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A For the 2011 calenda<u>r year, or tax year beginning 01-01-2011</u>

As Filed Data -

DLN: 93492136038882

OMB No 1545-1150

Form 990-EZ

Department of the Treasury Internal Revenue Service

**Return of Organization Exempt From Income Tax** Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

**Short Form** 

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)

All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

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

, and ending 12-31-2011

**Open to Public Inspection** 

_	C Name of organization FABRICATORS ERECTORS & REINFORCING  Name change Number and street (or P O box. if mail is not delivered to street address) Room/suite			D Employer identification number				
_					23-	730046	5	
	Name change  Number and street (or P O box, if mail is not delivered to street address) Room/suite  Initial return  Number and street (or P O box, if mail is not delivered to street address) Room/suite			<b>E</b> Tele	phone r	umber		
	eminat					(84	5) 562-0990	
	mended	d return	City or town, state or country, and ZIP + 4 NEWBURGH, NY 12550		<b>F</b> Grou	ıp Exem	ption	
A	plicatio	on pending			Null	ibei	•	
I₩€	bsite	. <b>▶</b> N/A	Cash	requ	red to at	tach S	organization is <b>not</b> chedule B , or 990-PF)	
	ock <b>b</b>	L if the orac	anization is not a section 509(a)(3) supporting organization or a sect	lon F27 organ	uzation a	nd its	grace receipts are	
			anization is not a section 509(a)(3) supporting organization or a sect \$50,000  A  Form 990-EZ or Form 990 return is not required thoug					
			organization chooses to file a return, be sure to file a complete retu					
			o line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if tota d of Form 990-EZ	i assets (Part II,	line 25, co	lumn (B	) below) are \$500,000 or	
Pa	rt I		e, Expenses, and Changes in Net Assets or Fund Balar ne organization used Schedule O to respond to any question in this Pa		e instruct	tions fo	or Part I)	
	1		s, gifts, grants, and similar amounts received			1	<u> </u>	
	2	Program ser	vice revenue including government fees and contracts			2		
	3	Membership	dues and assessments			3	30,270	
	4	Investment	ıncome			4	17,114	
	5a	Gross amou	nt from sale of assets other than inventory	ia	27,173	3		
e	b	Less cost o	r other basis and sales expenses	ib .	14,393	3		
Revenue	С	Gain or (loss	s) from sale of assets other than inventory (Subtract line 5b from line	5a)		5c	12,780	
a O	6	Gaming and fundraising events						
	а	Gross income fi						
	b	Gross incom reported on I						
		\$15,000)	1	6ь				
	_	Loss direct		1		-		
	C A		or (loss) from gaming and fundraising events (Add lines 6a and 6b an	d cubtract line	2.6.6.)	-		
	d 70			'a	= 60)	6d		
	7a b	Less cost o		а 'b		-		
	С		or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c		
	8		ue (describe in Schedule O)		-	8		
	9		<b>ie.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8			9	60,164	
	10		similar amounts paid (list in Schedule O)			10	4,000	
	11		to or for members			11	,	
	12	Salaries, oth	er compensation, and employee benefits			12	_	
s S	13	Professional	fees and other payments to independent contractors			13	17,233	
Expenses	14	Occupancy,	rent, utilities, and maintenance			14		
Ехр	15	Printing, pub	lications, postage, and shipping			15	250	
	16	Other expen	ses (describe in Schedule O)	•		16	17,673	
	17	Total expens	ses. Add lines 10 through 16			17	39,156	
<del>ن</del>	18	Excess or (d	leficit) for the year (Subtract line 17 from line 9)			18	21,008	
988	19	Net assets o	or fund balances at beginning of year (from line 27, column (A)) (must	agree with				
Net.Assets		end-of-year	figure reported on prior year's return)		•	19	425,734	
ž	20	Other chang	es in net assets or fund balances (explain in Schedule O)			20	-24,231	
	21	Net assets o	or fund balances at end of year Combine lines 18 through 20 .	· • • ·	<u> </u>	21	422,511	

