

EXTENDED TO JUNE 15, 2017

Form 990-T

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No 1545-0087

For calendar year 2015 or other tax year beginning AUG 1, 2015, and ending JUL 31, 2016

2015

Information about Form 990-T and its instructions is available at www.irs.gov/form990t.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

- A Check box if address changed
B Exempt under section
[X] 501(c)(3)
408(e) 220(e)
408A 530(a)
529(a)

Print or Type

Name of organization ( Check box if name changed and see instructions.)
BLOCK 3 COMMUNITY URBAN REDEVELOPMENT CORPORATION
Number, street, and room or suite no. If a P.O. box, see instructions.
2510 OHIO AVENUE, NO. STE C
City or town, state or province, country, and ZIP or foreign postal code
CINCINNATI, OH 45219

D Employer identification number (Employees' trust, see instructions)
14-1873450
E Unrelated business activity codes (See instructions.)
812930

C Book value of all assets at end of year
51,238,217.

F Group exemption number (See instructions.)

G Check organization type
[X] 501(c) corporation
501(c) trust
401(a) trust
Other trust

H Describe the organization's primary unrelated business activity. PARKING LOT

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?
If 'Yes,' enter the name and identifying number of the parent corporation.
Yes No [X]

J The books are in care of MATT BOURGEOIS Telephone number 513-564-0078

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Gross receipts or sales (66,621), Less returns and allowances, Cost of goods sold, Gross profit, Capital gain net income, etc.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)

(Except for contributions, deductions must be directly connected with the unrelated business income.)

Table with 4 columns: Description, (A) Income, (B) Expenses, (C) Net. Rows include Compensation of officers, directors, and trustees; Salaries and wages; Repairs and maintenance; Bad debts; Interest; Taxes and licenses; Charitable contributions; Depreciation; Depletion; Contributions to deferred compensation plans; Employee benefit programs; Excess exempt expenses; Excess readership costs; Other deductions (attach schedule); Total deductions; Unrelated business taxable income before net operating loss deduction; Net operating loss deduction; Unrelated business taxable income before specific deduction; Specific deduction; Unrelated business taxable income.

RECEIVED JUN 19 2017 OGDEN, UT 49,303.

SCANNED JUN 22 2017

SEE STATEMENT 1

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**BLOCK 3 COMMUNITY URBAN REDEVELOPMENT CORPORATION**

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**Part III Tax Computation**

**35 Organizations Taxable as Corporations.** See instructions for tax computation.  
 Controlled group members (sections 1561 and 1563) check here  See instructions and:  
**a** Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order):  
 (1) \$ \_\_\_\_\_ (2) \$ \_\_\_\_\_ (3) \$ \_\_\_\_\_  
**b** Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ \_\_\_\_\_  
 (2) Additional 3% tax (not more than \$100,000) \$ \_\_\_\_\_  
**c** Income tax on the amount on line 34 ▶ 35c 0.  
**36 Trusts Taxable at Trust Rates.** See instructions for tax computation. Income tax on the amount on line 34 from:  
 Tax rate schedule or  Schedule D (Form 1041) ▶ 36  
**37 Proxy tax.** See instructions ▶ 37  
**38 Alternative minimum tax** ▶ 38  
**39 Total.** Add lines 37 and 38 to line 35c or 36, whichever applies ▶ 39 0.

