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Form 990-T .	Exempt Organization Busi			ax Return	۱ -	OMB No. 1545-0887			
•	For calendar year 2015 or other tax year beginning JUL 1 201	_	2015						
Department of the Treasury	Information about Form 990-T and its instructions is available at www.irs.gov/form990t.								
Internal Revenue Service	enue Service Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). 501(c)(3) Organizations Only								
A Check box if address changed	changed (Employees' trust, see instructions.)								
B Exempt under section	Print CENTRAL CITY CONCERN		 			-0728816			
x 501(c)(3) 408(e) 220(e)	Type Number, street, and room or suite no. If a P.O. box,	see in	structions.			nstructions)			
408(e) 220(e) 408A 530(a)	City or town, state or province, country, and ZIP or to	Oreini	n nostal code		ł				
529(a)	PORTLAND OR 97209	oreigi	postal code		90009	9			
C Book value of all assets at end of year	F Group exemption number (See instructions.)								
	G Check organization type ► x 501(c) corporation		501(c) trust	401(a) trust		Other trust			
	n's primary unrelated business activity. > SALES OF BET			RAMES AND MAT					
	the corporation a subsidiary in an affiliated group or a parent-	-subsi	diary controlled group?	▶ L	Ye	s 🗓 No			
J The books are in care of	and identifying number of the parent corporation.		Telepho	one number 🕨 (!	E031	294-1681			
	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net			
1a Gross receipts or sale			(4/						
b Less returns and allo		10	670,701.						
2 Cost of goods sold (2	374 715						
3 Gross profit. Subtrac	·	3	295,986,		`	295,986,			
4a Capital gain net incor	ne (attach Schedule D)	4a							
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b							
 Capital loss deductio 		4c		<u> </u>					
	artnerships and S corporations (attach statement)	5							
6 Rent income (Schedi	· · ·	6							
	ed income (Schedule E)	7							
	yalties, and rents from controlled organizations (Sch. F) [fa section 501(c)(7), (9), or (17) organization (Schedule G)	<u>8</u> 9							
	vity income (Schedule I)	10							
11 Advertising income (11							
	structions; attach schedule)	12			_				
13 Total. Combine line:	r-	13	295 986			295 986			
	ns Not Taken Elsewhere (See instructions for					-			
(Except for	contributions, deductions must be directly connected	with	the unrelated business	s income.)		·			
•	icers, directors, and trustees (Schedule K)				14				
15 Salaries and wages					15	106,291,			
16 Repairs and mainter	ance				16				
17 Bad debts18 Interest (attach sch	odulo)				17				
19 Taxes and licenses	RECEIVE	\overline{D}	*****		19	10,408,			
	ons (See instructions for limitation rules)	<u></u>	10		20	10,400,			
21 Depreciation (attach		17	(2)						
	aimed on Schedule A and elsewhere on return	<i>T</i>	228		22b				
23 Depletion	0000	-	8		23				
24 Contributions to de	erred compensation plans	17	**		24	4,913.			
25 Employee benefit p			''= 	•	25	30,874.			
26 Excess exempt exp					26				
27 Excess readership of	•		•	_	27				
28 Other deductions (a	•		see statemen	T 1	28	213 932.			
	, Add lines 14 through 28 taxable income before net operating loss deduction. Subtract	ه مراا	Q from line 12		29 30	366 418			
	eduction (limited to the amount on line 30)			m o	31	-70,432.			