Check if the organization used	Schedule O to respond to	any question in th	ııs Part II			<u>୮ </u>
(See the instruct	ions for Part II)	Γ	(A) Begi	nning of year		(B) End of year
22 Cash, savings, and investments .				425,734	22	422,51
23 Land and buildings				•	23	·
24 Other assets (describe in Schedule O)		.			24	
25 Total assets				425,734	25	422,51
26 Total liabilities (describe in Schedule (	0)			•	26	·
27 Net assets or fund balances (line 27 of	column (B) <b>must</b> agree wit	th line 21) .		425,734	27	422,51
Part III Statement of Program S Check if the organization used	Schedule O to respond to		nis Part III		(Re	Expenses quired for section 50: (3) and 501(c)(4)
What is the organization's primary exempt primary e					org	anizations and section
Describe the organization's program service measured by expenses In a clear and conceeding the benefited, and other relevant information for	ise manner, describe the s	_		,		47(a)(1) trusts, Ional for others)
28 IMPROVEMENT OF CONDITIONS & CO				TION		
THROUGH COLLECTIVE BARGAINING & (Grants \$ ) If this	PROMOTION OF EMPLO s amount includes foreign (			. ▶ ⊏	28a	
29		<i>y</i> ,		. ,	200	
(Grants \$ ) If this	s amount includes foreign (	grants, check here	· .	. ▶┌	29a	
30						
(Grants \$ ) If this	s amount includes foreign (	grants, check here	· .	. ▶┌	30a	
<b>31</b> Other program services (describe in Sch (Grants \$ ) If this	nedule O) . . . . s amount includes foreign (	.    .  . grants, check here	 	<b>▶</b> ┌	31a	
32 Total program service expenses (add line	es 28a through 31a) .				32	
Part IV List of Officers, Directors, Trus	stees, and Key Employees.	List each one even if	not compens	sated (See the ins	struction	ns for Part IV )
Check if the organization used		T ' '		<u> </u>		<u>l .</u>
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensat (If not paid, enter -0)	, emp	<ol> <li>Contribution loyee benefit perred compens</li> </ol>	lans &	(e) Expense account and other allowances
	devoted to position	=11(61 -0-1)	l dei	erred compens	atiOII	other allowances

	Check if the organization used Schedule O to respond to any question in this	s Part V			
					No
33	Did the organization engage in any significant activity not previously reported to the detailed description of each activity in Schedule O	33		No	
34	Were any significant changes made to the organizing or governing documents? If "Y of the amended documents if they reflect a change to the organization's name. Othe Schedule O (see instructions)	34		No	
35	If the organization had income from business activities, such as those reported on l others), but <b>not</b> reported on Form 990-T, explain in Schedule O why the organization Form 990-T				
	Did the organization have unrelated business gross income of \$1,000 or more durin activities (such as those reported on lines 2, 6a, and 7a, among others)?	-	35a		No
b	If 'Yes' to line 35a, has the organization filed a <b>Form 990-T</b> for the year? If 'No,' prov Schedule O	ide an explanation in	35b		
c	Was the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization subnotice, reporting, and proxy tax requirements during the year? If Yes,' complete Scl		35c		No
36	Did the organization undergo a liquidation, dissolution, termination, or significant distinct the year? If "Yes," complete applicable parts of Schedule N	sposition of net assets during	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions	37a			
b	Did the organization file <b>Form 1120-POL</b> for this year?		37b		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee	, or key employee <b>or</b> were			
	any such loans made in a prior year and still outstanding at the end of the tax year	covered by this return?	38a		No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved .	386			
39	Section 501(c)(7) organizations. Enter				
	Initiation fees and capital contributions included on line 9	39a			
	Gross receipts, included on line 9, for public use of club facilities	39b			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization duri				
40u					
b	section 4911 \(\bigs_{\textsum}\), section 4912 \(\bigs_{\textsum}\), section 4955 \(\bigs_{\textsum}\), section 4955 \(\bigs_{\textsum}\), section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit 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				
	reported on any ories prior rolling 350 of 350 EZ 11 res, complete senedale E, raie 1 1 1 1				
c	c Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on 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 rein organization	mbursed by the			
е	All organizations. At any time during the tax year, was the organization a party to a p transaction? If "Yes," complete Form 8886-T		40e		No
41	List the states with which a copy of this return is filed 🟲				
42a		Telephone no	<b>►</b> <u>(84</u>	5)562	-0990
	330 MEADOW AVENUE  Located at ► NEWBURGH, NY	ZIP + 4	<b>▶</b> 12	2550	
			<u> </u>		
b	At any time during the calendar year, did the organization have an interest in or a si over a financial account in a foreign country (such as a bank account, securities account)?		42b	Yes	<b>No</b> No
	If "Yes," enter the name of the foreign country				
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Re Financial Accounts.	eport of Foreign Bank and		1	
C	At any time during the calendar year, did the organization maintain an office outside	of the U S ?	42c		Νo
	If "Yes," enter the name of the foreign country 🕨				
	Section $4947(a)(1)$ nonexempt charitable trusts filing Form $990\text{-EZ}$ in lieu of <b>Form</b> and enter the amount of tax-exempt interest received or accrued during the tax year				<b>▶</b> Г
			ļ	Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be c	ompleted instead of			
	Form 990-EZ.		44a		No
b	DID DID THE ORGANIZATION OPERATE ONE OF MORE HOSPITAL FACILITIES during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ				No
c	Did the organization receive any payments for indoor tanning services during the year	ar?	44c		No
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments in Schedule O	If 'No,' provide an explanation	44c		1110
45a	Did the organization have a controlled entity within the meaning of section 512(b)(1	3)?	44a		,
AFL Did the suppose the suppos					No
<b>45b</b> 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,' Form 990 and Schedule R may need to be completed instead of Form 990-F7 (see instructions)					

