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Form 990

Return of Organization Exempt From Income Tax

2010

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

Open to Public Inspection

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

A For the 2010 calendar year, or tax year beginning 07-01-2010 and ending 06-30-2011

B Check if applicable

C Name of organization
CENTRAL CITY CONCERND Employer identification number
93-0728816

Address change

E Telephone number
(503) 294-1681

Name change

F Initial return

G Gross receipts \$ 41,942,854

Number and street (or P O box if mail is not delivered to street address)
232 NW 6TH AVENUE

Room/suite

H Terminated

I Amended return

J Application pending

F Name and address of principal officer
EDWARD BLACKBURN
232 NW 6TH AVENUE
PORTLAND, OR 972093609H(a) Is this a group return for affiliates? Yes NoH(b) Are all affiliates included? Yes No
If "No," attach a list (see instructions)

H(c) Group exemption number ►

I Tax-exempt status 501(c)(3) 501(c) () (insert no) 4947(a)(1) or 527

J Website: ► WWW.CENTRALCITYCONCERN.ORG

K Form of organization Corporation Trust Association Other ► L Year of formation 1979 M State of legal domicile OR

Part I Summary

1 Briefly describe the organization's mission or most significant activities

SEE SCHEDULE O THE MISSION OF CENTRAL CITY CONCERN (CCC) TO PROVIDE COMPREHENSIVE SOLUTIONS TO ENDING HOMELESSNESS AND ACHIEVING SELF-SUFFICIENCY. FOUNDED IN 1979, CCC HAS DEVELOPED A CONTINUUM OF SOCIAL SERVICES INTEGRATING PROGRAMS FOR HEALTH CARE, AFFORDABLE HOUSING, AND EMPLOYMENT

2 Check this box ► if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	3	15
4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	740
6 Total number of volunteers (estimate if necessary)	6	54
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	144,828
b Net unrelated business taxable income from Form 990-T, line 34	7b	-41,750

8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
9 Program service revenue (Part VIII, line 2g)	7,695,532	6,154,291
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	30,435,339	34,882,933
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	345,657	895,062
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	78,035	-66,554
	38,554,563	41,865,732

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	Prior Year	Current Year
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	21,513,435	24,167,854
16a Professional fundraising fees (Part IX, column (A), line 11e)	15,050	13,219
b Total fundraising expenses (Part IX, column (D), line 25) ► 202,676		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	8,898,596	9,571,300
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	30,427,081	33,752,373
19 Revenue less expenses Subtract line 18 from line 12	8,127,482	8,113,359

Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	55,704,859
21 Total liabilities (Part X, line 26)	23,664,451
22 Net assets or fund balances Subtract line 21 from line 20	32,040,408

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer EDWARD BLACKBURN EXECUTIVE DIRECTOR Type or print name and title	2012-05-10 Date
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Paid Preparer Use Only	Print/Type preparer's name ROBERT M PRILL	Preparer's signature ROBERT M PRILL	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ► HOFFMAN STEWART & SCHMIDT PC				Firm's EIN ►
	Firm's address ► 4900 MEADOWS ROAD STE 200 LAKE OSWEGO, OR 970353295				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 AccomplishmentsCheck if Schedule O contains a response to any question in this Part III **1 Briefly describe the organization's mission**

THE MISSION OF CENTRAL CITY CONCERN (CCC) IS TO PROVIDE COMPREHENSIVE SOLUTIONS TO ENDING HOMELESSNESS AND ACHIEVING SELF-SUFFICIENCY. FOUNDED IN 1979, CCC HAS DEVELOPED A CONTINUUM OF SOCIAL SERVICES INTEGRATING PROGRAMS FOR HEALTH CARE, AFFORDABLE HOUSING, AND EMPLOYMENT

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 \$ 18,830,117 including grants of \$) (Revenue \$ 22,697,303)

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 PROVIDES OUTPATIENT RECOVERY SERVICES TO 600+ PEOPLE. THE 12TH AVENUE RECOVERY CENTER PROVIDES OUTPATIENT MENTAL HEALTH SERVICES TO APPROXIMATELY 650 PEOPLE ANNUALLY. THE RECOVERY MENTOR PROGRAM PROVIDES HOUSING AND AN ASSIGNED MENTOR TO HELP CLIENTS ADHERE TO A RECOVERY PLAN OF ACTION. THE COMMUNITY ENGAGEMENT PROGRAM (CEP) PROVIDES HOUSING AND SERVICES TO PEOPLE WITH LONG HISTORIES OF HOMELESSNESS, ADDICTION AND MENTAL HEALTH CHALLENGES (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 HOOVER DETOXIFICATION STABILIZATION CENTER PROVIDES DRUG AND ALCOHOL DETOX SERVICES, AND A SOBERING STATION PROVIDES A SAFE PLACE TO SOBER UP AND IS A PUBLIC SAFETY FUNCTION IN PORTLAND. THE LETTY OWINGS CENTER IS A RESIDENTIAL DRUG AND ALCOHOL TREATMENT PROGRAM FOR LOW-INCOME, CHEMICALLY DEPENDENT WOMEN WHO ARE PREGNANT OR NEWLY PARENTING. THE OLD TOWN CLINIC (OTC) IS A 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 \$ 4,947,516 including grants of \$) (Revenue \$ 5,021,541)

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 2011, WE OWNED, LEASED OR MANAGED 23 BUILDINGS PROVIDING NEARLY 1,600 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 RETURNG TO WORK (CONTINUED ON SCHEDULE O). OF THE NEARLY 1,600 UNITS OF HOUSING, MORE THAN 60% ARE ALCOHOL AND DRUG FREE COMMUNITY (ADFC) HOUSING FOR ADULTS, 88 UNITS ARE ADFC UNITS FOR FAMILIES IN RECOVERY.

