

Return of Private Foundation
or Section 4947(a)(1) Trust Treated as Private Foundation

Department of the Treasury
Internal Revenue Service

▶ **Do not enter social security numbers on this form as it may be made public.**
▶ **Go to www.irs.gov/Form990PF for instructions and the latest information.**

Open to Public Inspection

For calendar year 2019 or tax year beginning , 2019, and ending , 20

Name of foundation NorthEast New York Coalition for Occupational Safety and Health, Inc. (aka NENYCOSH)		A Employer identification number 47-1936436
Number and street (or P.O. box number if mail is not delivered to street address) P.O. Box 38098	Room/suite	B Telephone number (see instructions) 518-694-2952
City or town, state or province, country, and ZIP or foreign postal code Albany, New York 12203		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ 18,785.08	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (d), must be on cash basis.)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)	160,278.31			
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	0.00	0.00		
	4 Dividends and interest from securities	0.00	0.00		
	5a Gross rents	0.00	0.00		
	b Net rental income or (loss)	0.00			
	6a Net gain or (loss) from sale of assets not on line 10	0.00			
	b Gross sales price for all assets on line 6a	0.00			
	7 Capital gain net income (from Part IV, line 2)		0.00		
	8 Net short-term capital gain				
	9 Income modifications				
	10a Gross sales less returns and allowances	0.00			
b Less: Cost of goods sold	0.00				
c Gross profit or (loss) (attach schedule)	0.00				
11 Other income (attach schedule)	3793.02	0.00	1954.24		
12 Total. Add lines 1 through 11	164,071.33	0.00	1954.24		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	0.00	0.00		0.00
	14 Other employee salaries and wages	108,088.00	0.00	1154.00	105,553.22
	15 Pension plans, employee benefits	8,870.45	0.00		8,661.99
	16a Legal fees (attach schedule)	0.00	0.00		0.00
	b Accounting fees (attach schedule)	0.00	0.00		0.00
	c Other professional fees (attach schedule)	0.00	0.00		0.00
	17 Interest	0.00	0.00		0.00
	18 Taxes (attach schedule) (see instructions)	3.08	0.00		0.00
	19 Depreciation (attach schedule) and depletion	0.00	0.00		
	20 Occupancy	0.00	0.00		0.00
	21 Travel, conferences, and meetings	4,989.79	0.00	800.24	4,189.55
	22 Printing and publications	0.00	0.00		0.00
	23 Other expenses (attach schedule)	14,929.53	0.00		14,929.53
	24 Total operating and administrative expenses. Add lines 13 through 23	136,880.85	0.00	1,954.24	133,334.29
	25 Contributions, gifts, grants paid	340.22			340.22
26 Total expenses and disbursements. Add lines 24 and 25	137,221.07	0.00	1954.24	133,674.51	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	26,850.26				
b Net investment income (if negative, enter -0-)		0.00			
c Adjusted net income (if negative, enter -0-)			0.00		

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	91.70	18,780.12	18,780.12
	2 Savings and temporary cash investments	4.96	4.96	4.96
	3 Accounts receivable ▶ 0.00			
	Less: allowance for doubtful accounts ▶ 0.00	0.00	0.00	0.00
	4 Pledges receivable ▶ 0.00			
	Less: allowance for doubtful accounts ▶ 0.00	0.00	0.00	0.00
	5 Grants receivable	25,155.77	0.00	0.00
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)	0.00	0.00	0.00
	7 Other notes and loans receivable (attach schedule) ▶ 0.00			
	Less: allowance for doubtful accounts ▶ 0.00	0.00	0.00	0.00
	8 Inventories for sale or use	0.00	0.00	0.00
	9 Prepaid expenses and deferred charges	0.00	0.00	0.00
	10a Investments—U.S. and state government obligations (attach schedule)	0.00	0.00	0.00
	b Investments—corporate stock (attach schedule)	0.00	0.00	0.00
	c Investments—corporate bonds (attach schedule)	0.00	0.00	0.00
	11 Investments—land, buildings, and equipment: basis ▶ 0.00			
Less: accumulated depreciation (attach schedule) ▶ 0.00	0.00	0.00	0.00	
12 Investments—mortgage loans	0.00	0.00	0.00	
13 Investments—other (attach schedule)	0.00	0.00	0.00	
14 Land, buildings, and equipment: basis ▶ 0.00				
Less: accumulated depreciation (attach schedule) ▶ 0.00	0.00	0.00	0.00	
15 Other assets (describe ▶ N/A)	0.00	0.00	0.00	
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	25,252.43	18,785.08	18,785.08	
Liabilities	17 Accounts payable and accrued expenses	0.00	0.00	
	18 Grants payable	0.00	0.00	
	19 Deferred revenue	0.00	0.00	
	20 Loans from officers, directors, trustees, and other disqualified persons	8,200.00	0.00	
	21 Mortgages and other notes payable (attach schedule)	0.00	0.00	
	22 Other liabilities (describe ▶ Uncashed expense check/mileage)	50.00	88.16	
	23 Total liabilities (add lines 17 through 22)	8,250.00	88.16	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	17,002.43	18,696.92	
	25 Net assets with donor restrictions	0.00	0.00	
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	17,002.43	18,696.92		
30 Total liabilities and net assets/fund balances (see instructions)	25,252.43	18,785.08		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	17,002.43
2 Enter amount from Part I, line 27a	2	26,850.26
3 Other increases not included in line 2 (itemize) ▶ N/A	3	0.00
4 Add lines 1, 2, and 3	4	43,852.69
5 Decreases not included in line 2 (itemize) ▶ 2018 contribution (grant) reported in 2018/deposited in 2019	5	25,155.77
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29	6	18,696.92

