## 990-E7

## Short Form **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter Social Security numbers on this form as it may be made public. ▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

20 13 A For the 2013 calendar year, or tax year beginning January 1 2013, and ending December 31 D Employer identification number C Name of organization B Check if applicable: 46-3575713 Address change Four Block Foundation Inc Room/suite E Telephone number Name change Number and street (or P.O. box, if mail is not delivered to street address) Initial return 9103786909 Suite 815 Terminated F Group Exemption City or town, state or province, country, and ZIP or foreign postal code Amended return Number > Albany, NY 12207 Application pending H Check ► ☐ if the organization is not G Accounting Method: ☐ Cash ☐ Accrual Other (specify) ▶ required to attach Schedule B I Website: ▶ www.fourblock.org (Form 990, 990-EZ, or 990-PF). J Tax-exempt status (check only one) — ☐ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or K Form of organization: Corporation Other ☐ Trust Association L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ . . . . . . . . . . . . 50,500 Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I П Check if the organization used Schedule O to respond to any question in this Part I . . . 1 50,500 2 2 Program service revenue including government fees and contracts 3 3 Investment income . . . . . . . . . . . . . . . . 4 4 5a Gross amount from sale of assets other than inventory . . . . 5b Less: cost or other basis and sales expenses . . . . . . . . . . . . Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . 5c C Gaming and fundraising events Gross income from gaming (attach Schedule G if greater than Revenue Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) . . . 6b Less: direct expenses from gaming and fundraising events . . . 6c Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract 6d Gross sales of inventory, less returns and allowances . . . . . . 7a b Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . C 7c 8 8 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . . . . . 9 50,500 Grants and similar amounts paid (list in Schedule O) . . . . . . . 10 10 11 11 Salaries, other compensation, and employee benefits . . . . . 12 12 Professional fees and other payments to independent contractors . . . . 13 13 14 14 15 Printing, publications, postage, and shipping . . . . . . . . . . . 15 16 16 17 17 0 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 Net Assets 18 50,500 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with 19 19 0 20 Other changes in net assets or fund balances (explain in Schedule O) . . . . . . . . . . . . . . . . 20 Net assets or fund balances at end of year. Combine lines 18 through 20

50,500

21

Pa	rt II Balance S	<b>sheets</b> (see the	instructions f	or Part II)				
	Check if the	e organization u	used Schedule	O to respond to a	ny question in this	Part II		🗆
						(A) Beginning of year		(B) End of year
22	Cash, savings, ar	nd investments			[	0	22	50,500
23	Land and building	gs			<i></i> [		23	
24	Other assets (des	scribe in Schedu	ıle O)		[		24	
25	Total assets .				[		25	50,500
26					[		26	0
27				(B) must agree wit	h line 21)		27	50,500
Par					ne instructions for F	Part III)		Expenses
	Check if th	e organization u	used Schedule	O to respond to a	ny question in this	Part III 🔲	(Real	uired for section
Wha					and Transition Supp		501(	c)(3) and 501(c)(4)
					f its three largest p			nizations and section (a)(1) trusts; optional
as n	neasured by expen ons benefited, and	ises. In a clear	and concise m	anner, describe the	e services provided	I, the number of		thers.)
28								
	(Grants \$		If this amount	includes foreign gra	ants, check here .	• 🗆	28a	
29	-							
	(Grants \$		If this amount	includes foreign gra	ints, check here .	▶ □	29a	
30	-							
	(Grants \$	)	If this amount	includes foreign gra	ints, check here .	▶ □	30a	
31	Other program ser							
	(Grants \$		,		ants, check here .		31a	
32	Total program se	nice evnences	(add lines 28a t	through 31a)			32	
-	rotal program se	I vice expenses	(add liftes 20a i	illough sta)		🕨	32	20 V V V V V V V V V V V V V V V V V V V
					n one even if not com			tions for Part IV)
	t IV List of Offic	ers, Directors, Tr	rustees, and Key	Employees (list each		pensated-see the in	struc	_
	t IV List of Offic	ers, Directors, Tr	rustees, and Key	Comployees (list each of to respond to a	n one even if not com ny question in this (c) Reportable	pensated—see the in Part IV	struc	<u> Ó</u>
	t IV List of Offic Check if th	ers, Directors, Tr	rustees, and Key	O to respond to an (b) Average hours per week	n one even if not com ny question in this	pensated—see the in Part IV	struc	Estimated amount of
	t IV List of Offic Check if th	ers, Directors, Tr e organization (	rustees, and Key	C to respond to a	n one even if not coming question in this  (c) Reportable compensation	pensated—see the in Part IV  (d) Health benefits, contributions to employe	struc	🗀
Par	t IV List of Offic Check if th	ers, Directors, Tr e organization (	rustees, and Key	O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	pensated—see the in Part IV (d) Health benefits, contributions to employe benefit plans, and	struc	Estimated amount of
Par	t IV List of Offic Check if th	ers, Directors, Tr e organization (	rustees, and Key	O to respond to an (b) Average hours per week	n one even if not com ny question in this (c) Reportable compensation (Forms W-2/1099-MISC)	Part IV (d) Health benefits, contributions to employe benefit plans, and deferred compensation	struc	Estimated amount of
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Pa	Other information (Note the Schedule A and personal benefit contract statement requirement	nts in	the	
	instructions for Part V) Check if the organization used Schedule O to respond to any question in the	is Pa		[
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	1	Ye	s N
•	detailed description of each activity in Schedule O	33	3	
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	! [		
35a	change on Schedule O (see instructions)	34	1	
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35	а	
b	of the organization filed a Fuffi 990-1 for the year? If "No," provide an explanation in Schedule ()	35	b	
oc c	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35	c	
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a	0		
b 38a	Did the organization file Form 1120-POL for this year?	37t	)	
Joa	The organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	Av. 5 - 12	a karana	
b	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a	1	_
39	If "Yes," complete Schedule L, Part II and enter the total amount involved Section 501(c)(7) organizations. Enter:	4		
а	Initiation food and conital contributions in the contribution of t	100	1	
b	Gross receipts, included on line 9, for public use of club facilities	+		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► 0; section 4915 ► 0; section 4955 ►			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			1
	transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	400		
	organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40-		
41	List the states with which a copy of this return is filed New York	40e		
42a	The organization's books are in care of ► Kirby Toolan/ Quickbooks online  Telephone no. ► 9	10-37	8-6909	9
	Located at ▶ Philadelphia, PA  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	191		
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		Yes	No
	If "Yes," enter the name of the foreign country: ▶	42b		
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		
43	Section 4947(a)(1) nonexempt charitable trusts filling Form 990-EZ in lieu of Form 1041—Check here		. •	<b></b>
	and enter the amount of tax-exempt interest received or accrued during the tax year			
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		Yes	No
b	Did the organization operate one or more hospital facilities during the year? If "Yes." Form 990 must be	44a	-	
С		44b		
d	Did the organization receive any payments for indoor tanning services during the year?  If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in School to O	44c		
	explanation in schedule O			
45a	Did the organization have a controlled entity within the meaning of section 512/b/(12/2	44d	$\rightarrow$	
100	DIG tile organization receive any navment from or engage in any transporting till	45a	-	
	Form 990-EZ (see instructions)			
		45b		

