

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. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017 Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

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

C Name of organization: WORKFORCE DEVELOPMENT BOARD OF FULTON, MONTGOMERY & SCHOHARIE CTS, INC. Doing business as: 2620 RIVERFRONT CENTER, AMSTERDAM NY 12010

D Employer identification number: 16-1536318 E Telephone number: 518-842-3676 G Gross receipts\$: 1,441,678

F Name and address of principal officer: SCOTT STEVENS

H(a) Is this a group return for subordinates? Yes No (X) H(b) Are all subordinates included? Yes No

I Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: WWW.FMSWORKFORCESOLUTIONS.ORG H(c) Group exemption number

K Form of organization: X Corporation Trust Association Other

L Year of formation: 1997 M State of legal domicile: NY

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1. Mission (SEE SCHEDULE O), 3-7. Revenue (Total: 1,441,678), 8-12. Expenses (Total: 1,433,687), 13-19. Net Assets or Fund Balances (Total: 67,214).

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: GAIL B. BREEN, EXECUTIVE DIRECTOR. Date: [Blank]

Paid Preparer Use Only: Print/Type preparer's name: PHILIP BECKETT. Preparer's signature: [Blank]. Date: 11/05/18. Check self-employed: [X]. PTIN: P00630627. Firm's name: PHILIP BECKETT CPA, P.C. Firm's EIN: 14-1767080. Firm's address: 132 E. STATE STREET, GLOVERSVILLE, NY 12078. Phone no.: 518-773-7226

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