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	None	N/A	N/A	N/A
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))	
a	N/A	N/A	N/A	
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a	N/A	N/A	N/A	
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		2	0.00
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8		3	0.00

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period? Yes No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

1 Enter the appropriate amount in each column for each year; see the instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2018	102,760.00	18,320.30	5.61
2017	77,502.28	21,239.41	3.65
2016	34,375.46	15,685.07	2.19
2015	31,885.16	3569.30	8.93
2014	0.00	0.00	1.00
2	Total of line 1, column (d)		21.38
3	Average distribution ratio for the 5-year base period—divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years		4.276
4	Enter the net value of noncharitable-use assets for 2019 from Part X, line 5		21,090.46
5	Multiply line 4 by line 3		90,182.81
6	Enter 1% of net investment income (1% of Part I, line 27b)		0.00
7	Add lines 5 and 6		90,182.81
8	Enter qualifying distributions from Part XII, line 4 If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.		133,674.51

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	0.00
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0.00
3	Add lines 1 and 2	3	0.00
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0.00
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	0.00
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	0.00
b	Exempt foreign organizations—tax withheld at source	6b	0.00
c	Tax paid with application for extension of time to file (Form 8868)	6c	0.00
d	Backup withholding erroneously withheld	6d	0.00
7	Total credits and payments. Add lines 6a through 6d	7	0.00
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	0.00
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	0.00
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	0.00
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 0.00 Refunded ▶	11	0.00

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
c Did the foundation file Form 1120-POL for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ <u>0.00</u> (2) On foundation managers. ▶ \$ <u>0.00</u>		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ <u>0.00</u>		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b If "Yes," has it filed a tax return on Form 990-T for this year?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ New York		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Part VII-A Statements Regarding Activities (continued)

		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		✓
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► https://www.nenycosh.org	✓	
14	The books are in care of ► <u>Jean Marie McMahon</u> Telephone no. ► <u>518-694-2952</u> Located at ► <u>296 Middleline Road, Ballston Spa, New York</u> ZIP+4 ► <u>12020-3315</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here and enter the amount of tax-exempt interest received or accrued during the year		<input type="checkbox"/>
			15
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ► <u>N/A</u>		✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year, did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>	1b	✓
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c	✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► 20____, 20____, 20____, 20____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.)	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.)	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	✓
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	✓

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a During the year, did the foundation pay or incur any amount to:		Yes		No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No
(3) Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No
b If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions			5b	
Organizations relying on a current notice regarding disaster assistance, check here	<input type="checkbox"/>			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	<input type="checkbox"/> Yes			<input type="checkbox"/> No
If "Yes," attach the statement required by Regulations section 53.4945-5(d).				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No
b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			6b	✓
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No
b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?			7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes			<input checked="" type="checkbox"/> No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.

(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 and deferred compensation	(e) Expense account, other allowances
Maureen Cox PO Box 38098, Albany, New York 12203	Chairperson, 4	0	0	0
Susan Zucker PO Box 38098, Albany, New York 12203	Vice Chairperson, 5	0	0	0
Anne Marie Gibson PO Box 38098, Albany, New York 12203	Secretary, 1	0	0	0
Jean Marie McMahon PO Box 38098, Albany, New York 12203	Treasurer, 4	0	0	0

2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Rossana Coto-Batres PO Box 38098, Albany, New York 12203	Outreach/Education Coordinator, 35	\$65,000	0	0
Matthew London PO Box 38098, Albany, New York 12203	Director, 17	\$51,085	0	0

