

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2019
Open to Public Inspection

u Do not enter social security numbers on this form as it may be made public.
u Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning 07/01/19, and ending 06/30/20

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 FULT ON, MONTGOMERY & SCHOHARIE CTS, INC		D Employer identification number 16-1536318
	Doing business as		E Telephone number 518-842-3676
	Number and street (or P.O. box if mail is not delivered to street address) 2620 RIVERFRONT CENTER		Room/suite
	City or town, state or province, country, and ZIP or foreign postal code AMSTERDAM NY 12010		G Gross receipts \$ 1,612,753
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) () t (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527	J Website: u WWW.FMSWORKFORCESOLUTIONS.ORG	H(c) Group exemption number u
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other u	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"/> u 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	24	
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	24	
	5 Total number of individuals employed in calendar year 2019 (Part V, line 2a)	5	3	
	6 Total number of volunteers (estimate if necessary)	6	24	
	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 39	7b	0		
Revenue			Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)		1,340,703	1,365,509
	9 Program service revenue (Part VIII, line 2g)			123,741
	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)		133,220	123,503
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,473,923	1,612,753	
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		989,509	992,350
	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)		180,502	195,559
	16a Professional fundraising fees (Part IX, column (A), line 11e)			0
	b Total fundraising expenses (Part IX, column (D), line 25) u	0		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		347,376	431,928
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,517,387	1,619,837	
19 Revenue less expenses. Subtract line 18 from line 12		-43,464	-7,084	
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)		84,969	80,116
	21 Total liabilities (Part X, line 26)		61,218	63,449
22 Net assets or fund balances. Subtract line 21 from line 20		23,751	16,667	

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		10/26/20		P00630627
	Firm's name } PHILIP BECKETT CPA, P.C.	Firm's EIN } 14-1767080			
Firm's address } 132 E. STATE STREET					
Firm's address } GLOVERSVILLE, NY 12078		Phone no. 518-773-7226			

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