 232 NW Sixth Avenue Portland, OR 97209 26-4402152	General Partner in Rose Quarter Condo A Limited Partnership	OR	0	0	N/A

**Form 990, Schedule R, Part III - Identification of Related Organizations Taxable as a Partnership**

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal Domicile (State or Foreign Country)	(D) Direct Controlling Entity	(E) Predominant income(related, investment, unrelated)	(F) Share of total income (\$)	(G) Share of end-of-year assets (\$)	(H) Disproportionate allocations?		(I) Code V-UBI amount on Box 20 of Schedule K-1 (Form 1065) (\$)	(J) General or Managing Partner?
							Yes	No		
Biltmore Associates LP 232 NW 6th Avenue Portland, OR 97209 45-0489074	Low-income housing	OR	Central City Housing LLC	Related	20,241	848,042		No		Yes
Chez Ami Limited Partnership 232 NW 6th Avenue Portland, OR 97209 93-1312217	Low-income housing	OR	N/A	Related	19,727	342,532		No		Yes
Estate Building Limited Partnership 232 NW 6th Avenue Portland, OR 97209 20-4374931	Low-income housing	OR	CCC Estate LLC	Related	-55	1,184,316		No		Yes
Hotel Alder LP 232 NW 6th Avenue Portland, OR 97209 93-0728816	Low-income housing	OR	Hotel Alder LLC	Related	-26	177,458		No		Yes
Rothchild Building LP 232 NW 6th Avenue Portland, OR 97209 93-1117363	Low-income housing	OR	N/A	Related	-171,247	715,552		No		Yes
Shoreline Building LP 232 NW 6th Avenue Portland, OR 97209 93-1098444	Low-income housing	OR	N/A	Related	3,416	212,823		No		Yes
8 NW 8th Limited Partnership 232 NW 6th Avenue Portland, OR 97209 65-1163344	Low-income housing	OR	8 NW 8 LLC	Related	-44	1,128,554		No		Yes
Rose Quarter Condo A Limited Partnership 232 NW 6th Avenue Portland, OR 97209 26-4473087	Low-income housing	OR	Rose Quarter Housing LLC	Related				No		Yes

**Form 990, Schedule R, Part V - Transactions with Related Organizations**

	(A) Name of other organization	(B) Transaction type(a-r)	(C) Amount Involved (\$)
(1)	Biltmore Associates LP	A	3,000
(2)	Estate Building Limited Partnership	A	56,808
(3)	Rose Quarter Condo A Limited Partnership	A	9,542
(4)	Rose Quarter Condo A Limited Partnership	B	709
(5)	Rose Quarter Condo A Limited Partnership	D	5,068,395
(6)	Rose Quarter Condo A Limited Partnership	F	3,735,416
(7)	8 NW 8th Limited Partnership	J	124,349
(8)	Estate Building Limited Partnership	J	47,892
(9)	8 NW 8th Limited Partnership	P	437,389
(10)	Hotel Alder LP	P	172,946
(11)	Biltmore Associates LP	P	174,952
(12)	estate Building Limited Partnership	P	336,668
(13)	Estate Building Limited Partnership	B	72,339
(14)	Rose Quarter Condo B LLC	F	2,539,964