4c (Code) (Expenses \$ 1,725,174 including grants of \$) (Revenue \$ 1,808,261)

EMPLOYMENT ACCESS CENTER (PREVIOUSLY REFERRED TO AS WORKSOURCE) PROVIDES BASIC JOB SEARCH AND COMPUTER SKILLS TO THE PUBLIC. IN ADDITION, STAFF PROVIDE ONE-ON-ONE FOCUSED SERVICES TO QUALIFIED INDIVIDUALS INCLUDING VETERANS AND PEOPLE RE-ENTERING THE JOB MARKET AFTER LONG ABSENCES. A SUPPORTED EMPLOYMENT PROGRAM ALSO PROVIDES INTENSIVE ASSISTANCE TO CLIENTS AND THEIR EMPLOYERS TO MAXIMIZE EMPLOYMENT RETENTION.

4d Other program services (Describe in Schedule O) See also Additional Data for Description

(Expenses \$ 3,188,404 including grants of \$) (Revenue \$ 5,211,000)

4e Total program service expenses \$ 28,691,211

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 (see instruction)?

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, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

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

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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

- a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.
- b 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.
- c 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.
- d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX.
- e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X.
- f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

- b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

13 Is the organization a school 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 United States?

- 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, Parts I and IV

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, Parts II and IV

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, Parts III and IV

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 (see instructions)

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

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

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

- b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

	Yes	No
1	Yes	
2	Yes	
3		No
4		No
5		
6		No
7		No
8		No
9		No
10		No
11a	Yes	
11b		No
11c		No
11d	Yes	
11e	Yes	
11f		No
12a		No
12b	Yes	
13		No
14a		No
14b		No
15		No
16		No
17		No
18	Yes	
19		No
20a		No
20b		

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? If "Yes," complete Schedule I, Parts I and II	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? If "Yes," complete Schedule I, Parts I and III	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? If "Yes," complete Schedule J	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? If "Yes," answer lines 24b-24d and complete Schedule K. If "No," go to line 25	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	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	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? If "Yes," complete Schedule L, Part 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? If "Yes," complete Schedule L, Part II	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? If "Yes," complete Schedule L, Part III	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)	28a		No
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		No
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28c	Yes	
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	29	Yes	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	30		No
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	31		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	32		No
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	Yes	
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	34	Yes	
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	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		Yes	<input checked="" type="checkbox"/> No
36	Section 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	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? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	Yes	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	47
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
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	2a	740
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Yes
<p>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	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 ► See instructions for 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?	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	Organizations that may receive deductible contributions under section 170(c).	7a	Yes
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?	7b	Yes
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7c	Yes
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7d	1
d	If "Yes," indicate the number of Forms 8282 filed during the year		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f	No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. 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	Sponsoring organizations maintaining donor advised funds.	9a	
a	Did the organization make any taxable distributions under section 4966?	9b	
b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter	10a	
a	Initiation fees and capital contributions included on Part VIII, line 12	10b	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter	11a	
a	Gross income from members or shareholders	11b	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		
12a	Section 4947(a)(1) non-exempt charitable trusts. 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	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	13a	
a	Is the organization licensed to issue qualified health plans in more than one state?		
<p>Note. See the instructions for additional information the organization must report on Schedule O</p>			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year

1a	15
1b	14

2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?

3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?

4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?

5 Did the organization become aware during the year of a significant diversion of the organization's assets?

6 Does the organization have members or stockholders?

7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?

b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?

8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following

a The governing body?

b Each committee with authority to act on behalf of the governing body?

9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

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

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

10a Does the organization have local chapters, branches, or affiliates?

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?

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?

b Describe in Schedule O the process, if any, used by the organization to review this Form 990

12a Does the organization have a written conflict of interest policy? If "No," go to line 13

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done

13 Does the organization have a written whistleblower policy?

14 Does the organization have a written document retention and destruction policy?

15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?

a The organization's CEO, Executive Director, or top management official

b Other officers or key employees of the organization

If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)

16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?

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?

