

Form **990**

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 private foundations)

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

OMB No. 1545-0047

2016

Open to Public Inspection

A For the 2016 calendar year, or tax year beginning **07/01/16**, and ending **06/30/17**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization WORKFORCE DEVELOPMENT BOARD OF FULTON, MONTGOMERY & SCHOHARIE CTS, INC		D Employer identification number 16-1536318
	Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2620 RIVERFRONT CENTER		E Telephone number 518-842-3676
	City or town, state or province, country, and ZIP or foreign postal code AMSTERDAM NY 12010		G Gross receipts \$ 1,548,173
	F Name and address of principal officer: MARTIN CALLAHAN		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.FMSWORKFORCESOLUTIONS.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other			L Year of formation: 1997
			M State of legal domicile: NY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.			
	3	Number of voting members of the governing body (Part VI, line 1a)	3	25
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	25
	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	5	4
	6	Total number of volunteers (estimate if necessary)	6	4
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)		Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)		2,122,607	1,435,691
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		110,001	112,482
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,232,608	1,548,173
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		1,507,216	936,623
	14 Benefits paid to or for members (Part IX, column (A), line 4)			0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		231,904	224,942
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		486,330	403,693
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,225,450	1,565,258
19 Revenue less expenses. Subtract line 18 from line 12		7,158	-17,085	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)		Beginning of Current Year	End of Year
	21 Total liabilities (Part X, line 26)		169,062	130,512
	22 Net assets or fund balances. Subtract line 21 from line 20		92,750	71,285

Part II Signature Block

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.

Sign Here	Signature of officer		Date		
	GAIL B. BREEN Type or print name and title		EXECUTIVE DIRECTOR		
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	PHILIP BECKETT		10/02/17	<input checked="" type="checkbox"/>	P00630627
	Firm's name ▶ PHILIP BECKETT CPA, P.C.	Firm's EIN ▶ 14-1767080	Phone no 518-773-7226		
	Firm's address ▶ 132 E. STATE STREET GLOVERSVILLE, NY 12078				

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

For Paperwork Reduction Act Notice, see the separate instructions.