Total number of other employees paid over \$50,000 ▶ **0**

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
None	N/A	N/A
Total number of others receiving over \$50,000 for professional services		0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 Conduct educational conferences and seminars: 17 organizations served; 40 conferences convened; 905 individuals trained	\$94,949.76
2 Support the service of foundation staff on boards or advisory committees of other charitable organizations: 4 boards/committees served	\$2126.74
3 N/A	\$0.00
4 N/A	\$0.00

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 None	\$0.00
2 None	\$0.00
All other program-related investments. See instructions.	
3 None	\$0.00
Total. Add lines 1 through 3	\$0.00

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	0.00
b	Average of monthly cash balances	1b	21,411.63
c	Fair market value of all other assets (see instructions)	1c	0.00
d	Total (add lines 1a, b, and c)	1d	21,411.63
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0.00
2	Acquisition indebtedness applicable to line 1 assets	2	0.00
3	Subtract line 2 from line 1d	3	21,411.63
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	321.17
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	21,090.46
6	Minimum investment return. Enter 5% of line 5	6	1,054.52

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	1,054.52
2a	Tax on investment income for 2019 from Part VI, line 5	2a	0.00
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	0.00
c	Add lines 2a and 2b	2c	0.00
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,054.52
4	Recoveries of amounts treated as qualifying distributions	4	0.00
5	Add lines 3 and 4	5	1,054.52
6	Deduction from distributable amount (see instructions)	6	0.00
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,054.52

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	133,674.51
b	Program-related investments—total from Part IX-B	1b	0.00
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	0.00
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	0.00
b	Cash distribution test (attach the required schedule)	3b	0.00
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	133,674.51
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	0.00
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	133,674.51

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,054.52
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			0.00	
b Total for prior years: 20 <u>15</u> , 20 <u>16</u> , 20 <u>17</u>		0.00		
3 Excess distributions carryover, if any, to 2019:				
a From 2014				0.00
b From 2015				31,706.69
c From 2016				33,591.21
d From 2017				76,440.31
e From 2018				101,843.98
f Total of lines 3a through e	243,582.19			
4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ <u>133,674.51</u>				
a Applied to 2018, but not more than line 2a			0.00	
b Applied to undistributed income of prior years (Election required—see instructions)		0.00		
c Treated as distributions out of corpus (Election required—see instructions)	0.00			
d Applied to 2019 distributable amount				1054.52
e Remaining amount distributed out of corpus	132,619.99			
5 Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	0.00			0.00
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	376,202.18			
b Prior years' undistributed income. Subtract line 4b from line 2b		0.00		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.00		
d Subtract line 6c from line 6b. Taxable amount—see instructions		0.00		
e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions			0.00	
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				0.00
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)	0.00			
8 Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions)	0.00			
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	376,202.18			
10 Analysis of line 9:				
a Excess from 2015				31,706.69
b Excess from 2016				33,591.21
c Excess from 2017				76,440.31
d Excess from 2018				101,843.98
e Excess from 2019				132,619.99

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2019, enter the date of the ruling N/A

b Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)

	Tax year	Prior 3 years			(e) Total
	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test—enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
c "Support" alternative test—enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

None

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

None

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:
 Check here if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

a The name, address, and telephone number or email address of the person to whom applications should be addressed:

N/A

b The form in which applications should be submitted and information and materials they should include:

N/A

c Any submission deadlines:

N/A

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

N/A

Part XV Supplementary Information *(continued)*

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
National Council for Occupational Safety and Health 337 Somerville Avenue, Somerville, MA 02143	N/A	PC	Annual Membership Dues	340.22
Total ▶				3a 340.22
b <i>Approved for future payment</i>				
None	N/A	N/A	N/A	0.00
Total ▶				3b 0.00

Schedule of Contributors

2019

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization NorthEast New York Coalition for Occupational Safety and Health, Inc.	Employer identification number 47-1936436
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Organization type (check one):

Filers of:

Section:

- Form 990 or 990-EZ
 - 501(c)() (enter number) organization
 - 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
 - 527 political organization
- Form 990-PF
 - 501(c)(3) exempt private foundation
 - 4947(a)(1) nonexempt charitable trust treated as a private foundation
 - 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 $\frac{1}{3}$ % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization NorthEast New York Coalition for Occupational Safety and Health, Inc.	Employer identification number 47-1936436
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Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Western New York Council on Occupational Safety and Health, In 2495 Main Street, Suite 438 Buffalo, New York 14214-2152	\$ 15,107.48	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
-----	-----	\$ -----	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NorthEast New York Coalition for Occupational Safety and Health, Inc.	Employer identification number 47-1936436
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Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	N/A ----- ----- -----	\$ ----- N/A	----- N/A
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----
-----	----- ----- -----	\$ -----	-----