Candidates for public office? If "Yes," complete Schedule C, Part I  Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.  All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.  Check if the organization used Schedule O to respond to any question in this Part VI								Yes	No
All section 50(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer question 47-49b and 52.  Check if the organization used Schedule O to respond to any question in this Part VI  Ves No.  17 Did the organization engage in lobbying activities or have a section 50 (b) election in effect during the tax year?  49 In the organization make any transfers to an exempt non-charitable related organization?  49 In the organization make any transfers to an exempt non-charitable related organization?  49 In the organization make any transfers to an exempt non-charitable related organization?  49 In the organization make any transfers to an exempt non-charitable related organization?  50 In the organization make any transfers to an exempt non-charitable related organization?  50 In the organization make any transfers to an exempt non-charitable related organization?  50 In the organization make any transfers to an exempt non-charitable related organization?  50 In the organization make any transfers to an exempt non-charitable related organization in the related organization is to the complete organization of the complete organization of the complete organization or the configuration of the complete organization or the configuration of the complete organization organiz					ehalf of or ır	n opposition to	46		No
Check if the organization used Schedule O to respond to any question in this Part VI    Vos   No	Part VI	All section 501(c)(3) orgai							stions
Total insumber of other employees paid over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Total number of other independent contractors each receiving over \$100,000  Populo \$100,000  All Edition of the other paid of the pa			d Schedule O to respond to	o any question in this P	art VI .				$\Box$
If Yes, 'complete Schedule C, Part II   S Is the organization a school described in section 170(b)(1)(A)(in)? If Yes, 'complete Schedule E  Do Ut the organization make any transfers to an exempt on-chantable related organization?  Do Complete this table for the organization is five highest compensated employees (other than officers, directors, trussless and key employees) who each received more than \$100,000 of compensation from the organization if there is non, enter *None**  (a) Name and address of each employee but than \$100,000 of compensation from the organization if there is none, enter *None**  (b) If It and average but than \$100,000 of compensation from the organization if there is none, enter *None**  (c) Compensation of the organization is not expensed to the organization is not expensed to the position of the organization is not expensed to the position of the organization of the organization is not expensed to the organization of the organization of the organization is not expensed to the organization of the organization organizatio		<u> </u>	·	· ·				Yes	No
Do List the organization as set to the program transfers to an exempt non-chantable related organization?  49a   49b   4				tion 501(h) election in	effect durın	g the tax year?	47		
Did the organization make any transfers to an exempt non-charitable related organization?  1 if "Yes," was the related organization a section 527 organization?  2 if "Yes," was the related organization as section 527 organization?  3 in the part of the table for the organization is five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of organization from the organization if there is none, enter "None"  3 in Name and address of each employee house private and average hard more than \$100,000 of compensation of the past of position of the past of	48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
b If "Yes," was the related organization a section 527 organization?  0 Complete this table for the organization? Now highest compensated employees (other than officers, directors, strustees and key employees) who each received more than 4100,000 of compensation from the organization. If there is none, enter "Now?"  a) Name and address of each employee paid over \$100,000  1 Complete this table for the organization? Sive highest compensated independent contractors who each received more than 5100,000  1 Complete this table for the organization? Sive highest compensated independent contractors who each received more than 5100,000  1 Complete this table for the organization? Sive highest compensated independent contractors who each received more than 5100,000  1 Complete this table for the organization? Sive highest compensated independent contractors who each received more than 5100,000  1 Complete this table for the organization? Sive highest compensated independent contractors who each received more than 5100,000  1 Complete this table for the organization? Sive highest compensated independent contractors who each received more than 5100,000  1 Complete this table for the organization? Sive highest compensated independent contractors who each received more than 5100,000  2 Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts who will be seen to the section of the s							49a		
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"  3) Name and address of each employee where the paid more than \$100,000 of compensation from the organization. If there is none, enter "None" devoted to position of the paid more than \$100,000 of compensation from the organization of the reliable to the reliable t							49b		
Name and address of each employee   Date			_						
(c) Compensation and address of each employee paid more than \$100,000 account and other allowances devoted to position and other allowances.  Total number of other employees paid over \$100,000 account and other allowances.  Total number of other employees paid over \$100,000 because the stable for the organization of the result of compensation from the organization of the result of compensation of the									