	Yes	No
10a		No
10b		
11a	Yes	
12a	Yes	
12b	Yes	
12c	Yes	
13	Yes	
14	Yes	
15a	Yes	
15b	Yes	
16a		No
16b		

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 ►

MARIET STEENKAMP CONTROLLER
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

 Check if Schedule O contains a response to any question in this Part VII
Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year

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

• List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

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

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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 neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(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
		Officer & director or individual trustee	Institutional Trustee	Office	Key employee	Highest compensated employee			
(1) DEAN GISVOLD CHAIR	1 00	X		X			0	0	0
(2) GEORGE BING SHELDON VICE-CHAIR	1 00	X		X			0	0	0
(3) MARILYN WEBBER SECRETARY	1 00	X		X			0	0	0
(4) LARRY NAITO TREASURER	1 00	X		X			0	0	0
(5) PAULINE ANDERSON DIRECTOR	1 00	X					0	0	0
(6) RICHARD GIBSON MD DIRECTOR	1 00	X					0	0	0
(7) LINDA GIRARD DIRECTOR	1 00	X					0	0	0
(8) JEFF JONES DIRECTOR	1 00	X					0	0	0
(9) ANTHONY MELARAGNO MD DIRECTOR	1 00	X					0	0	0
(10) OMID NABIPOOR DIRECTOR	1 00	X					0	0	0
(11) JONATHAN RADMACHER DIRECTOR	1 00	X					0	0	0
(12) ROB TEACH DIRECTOR	1 00	X					0	0	0
(13) JULIO VAZQUEZ DIRECTOR	1 00	X					0	0	0
(14) MICHAEL WHITE DIRECTOR	1 00	X					0	0	0
(15) BILL WIECHMANN DIRECTOR	1 00	X					0	0	0
(16) EDWARD BLACKBURN EXECUTIVE DIRECTOR	40 00			X			113,565	0	19,818

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **4**

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

(A)	Name and business address	(B)	Description of services	(C)	Compensation
SERA ARCHITECTS	338 NW 5TH AVENUE		ARCHITECTUAL SERVICES		505,075
PORTLAND, OR 97209					
OREGON HEALTH & SCIENCES UNIVERSITY	3181 SW SAM JACKSON PARK ROAD		GENERAL INTERNAL MEDICINE		464,766
PORTLAND, OR 97239			SERVICES		
CLACKAMAS COUNTY COMMUNITY HEALTH DIVISI	2051 KAEN ROAD SUITE 398		PROGRAM SERVICES		196,902
OREGON CITY, OR 970454035					
GERDING EDLEN	1140 SW 11TH AVENUE SUITE 400		CONSTRUCTION SERVICES		164,000
PORTLAND, OR 97205					
CATHOLIC CHARITIES	2740 SE POWELL BLVD 5		MENTAL HEALTH COUNSELING		SERVICES
PORTLAND, OR 97202					120,785

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **►6**

Part VIII Statement of Revenue

Contributions, grants and other similar amounts		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections
					512, 513, or 514
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	257,971			
d Related organizations	1d				
e Government grants (contributions)	1e	5,160,555			
f All other contributions, gifts, grants, and similar amounts not included above	1f	735,765			
g Noncash contributions included in lines 1a-1f \$		521,770			
h Total. Add lines 1a-1f				6,154,291	
Program Service Revenue		Business Code			
2a HEALTH AND CHEMICAL DE		624100	22,697,303	22,697,303	
b BUSINESS SERVICES AND		900099	5,355,828	5,211,000	144,828
c LOW INCOME HOUSING PRO		624200	5,021,541	5,021,541	
d EMPLOYMENT ACCESS CENT		624310	1,808,261	1,808,261	
e					
f All other program service revenue					
g Total. Add lines 2a-2f			34,882,933		
3 Investment income (including dividends, interest and other similar amounts)					895,062
4 Income from investment of tax-exempt bond proceeds					
5 Royalties					
6a Gross Rents	(I) Real	(II) Personal			
b Less rental expenses					
c Rental income or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(I) Securities	(II) Other			
b Less cost or other basis and sales expenses					
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ 257,971 of contributions reported on line 1c) See Part IV, line 18					
a	10,568				
b Less direct expenses	77,122				
c Net income or (loss) from fundraising events			-66,554		-66,554
9a Gross income from gaming activities See Part IV, line 19	a				
b Less direct expenses	b				
c Net income or (loss) from gaming activities					
10a Gross sales of inventory, less returns and allowances					
a					
b Less cost of goods sold					
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code			
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See Instructions			41,865,732	34,738,105	144,828 828,508

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).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21				
2 Grants and other assistance to individuals in the U S See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	289,072		289,072	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	18,715,664	15,776,129	2,818,638	120,897
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	670,136	577,635	88,018	4,483
9 Other employee benefits	2,550,499	2,127,963	405,943	16,593
10 Payroll taxes	1,942,483	1,613,876	316,083	12,524
a Fees for services (non-employees) Management				
b Legal	53,510	33,966	19,544	
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17	13,219			13,219
f Investment management fees				
g Other	1,278,198	987,890	288,121	2,187
12 Advertising and promotion				
13 Office expenses	204,563	171,713	27,857	4,993
14 Information technology				
15 Royalties				
16 Occupancy	1,834,576	1,816,980	17,487	109
17 Travel	99,659	72,493	25,752	1,414
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	400,759	303,729	97,030	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	919,763	862,614	57,149	
23 Insurance	195,076	162,487	32,128	461
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a PROGRAM EXPENSES	1,481,450	1,461,818	5,658	13,974
b MEDICAL SERVICES AND SU	1,026,322	1,013,928	12,394	
c REPAIRS AND MAINTENANCE	978,845	801,100	175,754	1,991
d LAUNDRY AND FOOD	324,943	314,567	8,548	1,828
e VEHICLE EXPENSE	239,110	232,373	6,737	
f All other expenses	534,526	359,950	166,573	8,003
25 Total functional expenses. Add lines 1 through 24f	33,752,373	28,691,211	4,858,486	202,676
26 Joint costs. Check here <input checked="" type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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