Name of organization NorthEast New York Coalition for Occupational Safety and Health, Inc.	Employer identification number 47-1936436
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ \$ _____ N/A

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
1	N/A	N/A	N/A

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee
N/A	N/A

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

NorthEast New York Coalition for Occupational Safety and Health, Incorporated (aka NENYCOSH)

EIN: 47-1936436

Form 990-PF

2019

Part I

Line 11: Other Income

On 03/12/19, The International Chemical Workers Union Council/UFCW (ICWUC/UFCW) paid us \$1,559.80 to assist in the development of a training in Spanish on infectious diseases. This sum included \$294.52 for travel expenses to Cincinnati and \$1,265.28 to cover the salary of our Outreach and Education Coordinator. On 05/21/19, the ICWUC/UFCW paid us \$1,406.00 to deliver this training. This sum included \$252.00 in travel expenses (actual travel expenses were \$274.87) and \$1,154.00 to cover the salary of our Outreach and Education Coordinator.

On 05/06/19, the National Council for Occupational Safety and Health (NCOSH) reimbursed us for travel expenses incurred by our Director to attend the NCOSH annual conference. The amount of reimbursement was \$263.56.

On 10/29/19, the Backstretch Employees Service team reimbursed us for travel expenses incurred by our Outreach and Education Coordinator and our Vice Chairperson to travel to Long Island to deliver an otherwise free training to backstretch workers at Belmont Racetrack. The amount of this reimbursement was \$548.24. Actual travel expenses incurred were \$586.26.

On 11/07/19, our Director paid us \$15.42. This was a corrective action taken on a taxable event as required by Form 4720.

Total Other Income: \$3,793.02.

Part I

Line 18: Taxes

On 11/27/19, we paid \$3.08 when we filed Form 4720 2018 (Part I, Taxes on Organization, Line 4, Tax on taxable expenditures).

NorthEast New York Coalition for Occupational Safety and Health, Incorporated (aka NENYCOSH)

EIN: 47-1936436

Form 990-PF

2019

Part I

Line 23: Other Expenses

Payroll Fees:	\$1,179.16
(Includes Full Service Direct Deposit, Tax Filing, etc.):	
Workers' Compensation:	\$796.92
Rental of Post Office Box:	\$122.00
Directors and Officers Insurance Premium:	\$2,329.00
Purchase of Hearing Protection to Use in Trainings:	\$30.00
Safety Glasses to Distribute at Trainings:	\$600.31
Website domain, platform, and mailbox:	\$235.34
Ads:	\$57.16
Filing Fee NYS CHAR 500:	\$50.00
Computer repair and data recovery:	\$915.00
Postage:	\$13.10
Office Supplies (Printer paper, certificate Paper, ink, USB drives, etc.)	\$809.44
Office Chair:	\$149.99
Office Chair Tax:	\$12.00
Office Desk:	\$329.99
Printer Stand:	\$179.99
File Cabinet:	\$179.99
Tax on office desk, printer stand, file cabinet:	\$55.20
Docking Station:	\$79.99
Printer:	\$329.99
Wireless mouse and keyboard:	\$54.99
Laptop computer:	\$899.00
Projector:	\$399.99
Computer monitor:	\$99.99
<u>Microsoft Office:</u>	<u>\$129.99</u>
Total:	\$10,038.53

NorthEast New York Coalition for Occupational Safety and Health, Incorporated (aka NENYCOSH)
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2019

Part I

Line 23: Other Expenses, cont'd

In April 2019, during Worker Memorial Week, NENYCOSH sponsored an exhibit of the photographs of Earl Dotter, a labor photojournalist whose compelling photographs personalize the dignity and dangers of work in America. The exhibit, entitled "Life's Work, A Fifty Year Photographic Chronicle of Working in the U.S.A.", was on display at the Empire State Plaza Legislative Office Building in Albany, NY from 04/22/19 to 04/26/19. The purpose of the event was to draw attention to occupational health and safety issues, particularly as they affect vulnerable workers, to educate the public on the history of the labor movement and to showcase the work of NENYCOSH. On opening day, NENYCOSH held a reception for Mr. Dotter. Both the exhibit and reception were free and open to the public.