Complete this table for the organization is 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  (b) Type of service (c) Compensation  (c) Compensation  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section \$501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes No  noter penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my lowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a lowledge.    Date	(a) Name	and address of each employee	<b>(b)</b> Title and average hours per week		(d) Con employee	tributions to benefit plans &	( <b>e</b>	Exper	nd
1 Complete this table for the organization is 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  Total number of other independent contractors each receiving over \$100,000  2 Did the organization complete Schedule A? NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes No older penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my owledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a owledge.  Signature of officer  ALAN SEIDMAN EXECUTIVE DIRECTOR  Total number of other independent contractors each receiving over \$100,000  Preparer's Signature of officer  ALAN SEIDMAN EXECUTIVE DIRECTOR  Type or point name and title  Preparer's haxpeyer identification number serior in the preparer of the preparer of the preparer of the preparer's signature of officer or polyology and the preparer of the preparer's lax payer identification number serior of the preparer's signature of or yours of the preparer's lax payer identification number serior of the preparer's lax payer identification numbe									
Complete this table for the organization if there is none, enter "None"  (a) Name and address of each independent contractor paid more than \$100,000  (b) Type of service  (c) Compensation  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A? NOTE: All Section \$01(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts where the property of the property o									
Complete this table for the organization is 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 address of each independent contractor paid more than \$100,000 (b) Type of service (c) Compensation  Total number of other independent contractors each receiving over \$100,000  Did the organization complete Schedule A? NOTE: All Section \$51(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes No order penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my owledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a lower of the preparer of the p									
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		<del>-</del>		•	actors who	each received m	nore tha	an \$100	000,0
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		<u> </u>			<b>(b)</b> Type	e of service	(c) C	ompens	sation
Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A		<u> </u>			<b>(b)</b> Type	e of service	<b>(c)</b> C	ompens	sation
wiledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has a covered with the preparer of the prepa		<u> </u>			<b>(b)</b> Type	e of service	<b>(c)</b> C	ompens	sation
Signature of officer  ALAN SEIDMAN EXECUTIVE DIRECTOR Type or print name and title  Preparer's signature  ROBERT R MARCHIONE CPA  Firm's name (or yours if self-employed), address, and ZIP + 4  Preparer's Signature  ALAN SEIDMAN EXECUTIVE DIRECTOR  Date  Check if self-employed if (See instructions)  Preparer's taxpayer identification number (See instructions)  EIN in the self-employed if (See instructions)  Phone no in (845) 567-9000	(a) Na  Tota  2 Did	ame and address of each independent of the organization complete Sche	ndent contractor paid more	e than \$100,000  over \$100,000  501(c)(3) organizatio			npt cha	ritable	trusts
Preparer's signature ROBERT R MARCHIONE CPA  Preparer's signature ROBERT R MARCHIONE CPA  Preparer's signature ROBERT R MARCHIONE CPA  Preparer's taxpayer identification number (See instructions)	Tota  2 Did mus	ame and address of each independent of the organization complete Schedule	ontractors each receiving adule A? <b>NOTE:</b> All Section A	e than \$100,000  over \$100,000	ns and 494	7(a)(1) nonexen	npt cha	ritable <b>'es</b> 「	trusts <b>No</b>
Firm's name (or yours if self-employed), address, and ZIP + 4  VANACOREDEBENEDICTUSDIGOVANNI&WEDDELL  11 RACQUET RD  VANACOREDEBENEDICTUSDIGOVANNI&WEDDELL  11 RACQUET RD	Tota 2 Did mus nder penalt owledge a nowledge.	al number of other independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have not belief, it is true, correct, and complete it is true, correct, and correct it is true, correct, and correc	contractors each receiving edule A? <b>NOTE:</b> All Section A	e than \$100,000  over \$100,000	ns and 494 	7 (a)(1) nonexen	npt cha	ritable <b>'es</b> 「	trusts <b>No</b>
Phone no • (845) 567-9000	I Tota  52 Did  mus  nowledge an  nowledge.	al number of other independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have not belief, it is true, correct, and conditions and belief of the strue, correct and conditions are supported by the strue of officer  ALAN SEIDMAN EXECUTIVE DIRECT Type or print name and title  Preparer's	contractors each receiving edule A? NOTE: All Section A	te than \$100,000  over \$100,000  n 501(c)(3) organizatio	ns and 494 edules and state is based on a 20 Da	7 (a)(1) nonexenterments, and to all information of the Preparer's taxpay	npt cha the be which	ritable <b>'es</b> T	trusts No · has a
I NEWDUKUD. NI 1757U	Tota  2 Did mus  nder penalt nowledge and nowledge.  ign ere	ame and address of each independent of the organization complete Schest attach a completed Schedule ties of perjury, I declare that I have and belief, it is true, correct, and complete of officer  ALAN SEIDMAN EXECUTIVE DIRECT Type or print name and title  Preparer's signature ROBERT R MARCHIONE signature ROBERT R MARCHIONE firm's name (or yours VANACOREI if self-employed),	contractors each receiving adule A? NOTE: All Section A	te than \$100,000  I over \$100,000  In 501(c)(3) organization  I over \$100,000  In 501(c)(3) organization  I over \$100,000  In 501(c)(3) organization  I over \$100,000  I over \$1	ns and 494 edules and state is based on a 20 Da	7 (a)(1) nonexen tatements, and to all information of	npt cha the be which	ritable <b>'es</b> T	trusts <b>No</b>