		(A) Beginning of year	(B) End of year
Assets	1 Cash—non-interest-bearing	1	
	2 Savings and temporary cash investments	5,021,280	2 8,411,559
	3 Pledges and grants receivable, net	3	
	4 Accounts receivable, net	4,814,764	4 5,594,254
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	5	
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers, and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Schedule L	6	
	7 Notes and loans receivable, net	15,033,534	7 33,795,306
	8 Inventories for sale or use	8	
	9 Prepaid expenses and deferred charges	64,763	9 257,121
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 27,368,622	
	b Less accumulated depreciation	10b 6,738,172	10c 18,457,706 20,630,450
	11 Investments—publicly traded securities	11	
	12 Investments—other securities See Part IV, line 11	12 2,950,908	3,227,789
	13 Investments—program-related See Part IV, line 11	13	
	14 Intangible assets	14	
	15 Other assets See Part IV, line 11	15 9,361,904	15 5,880,273
	16 Total assets. Add lines 1 through 15 (must equal line 34)	16 55,704,859	16 77,796,752
Liabilities	17 Accounts payable and accrued expenses	17 3,231,264	3,056,556
	18 Grants payable	18	
	19 Deferred revenue	19 702,484	19 571,578
	20 Tax-exempt bond liabilities	20 4,528,156	20 6,428,632
	21 Escrow or custodial account liability Complete Part IV of Schedule D	21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	22	
	23 Secured mortgages and notes payable to unrelated third parties	23 14,326,127	23 18,005,717
	24 Unsecured notes and loans payable to unrelated third parties	24	
	25 Other liabilities Complete Part X of Schedule D	25 876,420	25 10,791,611
	26 Total liabilities. Add lines 17 through 25	26 23,664,451	26 38,854,094
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
	27 Unrestricted net assets	27 18,987,668	23,485,522
	28 Temporarily restricted net assets	28 13,052,740	15,457,136
	29 Permanently restricted net assets	29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.		
	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	33 32,040,408	38,942,658
	34 Total liabilities and net assets/fund balances	34 55,704,859	77,796,752

Part XI Reconciliation of Net AssetsCheck if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	41,865,732
2	Total expenses (must equal Part IX, column (A), line 25)	2	33,752,373
3	Revenue less expenses Subtract line 2 from line 1	3	8,113,359
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	32,040,408
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-1,211,109
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	38,942,658

Part XII Financial Statements and ReportingCheck if Schedule O contains a response to any question in this Part XII

	Yes	No
1 Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? <input type="checkbox"/>	2a	No
2b Were the organization's financial statements audited by an independent accountant? <input type="checkbox"/>	2b	Yes
2c If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O <input type="checkbox"/>	2c	Yes
2d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
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? <input type="checkbox"/>	3a	Yes
3b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits <input type="checkbox"/>	3b	Yes

SCHEDULE A
(Form 990 or 990EZ)**Public Charity Status and Public Support****2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue ServiceComplete if the organization is a section 501(c)(3) organization or a section
4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization
CENTRAL CITY CONCERN

Employer identification number

93-0728816

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E)
 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state
 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)** (Complete Part II)
 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
 9 An 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)**.
 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
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
 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 supported organization(s)

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	11,927,563	13,774,101	5,911,763	7,695,532	6,154,291	45,463,250
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	11,927,563	13,774,101	5,911,763	7,695,532	6,154,291	45,463,250
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public Support. Subtract line 5 from line 4						45,463,250

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	11,927,563	13,774,101	5,911,763	7,695,532	6,154,291	45,463,250
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	238,988	233,567	195,845	362,820	895,062	1,926,282
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						47,389,532
12 Gross receipts from related activities, etc (See instructions)					12	115,149,730
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						►

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	95 940 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	96 960 %
16a 33 1/3% support test—2010. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here . The organization qualifies as a publicly supported organization		►
b 33 1/3% support test—2009. 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 stop here . The organization qualifies as a publicly supported organization		►
17a 10%-facts-and-circumstances test—2010. If the organization did not check a box on line 13, 16a, or 16b and line 14 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
b 10%-facts-and-circumstances test—2009. If the organization did not check a box on line 13, 16a, 16b, or 17a and line 15 is 10% or more, and if the organization meets the "facts and circumstances" test, check this box and stop here . Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization		►
18 Private Foundation If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions		►

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public Support (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)						

14 **First Five Years** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ►**Section C. Computation of Public Support Percentage**

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15
16 Public support percentage from 2009 Schedule A, Part III, line 15	16

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18
19a 33 1/3% support tests—2010. If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
b 33 1/3% support tests—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization ►	
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions ►	

Part IV

Supplemental Information. Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

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 \$	3,188,404 including grants of \$) (Revenue \$	5,211,000)
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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 2011, BUSINESS ENTERPRISES CONSISTED OF CENTRAL CITY PAINTING - AN INTERIOR AND EXTERIOR PAINTING SERVICECENTRAL 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. 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.

SCHEDULE D

(Form 990)

Supplemental Financial Statements**2010**Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes," to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11, or 12.
► Attach to Form 990. ► See separate instructions.