Expenses associated with this event were as follows:

Payment to Mr. Dotter for exhibit delivery, set up, etc:	\$3,000.00
Catering:	\$1,453.50
Rental of extra tables and linens:	\$225.00
Purchase of five signed copies of Mr. Dotter's book to give to supporters of the event:	\$212.50
Total for Dotter event/s	\$4,891.00

Total "Other Expenses": \$10,038.53 + \$4,891.00 = \$14,929.53

Part VII-A

Line 1a: During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?

NENYCOSH is a small private foundation, which through 2019, did not have access to legal or financial advice. Our foundation managers did not, until the last part of 2019, possess an adequate understanding of the definition of "attempting to influence legislation" and the differences between public charities and private foundations with respect to permitted lobbying and associated expenditures. We had been modeling our activities on those of other nonprofit organizations with whom we are closely aligned (other Occupational Safety and Health organizations), not realizing that they are public charities and that we are a private foundation. Concerns with respect to these activities were raised by the NENYCOSH treasurer during an April 08, 2019 Board Meeting. All lobbying activities stopped thereafter while we tried to sort this out. At no time before April 08, 2019 did any foundation manager know that these activities were prohibited. No votes were ever taken, nor resolutions ever passed, by the Board of Directors authorizing these activities.

NorthEast New York Coalition for Occupational Safety and Health, Incorporated (aka NENYCOSH)

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Form 990-PF

2019

Part V11-A

Line 1a, cont'd: The situation is further complicated by the fact that based on the answers that we provided in our exemption application, we were classified as a private foundation. However, we now know that the projections (provided by us) on which that determination was made were probably incorrect and that it is likely that we meet the requirements for classification as a public charity. We have been in touch with the Internal Revenue Service about this, have been apprised on how to make the necessary corrections, and are in the process of doing so.

Facebook Posts:

On 02/25/19, we reposted a New York Times article entitled "What America Can Learn from 'Roma'". In this article, there was an embedded video clip in which a domestic worker calls on Congress to pass the first National Domestic Workers' Bill of Rights. We don't know if by reposting the article, we were engaging in lobbying or not, but report it here.

On 04/25/19, there were two posts containing links to the National Council on Occupational Safety and Health (NCOSH) "The Dirty Dozen 2019" report. We are listed as a member of the COSH network in the report. This report contains the following quotes:

1. "...NCOSH...has petitioned OSHA to protect workers by issuing a specific standard requiring employers to reduce the risk of heat stress for all workers. Congress must act on this urgent issue." "Congress should pass and federal agencies must implement a new standard to protect all workers from heat exposure."
2. In discussing the opioid epidemic and its effect on workers, the Agenda for Action contained in the report says, "Enact state ergonomics measures, modeled on California's ergonomic standard or New York's safe patient handling requirements."
3. "New local ordinances need to be put in place to require that trenching operations have safety equipment in place to proceed with work." Specifically referenced is a Boston city ordinance requiring employers to provide information about their health and safety record before obtaining a permit.

Other:

On January 3, 2019, our Director at the time met with New York State Senator Neil Breslin and New York State Assembly Member Patricia Fahy to garner the support of these legislators for the photography exhibit mentioned above (see Other Expenses). The Director took this opportunity to ask these legislators to support and possibly co-sponsor a potential bill. By way of background, on May 4, 2016, a day laborer in Albany, NY was killed within a few minutes of reporting for his first day on the job when he was pulled headfirst into a woodchipper. The potential legislation would enhance the monetary penalties for corporate defendants (employers) from a maximum of \$10,000 to one million dollars so that corporations would not receive a mere "slap on the wrist" when their egregious conduct caused death or serious physical injury to a worker or bystander. The legislation would also add specificity to the Criminally Negligent Homicide and the Reckless Endangerment in the First Degree statutes so that supervisors, responsible for employee safety, were adequately deterred from, and punished for,

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Part V11-A

Line 1a, cont'd: engaging in egregious conduct causing death or serious physical injury to a worker or bystander. This legislation was never introduced.

We did not engage in any lobbying after April 2019.

Time spent on the above activities constituted less than 0.1% of the total time spent by NENYCOSH employees/Board members/members in pursuit of all NENYCOSH activities during 2019.

Part VIII

Line 1: List all officers, directors, trustees, foundation managers and their compensation.

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Alex Dell PO Box 38098 Albany, New York 12203	Board Member, 1	0	0	0
David Stauber PO Box 38098 Albany, New York 12203	Board Member, 1	0	0	0
Regina Keenan PO Box 38098 Albany, New York 12203	Board Member, .5	0	0	0
Brian Pomeroy PO Box 38098 Albany, New York 12203	Board Member, .25	0	0	0
Geraldine Stella PO Box 38098 Albany, New York 12203	Board Member, .25	0	0	0