

Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

▶ **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/form990ez.**

OMB No 1545-1150
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07-01-2017, and ending 06-30-2018

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 3701 BUILDING CORP

Number and street (or P O box, if mail is not delivered to street address) Room/suite
 49-18 QUEENS BLVD

City or town, state or province, country, and ZIP or foreign postal code
 WOODSIDE, NY 11377

D Employer identification number
 11-3087971

E Telephone number
 (718) 446-3701

F Group Exemption Number ▶

G Accounting Method Cash Accrual Other (specify) ▶ _____

I Website: ▶ N/A

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(7) ◀ (insert no) 4947(a)(1) or 527

H Check if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Form of organization Corporation Trust Association Other _____

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. ▶ \$ 58,162

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	58,162
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory	5a	
	b	Less cost or other basis and sales expenses	5b	0
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
	b	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	0
c	Less direct expenses from gaming and fundraising events	6c	0	
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d		
7a	Gross sales of inventory, less returns and allowances	7a		
b	Less cost of goods sold	7b	0	
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe in Schedule O)	8		
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	58,162	
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	4,224
	14	Occupancy, rent, utilities, and maintenance	14	1,362
	15	Printing, publications, postage, and shipping	15	27
	16	Other expenses (describe in Schedule O)	16	61,250
	17	Total expenses. Add lines 10 through 16 ▶	17	66,863
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-8,701
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	59,126
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	50,425

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Table with columns for question number, question text, and Yes/No response columns. Rows include questions 33 through 45b regarding organizational activities, financials, and compliance.

	Yes	No
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	No

Part VI Section 501(c)(3) organizations only
 All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(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 benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
NONE				

f Total number of other employees paid over \$100,000 ▶ _____

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "

(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

d Total number of other independent contractors each receiving over \$100,000. ▶ _____

52 Did the organization complete Schedule A? **NOTE.** All Section 501(c)(3) organizations must attach a completed Schedule A ▶ Yes No

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.

***** Signature of officer	2018-10-22 Date
FRANK WILEY President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Peter A Maniscalco CPA MBA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00309874
	Firm's name ▶ Maniscalco & Picone CPAs PC			Firm's EIN ▶ 20-4440952	
	Firm's address ▶ 2493 RICHMOND RD STATEN ISLAND, NY 103061936			Phone no (718) 668-2901	

May the IRS discuss this return with the preparer shown above? See instructions ▶ Yes No

Additional Data

Software ID: 17005038

Software Version: 2017v2.2

EIN: 11-3087971

Name: 3701 BUILDING CORP

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
<p>28 THE 3701 BUILDING CORPORATION OWNS THE BUILDING IN WHICH ALL MEETINGS, GATHERINGS, PARTIES AND CHARITABLE EVENTS TAKE PLACE FOR THE MEMBERS OF THE KNIGHTS OF COLUMBUS HUDSON COUNCIL 3701 (Grants \$ 66,863)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . ► <input type="checkbox"/></p>	28a	

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
3701 BUILDING CORP**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2017**Open to Public
Inspection**

Employer identification number

11-3087971

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1002	Office Expenses \$593

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1012	Insurance \$13756

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 1	PROPERTY TAXES \$22366

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 2	UTILITIES \$18515

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 3	REPAIRS & MAINTENANCE \$2419

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 4	WATER & SEWER \$1421

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 5	TELEPHONE \$1414

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 6	SUPPLIES \$652

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses 7	BANK CHARGES \$114

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities 1006	Payable to Officers, Directors, Etc - Beginning \$0 Payable to Officers, Directors, Etc - Ending \$2500