**Open to Public
Inspection****Name of the organization**
CENTRAL CITY CONCERN**Employer identification number**

93-0728816

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" 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? Yes 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 for any other purpose conferring impermissible private benefit? Yes 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 importantly land area

Protection of natural habitat Preservation of a 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, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation 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 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 the arrangement 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					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the 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

(i) unrelated organizations	Yes	No
--	------------	-----------

(ii) related organizations	Yes	No
---	------------	-----------

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	Yes	No
--	------------	-----------

4 Describe in Part XIV the intended uses of the organization's endowment funds	Yes	No
---	------------	-----------

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

	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land	4,036,691			4,036,691
b Buildings	20,776,192	5,258,615		15,517,577
c Leasehold improvements	200,967	146,224		54,743
d Equipment	2,354,772	1,333,333		1,021,439
e Other				
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				20,630,450

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
(1) Financial derivatives		
(2) Closely-held equity interests		
Other		

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	41,865,732
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	33,752,373
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	8,113,359
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	-1,211,109
9	Total adjustments (net) Add lines 4 - 8	9	-1,211,109
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	6,902,250

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	40,053,886
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	111,133
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	-1,133,987
e	Add lines 2a through 2d	2e	-1,022,854
3	Subtract line 2e from line 1	3	41,076,740
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	788,992
c	Add lines 4a and 4b	4c	788,992
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	41,865,732

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

1	Total expenses and losses per audited financial statements	1	34,459,036
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
a	Donated services and use of facilities	2a	111,133
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV)	2d	595,530
e	Add lines 2a through 2d	2e	706,663
3	Subtract line 2e from line 1	3	33,752,373
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	33,752,373

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 IV, 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. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
PART XI, LINE 8 - OTHER ADJUSTMENTS		EQUITY IN LOSSES OF LIMITED PARTNERSHIP -167 DECREASE IN NET ASSETS UPON ASSUMPTION OF LIMITED PARTNERSHIP -1,210,942
PART XII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 77,122 EQUITY IN LOSSES OF LIMITED PARTNERSHIPS -167 LOSS ON ASSUMPTION OF LIMITED PARTNERSHIP INTEREST -1,210,942
PART XII, LINE 4B - OTHER ADJUSTMENTS		REVENUE RECOGNIZED FROM CONSOLIDATED ENTITIES 788,992
PART XIII, LINE 2D - OTHER ADJUSTMENTS		SPECIAL EVENT EXPENSES 77,122 EXPENSES OF CONSOLIDATED ENTITIES FOR FINANCIAL STMT PURPOSES 518,408

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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

► **Attach to Form 990 or Form 990-EZ. ► See separate instructions.**

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

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Department of the Treasury
Internal Revenue Service

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** Mail solicitations
- b** Internet and e-mail solicitations
- c** Phone solicitations
- d** In-person solicitations
- e** Solicitation of non-government grants
- f** Solicitation of government grants
- g** Special fundraising events

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 services?

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.

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

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	(b) Event #2	(c) Other Events	(d) Total Events (Add col (a) through col (c))
		R. HARRIS HOMELESS ACTION LUNCHEON (event type)	WE ARE FAMILY FUNDRAISER (event type)	1 (total number)	
Revenue	1 Gross receipts . . .	221,924	34,625	11,990	268,539
	2 Less Charitable contributions . . .	211,356	34,625	11,990	257,971
	3 Gross income (line 1 minus line 2) . . .	10,568			10,568
Direct Expenses	4 Cash prizes . . .				
	5 Non-cash prizes . . .				
	6 Rent/facility costs . . .	38,542			38,542
	7 Food and beverages . . .				
	8 Entertainment . . .				
	9 Other direct expenses . .	30,998	3,232	4,350	38,580
	10 Direct expense summary Add lines 4 through 9 in column (d)				77,122
	11 Net income summary Combine lines 3 and 10 in column (d)				-66,554

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 _____

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

b If "No," Explain _____

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

b If "Yes," Explain _____

11 Does the organization operate gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity operated in

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

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

Name ►

Address ►

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

b If "Yes," enter the amount of gaming revenue received by the organization ► \$ _____ and the amount of gaming revenue retained by the third party ► \$ _____

c If "Yes," enter name and address

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$ _____

Description of services provided ►

 Director/officer Employee Independent contractor**17** Mandatory distributions

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ _____

Part IV Complete this part to provide additional information for responses to questions on Schedule G (see instructions.)

Identifier

ReturnReference

Explanation

Schedule J
(Form 990)**Compensation Information**

OMB No 1545-0047

2010Department of the Treasury
Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
► Complete if the organization answered "Yes" to Form 990, Part IV, question 23.
► Attach to Form 990. ► See separate instructions.

Open to Public Inspection**Name of the organization**
CENTRAL CITY CONCERN**Employer identification number**

93-0728816

Part I Questions Regarding Compensation

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

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply

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

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

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

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

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

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

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

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

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

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

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

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PHILLIP SHAPIRO	(i) 172,918 0	0 0	0 0	0 0	13,339 0	186,257 0	0 0
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information

Identifier	Return Reference	Explanation
	PART I, LINE 4A	THE PAST CFO RECEIVED A SEVERANCE PAYMENT OF \$40,000 IN JUNE, 2011

**Schedule K
(Form 990)****2010****Open to Public
Inspection**Department of the Treasury
Internal Revenue Service**Supplemental Information on Tax Exempt Bonds**

► Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

► Attach to Form 990. ► See separate instructions.

