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Part III Statement of Program Service Accomplishments

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 501(c)(4) organizations and section 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 \$ 17,711,062 including grants of \$ ) (Revenue \$ 21,136,071 )
	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 homelss 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 appropraite substance abuse treatment and mental health services program for Spanish speaking familites 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 \$ 3,818,997 including grants of \$ ) (Revenue \$ 4,170,235 )
	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 2010, we owned, leased or managed 23 buildings providing more than 1,500 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 rerturing to work (Continued on Schedule O) Of the more than 1,500 units of our housing, more than 60% are alcohol and drug free community (ADFC) housing for single adults and 88 units are ADFC units for families in recovery
4c	(Code ) (Expenses \$ 1,255,083 including grants of \$ ) (Revenue \$ 1,377,931 )
	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
4d	Other program services (Describe in Schedule O ) See also Additional Data for Description
	(Expenses \$ 2,971,052 including grants of \$ ) (Revenue \$ 3,749,827 )
4e	Total program service expenses➤\$ 25,756,194

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	Yes
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Yes
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	No
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4	No
5	<b>Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.</b> Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	
6	Did the organization maintain any donor advised funds or any similar funds or 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	6	No
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	7	No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
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	9	No
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	No
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.	11	Yes
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.		
	• Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.		
	• Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.		
	• 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.		
	• Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.		
	• 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? If "Yes," complete Schedule D, Part X.		
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	No
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?	Yes	No
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional	12A	Yes
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b	No
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 U S ? If "Yes," complete Schedule F, Part II	15	No
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 U S ? If "Yes," complete Schedule F, Part III	16	No
17	Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17	Yes
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes
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	No
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20	No

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21		No
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to line 25</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
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? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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? <i>If "Yes," complete Schedule L, Part II</i> . . . . .	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i> . . . . .	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or owner? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28c	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . . . .	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i> . . . . .	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	35	Yes	
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	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 . . . . .	1a34		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	1b0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	1c		
2a	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 . . . . .	2a687	2bYes	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note:</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) . . . . .	2b		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . . . .	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . . . .	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . .	4a		No
b	If "Yes," enter the name of the foreign country: <input type="text"/> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts . . . . .			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	5b		No
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? . . . . .	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? . . . . .	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . . . .	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	7d		
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	7f		
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? . . . . .	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . . . .	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966? . . . . .	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person? . . . . .	9b		
10	<b>Section 501(c)(7) organizations.</b> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter			
a	Gross income from members or shareholders . . . . .	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) . . . . .	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	12b		

Part V

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

Note. Complete line 1 if any entity is listed in Parts II, III or IV

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)

1a

Yes

1b

No

1c

No

1d

Yes

1e

No

1f

No

1g

No

1h

No

1i

No

1j

Yes

1k

No

1l

No

1m

No

1n

No

1o

No

1p

Yes

1q

No

1r

Yes

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	(b) Transaction type(a-r)	(c) Amount involved
(1) See Additional Data Table		
(2)		
(3)		
(4)		
(5)		
(6)		

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.

[illegible]