• •	taxable income before specific deduction. Subtract line 31 fro	Im line	see statemen 30		32	70_432			
	Generally \$1,000, but see line 33 instructions for exceptions)			• • •	33	1 000			
	taxable income. Subtract line 33 from line 32. If line 33 is gi		than line 32, enter the sn	naller of zero or					
line 32	·				34	-70 432			
523701 01-06-16 LHA For Pa	perwork Reduction Act Notice, see Instructions.					Form 990-T (2015)			

Form 990-T	(2015)	CENTRAL CITY CONC	ERN					93	<u>-072881</u>	.6			Page 2
Part II	I T	ax Computation											
35	Organi	izations Taxable as Corporat	tions. See instri	uctions for tax co	moutation.								
	-	lled group members (section				instructions	and.						
		our share of the \$50,000, \$2											
	ſ			323,000 taxable ii			uci <i>)</i> .	1					
		\$	(2) \\$			\$							
þ	Enter o	organization's share of: (1) A	dditional 5% tai	x (not more than	\$11,750)	\$							
	(2) Ad	ditional 3% tax (not more tha	ın \$100,000)			\$							
C	Incom	e tax on the amount on line 3	4							35c			0.
		Taxable at Trust Rates. See		r tax computation	. Income ta	x on the amou	nt on line :	34 from:					
•	$\overline{}$						•		_	36			
	Tax rate schedule or Schedule D (Form 1041)										_		
	37 Proxy tax. See instructions												
38	Alterna	ative mınımum tax						-		38			
		Add lines 37 and 38 to line 3	5c or 36, which	ever applies				•••		39			0.
Part I	V T	ax and Payments											
40 a	Foreia	n tax credit (corporations atta	ch Form 1118:	trusts attach For	m 1116)		40a						
		credits (see instructions)	,		,		40b			1 :			
		•	0000							1 1			
		al business credit. Attach Fori					40c			-			
		for prior year minimum tax (a)1 or 8827)			40d			┨			
е	Total o	credits. Add lines 40a throug	h 40d							40e			
41	Subtra	ct line 40e from line 39								41			0.
42	Other 1	taxes. Check if from: Fo	rm 4255 🔲	Form 8611] Form 869	7 🔲 Form	8866	Other (attach	schedule)	42			
	Total t	ax. Add lines 41 and 42			_			_ ,	•	43			0.
			adited to 201E				1440	·		10			<u>,,</u>
		ents: A 2014 overpayment cr	edited to 2015				44a			-			
		estimated tax payments					44b		-	┨			
C	Tax de	posited with Form 8868					44c			1			
đ	Foreig	n organizations: Tax paid or v	withheld at sour	ce (see instructio	ns)		44d			_			
е	Backu	p withholding (see instruction	ns)				44e						
		for small employer health ins		ms (Attach Form	8941)		44f	-		1			
				orm 2439	0011,					1			
y		credits and payments:				Takal N							
		Form 4136		ther		_ Total 🕨	► <u>44g</u>	<u> </u>		┨			
		payments. Add lines 44a thro			_	_				45			
46	Estima	ited tax penalty (see instruction	ons). Check if F	orm 2220 is attac	ched 🕨 💄					46	<u> </u>		
47 Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed										0.			
48 Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid										0.			
49 Enter the amount of line 48 you want. Credited to 2016 estimated tax													
Part V Statements Regarding Certain Activities and Other Information (see instructions)													
1 At any time during the 2015 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, Yes No									_NO				
	securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial												
Acc	ounts.	If YES, enter the name of the	foreign country	here 🕨									X
2 Durir	ng the ta Sisse in	x year, did the organization receive	e a distribution fro	m, or was it the gran	itor of, or trans	steror to, a foreign	1 trust?						x