Name of the organization
CENTRAL CITY CONCERNEmployer identification number
93-0728816**Part I Bond Issues**

	(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
							Yes	No	Yes	No	Yes	No
A	STATE OF OREGON - OREGON FACILITIES AUTHORITY	93-6001787		02-04-2010	4,550,000	REFINANCE OF EXISTING DEBT AND CONSTRUCTION OF FACILITY		X		X		X
B	STATE OF OREGON - OREGON FACILITIES AUTHORITY	93-6001787		10-01-2010	6,300,000	FINANCING, ACQUISITION, CAPITAL CONSTRUCTION AND EQUIPPING OF HEALTH FACILIT		X		X		X

Part II Proceeds

							A	B	C	D	
							Yes	No	Yes	No	
1	Amount of bonds retired										
2	Amount of bonds legally defeased										
3	Total proceeds of issue				4,550,000		4,550,000		6,300,000		
4	Gross proceeds in reserve funds										
5	Capitalized interest from proceeds										
6	Proceeds in refunding escrow										
7	Issuance costs from proceeds				91,000		91,000		143,600		
8	Credit enhancement from proceeds										
9	Working capital expenditures from proceeds										
10	Capital expenditures from proceeds				4,459,000		4,459,000		1,824,649		
11	Other spent proceeds										
12	Other unspent proceeds				4,331,751		4,331,751				
13	Year of substantial completion				2010						
14	Were the bonds issued as part of a current refunding issue?					Yes	No	Yes	No	Yes	No
							X		X		
15	Were the bonds issued as part of an advance refunding issue?						X				
16	Has the final allocation of proceeds been made?					X			X		
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?					X			X		

Part III Private Business Use

							A	B	C	D
							Yes	No	Yes	No
1	Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?							X		
2	Are there any lease arrangements that may result in private business use of bond-financed property?						X		X	

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X				
3a Are there any management or service contracts that may result in private business use?		X		X				
b Are there any research agreements that may result in private business use of bond-financed property?		X		X				
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government ►	3 230 %							
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government ►								
6 Total of lines 4 and 5	3 230 %							
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X		X					

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
		X		X				
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X		X				
2 Is the bond issue a variable rate issue?	X		X					
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X		X				
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X		X				
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X		X				
6 Did the bond issue qualify for an exception to rebate?		X		X				

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

Schedule L

Transactions with Interested Persons

OMB No 1545-0047

2010

Department of the Treasury
Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c or Form 990-EZ, Part V lines 38a or 40b.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

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**Open to Public
Inspection**

Name of the organization

CENTRAL CITY CONCERN

Employer identification number

93-072881

Part I Excess Benefit Transactions (section 501(c)(3) and section 501 (c)(4) organizations only)

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 \$ _____

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 26, or Form 990-EZ, Part V, line 38

Part III Grants or Assistance Benefitting Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 27

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) GEORGE BING SHELDON	VICE-CHAIR	505,075	THE ORGANIZATION ENGAGED THE SERVICES OF SERA ARCHITECTS FOR VARIOUS ARCHITECTUAL SERVICES RELATED CONSTRUCTION PROJECTS IN PROCESS MR SHELDON SERVES AS VICE-CHAIR OF THE ORGANIZATION AND IS THE CURRENT CHAIRMAN AND FOUNDER OF SERA ARCHITECTS MR SHELDON IS SUBJECT TO THE ORGANIZATION'S CONFLICT OF INTEREST POLICY AND HAS ABSTAINED FROM VOTING RELATED TO THIS TRANSACTION		No

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule L (see instructions)

Identifier	Return Reference	Explanation

NonCash Contributions

OMB No 1545-0047

2010

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Internal Revenue Service

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

Name of the organization
CENTRAL CITY CONCERN

Employer identification number

93-0728816

Part I Types of Property

	(a) Check if applicable	(b) Number of Contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining oncash contribution amounts
1 Art—Works of art . . .				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications	X		910	ESTIMATED FAIR VALUE
5 Clothing and household goods	X		28,675	ESTIMATED FAIR VALUE
6 Cars and other vehicles .				
7 Boats and planes . . .				
8 Intellectual property . .				
9 Securities—Publicly traded				
10 Securities—Closely held stock	X	1	465,000	APPRaised VALUE
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	36	6,023	ESTIMATED FAIR VALUE
20 Drugs and medical supplies	X	11	10,420	ESTIMATED FAIR VALUE
21 Taxidermy				
22 Historical artifacts . .				
23 Scientific specimens . .				
24 Archeological artifacts .				
OTHER				
25 Other ► (MISC)	X	29	10,742	ESTIMATED FAIR VALUE
26 Other ► ()				
27 Other ► ()				
28 Other ► ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement . .		29		1

	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?	31	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.

Identifier	Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
► Attach to Form 990 or 990-EZ.