**Part IV Tax and Payments**

**40a** Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) ▶ 40a  
**b** Other credits (see instructions) ▶ 40b  
**c** General business credit. Attach Form 3800 ▶ 40c  
**d** Credit for prior year minimum tax (attach Form 8801 or 8827) ▶ 40d  
**e** Total credits. Add lines 40a through 40d ▶ 40e  
**41** Subtract line 40e from line 39 ▶ 41 0.  
**42** Other taxes. Check it from:  Form 4255  Form 8611  Form 8697  Form 8866  Other (attach schedule) ▶ 42  
**43** Total tax. Add lines 41 and 42 ▶ 43 0.  
**44 a** Payments: A 2014 overpayment credited to 2015 ▶ 44a  
**b** 2015 estimated tax payments ▶ 44b  
**c** Tax deposited with Form 8868 ▶ 44c  
**d** Foreign organizations: Tax paid or withheld at source (see instructions) ▶ 44d  
**e** Backup withholding (see instructions) ▶ 44e  
**f** Credit for small employer health insurance premiums (Attach Form 8941) ▶ 44f  
**g** Other credits and payments:  Form 2439  Form 4136  Other ▶ 44g  
**45** Total payments. Add lines 44a through 44g ▶ 45  
**46** Estimated tax penalty (see instructions). Check if Form 2220 is attached  ▶ 46  
**47** Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed ▶ 47 0.  
**48** Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid ▶ 48 0.  
**49** Enter the amount of line 48 you want: Credited to 2016 estimated tax  Refunded  ▶ 49

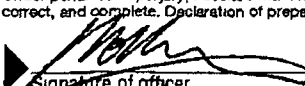
**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

**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, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here  Yes No X  
**2** During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file. X  
**3** Enter the amount of tax-exempt interest received or accrued during the tax year  \$


**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation  N/A

<p><b>1</b> Inventory at beginning of year <span style="float:right">▶ 1</span></p> <p><b>2</b> Purchases <span style="float:right">▶ 2</span></p> <p><b>3</b> Cost of labor <span style="float:right">▶ 3</span></p> <p><b>4a</b> Additional section 263A costs (att. schedule) <span style="float:right">▶ 4a</span></p> <p><b>b</b> Other costs (attach schedule) <span style="float:right">▶ 4b</span></p> <p><b>5</b> Total. Add lines 1 through 4b <span style="float:right">▶ 5</span></p>	<p><b>6</b> Inventory at end of year <span style="float:right">▶ 6</span></p> <p><b>7</b> Cost of goods sold. Subtract line 6 from line 5. Enter here and in Part I, line 2 <span style="float:right">▶ 7</span></p> <p><b>8</b> Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization? <span style="float:right">Yes No</span></p>
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**Sign Here** 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 taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: 6.9.17 Title: DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/type preparer's name <b>CHARLES R. STEVENS II, CPA</b>	Preparer's signature 	Date 5/5/17	Check <input type="checkbox"/> if self-employed	PTIN <b>P00358450</b>
	Firm's name <b>MOUNTJOY CHILTON MEDLEY LLP</b>			Firm's EIN <b>27-1235638</b>	
	Firm's address <b>3536 EDWARDS ROAD CINCINNATI, OH 45208</b>			Phone no. <b>(513) 898-8800</b>	

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**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)** (see instructions)

**1** Description of property

(1)
(2)
(3)
(4)

**2** Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total <b>0.</b>	Total <b>0.</b>	

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.**

(b) **Total deductions** Enter here and on page 1, Part I, line 8, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			
(2)			
(3)			
(4)			

4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 3 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		

Totals

Enter here and on page 1, Part I, line 7, column (A) **0.**  
Enter here and on page 1, Part I, line 7, column (B) **0.**

Total dividends-received deductions included in column 8 **0.**

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				

Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A) **0.**  
Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B) **0.**

Totals

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**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization**  
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>	0.			0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income**  
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	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	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>	0.	0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals (carry to Part II, line (5))</b>	0.	0.				0.

**Part II Income From Periodicals Reported on a Separate Basis** (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3). If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b>	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b>	0.	0.				0.

**Schedule K - Compensation of Officers, Directors, and Trustees** (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
<b>Total. Enter here and on page 1, Part II, line 14</b>			0.

FORM 990-T

OTHER DEDUCTIONS

STATEMENT 1

DESCRIPTION

AMOUNT

DIRECT PARKING LOT EXPENSES

14,660.

ALLOCATED UTILITIES

725.

REPAIRS AND MAINTENANCE

34,925.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

50,310.