		mount of tax-exempt interest						••					
		A - Cost of Goods S					λ						
										c			
		at beginning of year	1	0.		itory at end of	•			6_			
2 Puri	chases		2	374,715.		of goods sold							
3 Cos	t of lab	or	3		from	line 5. Enter h	ere and in	Part I, line 2		_ 7	<u> </u>	374	715.
48 Addi	tional se	ection 263A costs (att schedule)	4a		8 Doth	e rules of sect	ion 263A	(with respect to)			Yes	No
h Oth	er cost	s (attach schedule)	4b					d for resale) ap					
		lines 1 through 4b	5	274 715	1.	rganization?		,					x
5 Tota				374.715.			nd statemer	ts and to the her	st of my kno	wiedne	and helief it is	tnie	
Sign	cor	der penalties of perjury, I declare the rect, and complete Declaration of	parer (other the	an taxpayer) is based	on all inform	ation of which pre	eparer has a	ny knowledge.			210 00		
Here		1/1/1/		ا					[lay the IF	S discuss the	s return	with
Hele	EXECUTIVE DIRECTOR the preparer shown below (see									• -	_		
		Signature of officer		Date		Title			lr	struction	18)7 x Y	89	No
		Print/Type preparer's name		Preparer's sign	nature /		Date	Chec	k 🔲	if PT	IN		
Daid		er remaine		101	1//	$\overline{}$		2016	employed				
Paid		TODD D 1/1/22***		7-01	MATERIA DE		5-10	-,) 50"	Jp.0300	- 1	00075007	,	
-	Preparer TODD D. MASSINGER TODD D. MASSINGER P00075883												
Use C	nly	Firm's name HOFFMAN		& SCHMIDT				<u> </u>	n's EIN 🕨	9	3-074324	10	
		Firm's address ► LAKE		OAD, STE. 2				ł l					
								106-	ne no. 5				

Form 990-T (2015) CENTRAL CITY	CONCERN					93-07288		Page 3	
Schedule C - Rent Income	(From Real	Property and	d Personal	Property	Leased	With Real Pro	per	ty)(see instructions)	
هـ 1. Description of property			-						
(1)									
(2)			<u> </u>						
(3)									
(4)									
1.7	2. Rent recen	red or accrued	.						
(a) From personal property (if the pe	ercentage of	(b) From real a	and personal proper	ty (if the percen	tage			ected with the income in (attach schedule)	
rent for personal property is mor 10% but not more than 50%	e than	of rent for p	personal property ex nt is based on profit	(ceeds 50% or i	f	0012.11110 2(4)	110 1(0)	(diam, solious)	
(1)	-,								
		 -		-					
(2)		 							
(3)		 							
(4) Total		Total				_ _			
	0.) Total deductions.			
(c) Total income. Add totals of columns		nter			Èr	nter here and on page 1,			
here and on page 1, Part I, line 6, colum		11			0 Pa	art I, line 6, column (B)		0	
Schedule E - Unrelated De	pt-Finance	income (see	instructions)		т				
			2. Gross in	come from	3	 Deductions directly of to debt-final 			
Description of debt-fi	inanced property		or allocable	e to debt-		aight line depreciation	<u> </u>	(b) Other deductions	
i. Description of debt-fi	папова ргоренту		financed	property		(attach schedule)	İ	(attach schedule)	
		·	ļ		 		\bot		
(1)	·		ļ		<u> </u>	<u>. </u>	\bot		
(2)					<u> </u>		\bot		
(3)		<u> </u>					\bot		
(4)									
4. Amount of average acquisition	5. Average	adjusted basis	6. Column	4 divided	7	. Gross income		8. Allocable deductions	
debt on or allocable to debt-financed property (attach schedule)		allocable to anced property	by colu	ımn 5	re	eportable (column 2 x column 6)		(column 6 x total of columns 3(a) and 3(b))	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(attac	h schedule)	İ		1	z x soldilii si		Qu) and Qu))	
(1)	 			%	1		\neg		
(2)			<u> </u>	%	1		\top		
(3)					1		\neg	· <u>·</u> ·	
(4)	 		<u> </u>	%	1	·····	\top		
		-	<u> </u>		F=10	- have and 4	\top	Fater have and as your d	
						r here and on page 1, : I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)	
Tatala								• •	
Totals		- 0			´ L		<u>-</u> -	0_	
Total dividends-received deductions Schedule F - Interest, Annu	ncluded in colum	Ities and Re	nte From C	ontrolled	Organi	zations (see in	et nuet	0	
ochedule i - interest, Anne	uities, noya					20110115 (S98 III	Struct	ions)	
			pt Controlled C	1		т			
Name of controlled organization	Employer id	Ientification Net u	3. 4. unrelated income Total of specified			5. Part of column 4 that included in the controlling		is 6. Deductions directly connected with income	
	nun	iber (loss)	(see instructions)		nts made	organization's gross in	ncome	ın column 5	
_(1)				<u> </u>	_	 	-		
(2)									
(3)				ļ					
(4)				<u> </u>		<u> </u>			
Nonexempt Controlled Organization	ns								
7. Taxable Income 8.	Net unrelated incor		otal of specified pay	yments 1		umn 9 that is included	11.	Deductions directly connected	
	(see instruction	s)	made	İ	In the contro	Illing organization's ss income	w	vith income in column 10	
		1			_				
(1)					*				
(2)									
(3)									
(4)					-				
						mno 5 oct 10		Add columns 6 1 4 5	
						umns 5 and 10 nd on page 1, Part I,		Add columns 6 and 11 er here and on page 1, Part I,	
						, column (A).	~	line 8, column (B).	