		diversity in malitical a		habalf of ar ir	onnositi	on [	Yes	No		
46	Did the organization engage, directly or in to candidates for public office? If "Yes," o	complete Schedule C	Part I	benall of or if	· · · ·	46	and in the	Districtions:		
						1 40				
Part V	All section 501(c)(3) organization	s must answer que	stions 47–49b and	52, and com	plete the	tables f	or line	es		
	50 and 51.	o made anomor quo		,						
	Check if the organization used Scl	nedule O to respond	to any question in the	his Part VI						
	Officer if the organization does con	ioddio o to rooperia	to any quite				Yes	No		
47	Did the organization engage in lobbying	activities or have a	section 501(h) election	n in effect du	ring the t	ax				
	year? If "Yes," complete Schedule C, Par	tll				47				
48	Is the organization a school as described in	s the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule ED the organization make any transfers to an exempt non-charitable related organization?.								
49a	Did the organization make any transfers t									
h	"Yes" was the related organization a section 527 organization?									
50	Complete this table for the organization's	five highest compen	sated employees (oth	er than office	rs, directo	ors, truste	es an	а кеу		
	employees) who each received more than	\$100,000 of comper	sation from the organ	nization. If the	e is none	, enter i	one.			
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health be contributions to benefit plans, an compensa	employee d deferred	(e) Estimate other con				
None										
-										
f	Total number of other employees paid ov	er \$100,000	. >							
51	Complete this table for the organization	's five highest compe	ensated independent	contractors v	vho each	received	more	e than		
	\$100,000 of compensation from the orga	anization. If there is no	one, enter "None."							
	(a) Name and business address of each independ	dent contractor	(b) Type of service		(c) Compensation					
None										
	,									
			-							
d	Total number of other independent contra	actors each receiving	over \$100,000							
	Did the organization complete Schedule			and 4047(a)(	1\					
	nonexempt charitable trusts must attach	a completed Schedu	eA			► ☐ Ye	s 🗌	No		
Under pe true, corr	enalties of perjury, I declare that I have examined this ect, and complete. Declaration of preparer (other than	return, including accompan n officer) is based on all info	ying schedules and statem ormation of which preparer	ents, and to the b has any knowledo	est of my kr ge.	nowledge ar	d belie	f, it is		
0'	1	Signature of afficer				July 7, 2014				
Sign	Signature of officer				-					
Here	Michael Abrams									
	Type or print name and title	In-								
Paid		Preparer's signature	l D:	ate		., PTIN				
	Print/Type preparer's name	Troparer s signature	15.		Check	if I				
Prepa	rer Kirby Toolan	Treparer s signature			Self-emplo	if	01616	572		
	irer Kirby Toolan Only Firm's name			Firm'		if	01616	572		
Prepa Use C	rer Kirby Toolan	Iphia PA 19146		Firm'	self-emplo	if				