

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2018

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/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

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 Doing business as Number and street (or P.O. box if mail is not delivered to street address) Room/suite 2620 RIVERFRONT CENTER City or town, state or province, county, and ZIP or foreign postal code AMSTERDAM NY 12010	D Employer identification number 16-1536318 E Telephone number 518-842-3676 G Gross receipts \$ 1,473,923
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		L Year of formation: 1997 M State of legal domicile: NY
J Website: WWW.FMSWORKFORCESOLUTIONS.ORG		H(c) Group exemption number ▶
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		

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	26	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	26	
	5 Total number of individuals employed in calendar year 2018 (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
	b Net unrelated business taxable income from Form 990-T, line 38	7b		0
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year		Current Year
	9 Program service revenue (Part VIII, line 2g)	1,326,319		1,340,703
	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)	115,359		133,220
	12 Total revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,441,678		1,473,923
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	826,855		989,509
	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)	204,838		180,502
	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)	401,994		347,376
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	1,433,687		1,517,387
	19 Revenue less expenses. Subtract line 18 from line 12	7,991		-43,464
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)	96,222		84,969
	22 Net assets or fund balances. Subtract line 21 from line 20	29,008		61,218
		67,214		23,751

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 Type or print name and title	Date EXECUTIVE DIRECTOR	
Paid Preparer Use Only	Print/Type preparer's name PHILIP BECKETT	Preparer's signature Date 10/23/19	Check <input type="checkbox"/> if PTIN self-employed P00630627 Firm's name ▶ PHILIP BECKETT CPA, P.C. 132 E. STATE STREET Firm's address ▶ GLOVERSVILLE, NY 12078 Firm's EIN ▶ 14-1767080 Phone no. 518-773-7226

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