Takala						,			
Totals	····		 -					0	
523721 01-06-16								Form 990-T (2015	

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Schedule G - Investme (see inst	ent Income of ructions)	of a Se	ction 501(c)	(7), (9), or (17) O	rganiza	tion			
1. Description of income				2. Amount of income	directly	ductions connected schedule)		Set-asides ach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)									
(2)									
(3)									
(4)							-		
				Enter here and on page 1, Part I, line 9, column (A)				<u> </u>	Enter here and on page 1, Part I, line 9, column (B)
Totals Schedule I - Exploited	Everent Aet	ما يطنين	Danna Otha	O. Then Advertis	ing Inc				0.
(see instri	-	ivity iii		I man Adverds	ing inc				
1. Description of exploited activity	2. Gross unrelated busine income from trade or busines	35	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3) if a gain, compute cols 5 through 7	from ac	ss income divity that unrelated ss income		Expenses tributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)									
(2)									
(3)									
(4)									
	Enter here and o page 1, Part I, line 10, col (A)	J	Enter here and on page 1, Part I, line 10, col (B)						Enter here and on page 1, Part II, line 26
Totals -	<u> </u>	0.	0				_		0.
Schedule J - Advertis	ing Income	(see instr	ructions)						<u> </u>
Part I Income From	Periodicals	Report	ed on a Co	nsolidated Basis	•				
1. Name of periodical	2. G adver inco	tising	3. Direct advertising cost	4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compucols 5 through 7		Circulation ncome	6.	Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)			<u> </u>						
(2)						-			
(3)									
(4)									
		-			<u> </u>				
Totals (carry to Part II, line (5))	<u>▶</u>	0.		0.					0,
Part II Income From columns 2 through				parate Basis (For	each peri	odical liste	d in Pa	art II, fill in	
	1. 0.12 2		7	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	·		T		7 5
1. Name of periodical	actver	2. Gross advertising income advertising						Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							 		
(2)	- 		<u> </u>						
(3)			 		<u> </u>		<u> </u>	_	
(4)									
Totals from Part I	•	0.	1	0.					0,
		e and on , Part I,	Enter here and o page 1, Part I, line 11, col (B)	on					Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.		0.					0.
Schedule K - Comper	sation of Of	ficers,	Directors, a	and Trustees (se	e instructi				
1.	Name			2. Title		3. Perce time devo busine	ted to		pensation attributable irelated business
(1)			- 			1	%		
(2)							%		
(3)							%		
(4)				· · · · · · · · · · · · · · · · · · ·			%	 	

Total. Enter here and on page 1, Part II, line 14

FORM 990=T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
CONTRACT SERVICES		21,612.
LEGAL SERVICES		1,557.
ALLOCATED ADMINISTRATIO	N	39,896.
OCCUPANCY COSTS		11,019.
FREIGHT		78,984.
INSURANCE		696.
OTHER		53,668.
AMORTIZATION		6,500.
TOTAL TO FORM 990-T, PA	GE 1, LINE 28	213,932.
FORM 990-T	NET OPERATING LOSS DEDUCTION	STATEMENT 2