2010**Open to Public
Inspection****Name of the organization**
CENTRAL CITY CONCERN**Employer identification number**

93-0728816

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		DEAN GISVOLD AND JONATHAN RADMACHER SHARE A COMMON EMPLOYER MICHAEL WHITE AND RICHARD GIBSON, M D ALSO SHARE A COMMON EMPLOYER

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11		FROM 990 IS REVIEWED AND APPROVED BY THE FINANCE COMMITTEE BEFORE SUBMITTAL WITH SUBSEQUENT MANAGEMENT CERTIFICATION MADE TO THE AUDIT COMMITTEE

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 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
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	EQUITY IN LOSSES OF LIMITED PARTNERSHIP -167 DECREASE IN NET ASSETS UPON ASSUMPTION OF LIMITED PARTNERSHIP -1,210,942 TOTAL TO FORM 990, PART XI, LINE 5 -1,211,109

Identifier	Return Reference	Explanation
		THERE HAS BEEN NO CHANGE IN THE PROCESS FROM THE PRIOR YEAR REGARDING THE OVERSIGHT OF THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS OR THE SELECTION PROCESS OF THE INDEPENDENT ACCOUNTANTS' THAT AUDIT THE FINANCIAL STATEMENTS OF THE ORGANIZATION

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

2010

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► Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
 ► Attach to Form 990. ► See separate instructions.

Name of the organization CENTRAL CITY CONCERN	Employer identification number 93-0728816
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Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" on Form 990, Part IV, line 33.)

(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
(1) 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
(2) 8 NW 8 LLC 232 NW SIXTH AVENUE PORTLAND, OR 97209 93-0728816	GENERAL PARTNER IN 8 NW 8TH LIMITED PARTNERSHIP	OR	-12	1,129,056	N/A
(3) HOTEL ALDER LLC 232 NW SIXTH AVENUE PORTLAND, OR 97209 93-0728816	GENERAL PARTNER IN HOTEL ALDER LIMITED PARTNERSHIP	OR	-23	143,860	N/A
(4) CENTRAL CITY HOUSING LLC 232 NW SIXTH AVENUE PORTLAND, OR 97209 93-0728816	ENGAGE IN REAL ESTATE OWNERSHIP AND RELATED ACTIVITIES	OR	21,486	1,001,769	N/A
(5) CCC ESTATE LLC 232 NW SIXTH AVENUE PORTLAND, OR 97209 93-0728816	OWNER AND OPERATOR OF RESIDENTIAL AFFORDABLE HOUSING	OR	-45	2,144,691	N/A
(6) ROSE QUARTER HOUSING LLC 232 NW SIXTH AVENUE PORTLAND, OR 97209 26-4402152	GENERAL PARTNER IN ROSE QUARTER CONDO A LIMITED PARTNERSHIP	OR	-39	6,876,207	N/A

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization	
						Yes	No
(1) CENTRAL CITY CONCERN DEVELOPMENT 232 NW SIXTH AVENUE PORTLAND, OR 97209 26-4282195	SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY CENTRAL CITY CONCERN	OR	501(C)(3)	11	N/A		No
(2) CENTRAL CITY CONCERN FOUNDATION 232 NW SIXTH AVENUE PORTLAND, OR 97209 26-2841032	SUPPORT AND BENEFIT, FINANCIALLY AND/OR OPERATIONALLY CENTRAL CITY CONCERN	OR	501(C)(3)	11	N/A		No

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership
							Yes	No			
(1) BILTMORE ASSOCIATES LP 232 NW 6TH AVENUE PORTLAND, OR97209 45-0489074	LOW-INCOME HOUSING	OR	CENTRAL CITY HOUSING LLC	RELATED	21,486	1,001,769		No		Yes	0 010 %
(2) CHEZ AMI LIMITED PARTNERSHIP 232 NW 6TH AVENUE PORTLAND, OR97209 93-1312217	LOW-INCOME HOUSING	OR	N/A	RELATED	21,339	1,205,473		No		Yes	0 010 %
(3) ESTATE BUILDING LIMITED PARTNERSHIP 232 NW 6TH AVENUE PORTLAND, OR97209 20-4374931	LOW-INCOME HOUSING	OR	CCC ESTATE LLC	RELATED	-45	2,144,691		No		Yes	0 010 %
(4) HOTEL ALDER LP 232 NW 6TH AVENUE PORTLAND, OR97209 93-0728816	LOW-INCOME HOUSING	OR	HOTEL ALDER LLC	RELATED	-23	143,860		No	1,129,056	Yes	0 010 %
(5) ROTCHILD BUILDING LP 232 NW 6TH AVENUE PORTLAND, OR97209 93-1117363	LOW-INCOME HOUSING	OR	N/A	RELATED				No		Yes	0 %
(6) 8 NW 8TH LIMITED PARTNERSHIP 232 NW 6TH AVENUE PORTLAND, OR97209 65-1163344	LOW-INCOME HOUSING	OR	8 NW 8 LLC	RELATED	-12	1,129,056		No		Yes	0 010 %
(7) ROSE QUARTER CONDO A LIMITED PARTNERSHIP 232 NW 6TH AVENUE PORTLAND, OR97209 26-4473087	LOW-INCOME HOUSING	OR	ROSE QUARTER HOUSING LLC	RELATED	-39	6,876,207		No		Yes	0 010 %