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	-39	1,119,013	N/A
Hotel Alder LLC 232 NW Sixth Avenue Portland, OR 97209 93-0728816	General Partner in Hotel Alder Limited Partnership	OR	-28	165,747	N/A
Central City Housing LLC 232 NW Sixth Avenue Portland, OR 97209 93-0728816	Engage in real estate ownership and related activities	OR	20,845	1,033,077	N/A
CCC Estate LLC 232 NW Sixth Avenue Portland, OR 97209 93-0728816	Owner and operator of residential affordable housing	OR	-48	940,518	N/A
Rose Quarter Housing LLC 232 NW Sixth Avenue Portland, OR 97209 26-4402152	General Partner in Rose Quarter Condo A Limited Partnership	OR	0	1,069	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, unrelated, excluded from tax under sections 512-514)	(f) Share of total income (\$)	(g) Share of end-of-year assets (\$)	(h) Disproportionate allocations?		(i) Code V-UBI amount on Box 20 of K-1 (\$)	(j) General or Managing Partner?	
							Yes	No		Yes	No
Biltmore Associates LP  232 NW 6th Avenue Portland, OR97209 45-0489074	Low-income housing	OR	Central City Housing LLC	Related	20,845	1,033,077		No		Yes	
Chez Ami Limited Partnership  232 NW 6th Avenue Portland, OR97209 93-1312217	Low-income housing	OR	N/A	Related	20,518	1,195,611		No		Yes	
Estate Building Limited Partnership  232 NW 6th Avenue Portland, OR97209 20-4374931	Low-income housing	OR	CCC Estate LLC	Related	-48	940,518		No		Yes	
Hotel Alder LP  232 NW 6th Avenue Portland, OR97209 93-0728816	Low-income housing	OR	Hotel Alder LLC	Related	-28	165,747		No		Yes	
Rothchild Building LP  232 NW 6th Avenue Portland, OR97209 93-1117363	Low-income housing	OR	N/A	Related	-115,386	696,530		No		Yes	
Shoreline Building LP  232 NW 6th Avenue Portland, OR97209 93-1098444	Low-income housing	OR	N/A	Related	2,753	223,655		No		Yes	
8 NW 8th Limited Partnership  232 NW 6th Avenue Portland, OR97209 65-1163344	Low-income housing	OR	8 NW 8 LLC	Related	-39	1,119,013		No		Yes	
Rose Quarter Condo A Limited Partnership  232 NW 6th Avenue Portland, OR97209 26-4473087	Low-income housing	OR	Rose Quarter Housing LLC	Related		1,069		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	56,080
(3)	Rose Quarter Condo A Limited Partnership	A	55,180
(4)	Rose Quarter Condo A Limited Partnership	D	1,731,070
(5)	8 NW 8th Limited Partnership	J	128,087
(6)	Estate Building Limited Partnership	J	47,892
(7)	Biltmore Associates LP	J	70,103
(8)	Central City Concern Development	J	70,000
(9)	Central City Concern Development	P	20,321
(10)	Biltmore Associates LP	P	146,081
(11)	estate Building Limited Partnership	P	420,681
(12)	Hotel Alder Limited Partnership	P	216,499
(13)	Rothchild Building LP	P	80,091
(14)	Shoreline Building LP	P	103,246
(15)	8 NW 8th Limited Partnership	P	513,313
(16)	Rose Quarter Condo A Limited Partnership	P	71,215
(17)	Rothchild Building LP	R	-86,243
(18)	Chez Ami Limited Partnership	A	24,220

Additional Data

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

Form 990, Part III - 4 Program Service Accomplishments (See the Instructions)

4d. Other program services			
(Code	) (Expenses \$	2,971,052	including grants of \$ (Revenue \$ 3,749,827 )
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 2010, business enterprises consisted of Central City Painting - an interior and exterior painting service; Central City Janitorial - a janitorial service for owned and managed 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.			

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
Dean Gisvold Chair	1 00	X		X				0	0	0
George Bing Sheldon Vice-chair	1 00	X		X				0	0	0
Marilyn Webber Secretary	1 00	X		X				0	0	0
Larry Naito Treasurer	1 00	X		X				0	0	0
Pauline Anderson Director	1 00	X						0	0	0
Ella Booth Director	1 00	X						0	0	0
Paul Clithero Director	1 00	X						0	0	0
Richard Gibson MD Director	1 00	X						0	0	0
Linda Girard Director	1 00	X						0	0	0
Jonathan Radmacher director	1 00	X						0	0	0
Rob Teach Director	1 00	X						0	0	0
Julio Vazquez Director	1 00	X						0	0	0
Vialante Vieira Director	1 00	X						0	0	0
Michael White Director	1 00	X						0	0	0
Bill Wiechmann Director	1 00	X						0	0	0
Edward Blackburn Executive Director	40 00			X				116,005	0	19,818
David Altman CFO	40 00			X				123,564	0	17,946
Traci Manning COO	40 00					X		103,572	0	16,518
Phillip Shapiro Medical Director	40 00					X		178,310	0	13,339

Form 990, Part IX - Statement of Functional Expenses - 24a - 24e Other Expenses

<i>Do not include amounts reported on line 6b, 8b, 9b, and 10b of Part VIII.</i>	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Program expenses	1,094,164	1,093,480	-670	1,354
Repairs and maintenance	1,060,923	954,032	105,504	1,387
Medical services and su	948,247	939,388	8,859	
Other expenses	309,318	204,561	94,095	10,662
Laundry and food	292,495	283,757	7,321	1,417