Form 990-EZ (2011)

Page **4** 

#### **Additional Data**

Software ID: Software Version:

**EIN:** 23-7300465

Name: FABRICATORS ERECTORS & REINFORCING

### Form 990-EZ, Special Condition Description:

#### **Special Condition Description**

### Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
MAYNARD A DARROW 330 MEADOW AVE NEWBURGH, NY 12550	PRESIDENT 1 00	0		
JAMES MCCARTHY 53 330 MEADOW AVE NEWBURGH, NY 12550	VICE PRES 100	0		
DANIEL TEUTUL <b>2</b> 330 MEADOW AVE NEWBURGH,NY 12550	SEC /TREAS 100	0		
ALAN SEIDMAN <sup>®</sup> 330 MEADOW AVE NEWBURGH,NY 12550	EXECUTIVE DI 1 00	0		

efile GRAPHIC print - DO NOT PROCESS **SCHEDULE 0** 

As Filed Data -

DLN: 93492136038882

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(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.

Supplemental Information to Form 990 or 990-EZ

Open to Public Inspection

Name of the organization	Employer identification number
FABRICATORS ERECTORS & REINFORCING	
	23-7300465

ldentifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTIONS 6,951 MEMBERSHIP DUES 1,000 OFFICE EXPENSE 346 TRUSTEE MEETING EXPENSE 2,179 INSURANCE 1,150 ECONOMIC DEVELOPMENT 2,250 HEALTH FUND MANAGEMENT 2,100 MISCELLANEOUS 1,697 TOTAL 17,673
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED LOSS ON SECURITIES -24,231

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93492136038882

# **TY 2011 Compensation Explanation**

Name: FABRICATORS ERECTORS & REINFORCING

**EIN:** 23-7300465

Person Name	Explanation
MAYNARD A DARROW	
JAMES MCCARTHY	
DANIEL TEUTUL	
ALAN SEIDMAN	