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership
(1) ROSE QUARTER HOUSING CONDOMINIUM ASSOCIATION 232 NW SIXTH AVENUE PORTLAND, OR97209 26-4402152	MUTUAL BENEFIT CORPORATION	OR	N/A	C	-8,019	10,324	100 000 %
(2) THE PORTLAND GUEST HOUSE INC 232 NW SIXTH AVENUE PORTLAND, OR972093609 93-0934358	LODGING	OR	N/A	S		165,130	100 000 %

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

	Yes	No
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	(d) Method of determining amount involved
(1)				
See Additional Data Table				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

Part VII Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier	Return Reference	Explanation
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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	-12	1,129,056	N/A
HOTEL ALDER LLC 232 NW SIXTH AVENUE PORTLAND, OR 97209 93-0728816	GENERAL PARTNER IN HOTEL ALDER LIMITED PARTNERSHIP	OR	-23	143,860	N/A
CENTRAL CITY HOUSING LLC 232 NW SIXTH AVENUE PORTLAND, OR 97209 93-0728816	ENGAGE IN REAL ESTATE OWNERSHIP AND RELATED ACTIVITIES	OR	21,486	1,001,769	N/A
CCC ESTATE LLC 232 NW SIXTH AVENUE PORTLAND, OR 97209 93-0728816	OWNER AND OPERATOR OF RESIDENTIAL AFFORDABLE HOUSING	OR	-45	2,144,691	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	-39	6,876,207	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?		(k) Percentage ownership
							Yes	No		Yes	No	
BILTMORE ASSOCIATES LP 232 NW 6TH AVENUE PORTLAND, OR97209 45-0489074	LOW-INCOME HOUSING	OR	CENTRAL CITY HOUSING LLC	RELATED	21,486	1,001,769		No		Yes		0 010 %
CHEZ AMI LIMITED PARTNERSHIP 232 NW 6TH AVENUE PORTLAND, OR97209 93-1312217	LOW-INCOME HOUSING	OR	N/A	RELATED	21,339	1,205,473		No		Yes		0 010 %
ESTATE BUILDING LIMITED PARTNERSHIP 232 NW 6TH AVENUE PORTLAND, OR97209 20-4374931	LOW-INCOME HOUSING	OR	CCC ESTATE LLC	RELATED	-45	2,144,691		No		Yes		0 010 %
HOTEL ALDER LP 232 NW 6TH AVENUE PORTLAND, OR97209 93-0728816	LOW-INCOME HOUSING	OR	HOTEL ALDER LLC	RELATED	-23	143,860		No	1,129,056	Yes		0 010 %
ROTHCHILD BUILDING LP 232 NW 6TH AVENUE PORTLAND, OR97209 93-1117363	LOW-INCOME HOUSING	OR	N/A	RELATED				No		Yes		0 %
8 NW 8TH LIMITED PARTNERSHIP 232 NW 6TH AVENUE PORTLAND, OR97209 65-1163344	LOW-INCOME HOUSING	OR	8 NW 8 LLC	RELATED	-12	1,129,056		No		Yes		0 010 %
ROSE QUARTER CONDO A LIMITED PARTNERSHIP 232 NW 6TH AVENUE PORTLAND, OR97209 26-4473087	LOW-INCOME HOUSING	OR	ROSE QUARTER HOUSING LLC	RELATED	-39	6,876,207		No		Yes		0 010 %

Form 990, Schedule R, Part V - Transactions With Related Organizations

	(a) Name of other organization	(b) Transaction type(a-r)	(c) Amount Involved (\$)	(d) Method of determining amount involved
(1)	BILTMORE ASSOCIATES LP	A	3,000	FMV
(2)	CHEZ AMI LIMITED PARTNERSHIP	A	24,220	FMV
(3)	ESTATE BUILDING LIMITED PARTNERSHIP	A	56,080	FMV
(4)	ROSE QUARTER CONDO A LIMITED PARTNERSHIP	A	74,453	FMV
(5)	ROSE QUARTER CONDO A LIMITED PARTNERSHIP	D	3,985,113	FMV
(6)	CENTRAL CITY CONCERN FOUNDATION	I	266,962	FMV
(7)	8 NW 8TH LIMITED PARTNERSHIP	J	131,966	FMV
(8)	ESTATE BUILDING LIMITED PARTNERSHIP	J	49,000	FMV
(9)	BILTMORE ASSOCIATES LP	J	72,000	FMV
(10)	CENTRAL CITY CONCERN DEVELOPMENT	J	240,000	FMV
(11)	CENTRAL CITY CONCERN DEVELOPMENT	P	75,575	FMV
(12)	BILTMORE ASSOCIATES LP	P	149,234	FMV
(13)	ESTATE BUILDING LIMITED PARTNERSHIP	P	475,868	FMV
(14)	HOTEL ALDER LIMITED PARTNERSHIP	P	223,600	FMV
(15)	8 NW 8TH LIMITED PARTNERSHIP	P	527,134	FMV
(16)	ROSE QUARTER CONDO A LIMITED PARTNERSHIP	P	259,019	FMV
(17)	ROTHCHILD BUILDING LP	R	-1,210,942	FMV
(18)	CENTRAL CITY CONCERN FOUNDATION	R	729,000	FMV