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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection

A F	or the	\pm 2022 calendar year, or tax year beginning $$ JUL $1,$ 2022 and endi	ing J	<u>UN 30, 2023</u>			
	heck if	WESTCHESTER PUTNAM SCHOOL BOARDS		D Employer identifie	cation number		
	_Addres	ASSOCIATION, INC.					
	Name change	Doing business as		13-3190694			
	□ Initial □ return □ Final □ return/	450 MAMARONECK AVENUE 3RI	m/suite D FL				
	termin ated	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$ 253,271.			
	Ameno	HARRISON, NI 10528		H(a) Is this a group re			
	Application pending	F Name and address of principal officer: NAKEN BELIANGER		for subordinates	·····= =		
		SAME AS C ABOVE		H(b) Are all subordinates in			
		empt status: X 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or ce: WWW.WPSBA.ORG	527	·	list. See instructions		
	Vebsit		I Voor o	H(c) Group exemption	n number • State of legal domicile: NY		
	art I	Summary	L Year C	or formation; ZUIZ N	A State of legal domicile, N 1		
	_	Briefly describe the organization's mission or most significant activities: SEE SCH	HEDUI	LE O	_		
Governance							
rna	2	Check this box if the organization discontinued its operations or disposed of	of more	than 25% of its net ass			
ove.	I	Number of voting members of the governing body (Part VI, line 1a)			16		
		Number of independent voting members of the governing body (Part VI, line 1b)			16		
Activities &		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			4		
ΞΞ		Total number of volunteers (estimate if necessary)			16		
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	b	Net unrelated business taxable income from Form 990-T, Part I, line 11	·····	Prior Year	Current Year		
	8	Contributions and grants (Part VIII, line 1h)		198,332.	205,097.		
ine	1	(D. 1)(III.)		31,701.	33,025.		
Revenue	I	Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		25.	34.		
Be		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		15,000.	15,115.		
	l	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		245,058.	253,271.		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.		
	l	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
s	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		202,822.	208,360.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
<u>6</u>	b	Total fundraising expenses (Part IX, column (D), line 25)					
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		36,217.	38,259.		
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		239,039.	246,619.		
	19	Revenue less expenses. Subtract line 18 from line 12		6,019.	6,652.		
Net Assets or			Вед	ginning of Current Year	End of Year		
Sset	20	Total assets (Part X, line 16)		122,443.	139,714.		
et A	21	Total liabilities (Part X, line 26)		6,818.	17,437. 122,277.		
Pa	rt II	Net assets or fund balances. Subtract line 21 from line 20 Signature Block		115,625.	144,411.		
		Ities of perjury, I declare that I have examined this return, including accompanying schedules and	stateme	nts, and to the hest of my	knowledge and helief it is		
		t, and complete. Declaration of preparer (other than officer) is based on all information of which p		-	Knowledge and belief, it is		
1100,	001100	g and complete. Books and or property (early than office) to become on an information of finishing	or oparor i	lias any kinewicago.			
Sigi	n	Signature of officer		Date			
Her		KAREN BELANGER, EXECUTIVE DIRECTOR					
		Type or print name and title					
		Print/Type preparer's name Preparer's signature		ate Check	PTIN		
Paid	ı	GARRETT M. HIGGINS GARRETT M. HIGGINS	0	5/14/24 self-employ			
Prep	arer	Firm's name PKF O'CONNOR DAVIES ADVISORY, LLC		Firm's EIN 8	7-3231666		
Use	Only	Firm's address 500 MAMARONECK AVENUE, SUITE 301					
		HARRISON, NY 10528-1633		Phone no.91	4-381-8900		
May	the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No		

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Name of exempt organization or other filer, see instructions. Type or Taxpayer identification number (TIN) WESTCHESTER PUTNAM SCHOOL BOARDS print 13-3190694 ASSOCIATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 450 MAMARONECK AVENUE, 3RD FL return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. HARRISON, NY 10528 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Is For Code Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) KAREN BELANGER The books are in the care of ► 450 MAMARONECK AVENUE - HARRISON, NY 10528 Telephone No. ▶ 914-345-8737 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box 🕨 🔲 . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. MAY 15, 2024 ____ , to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: calendar year or , and ending JUN 30, 2023 ► X tax year beginning JUL 1, 2022 Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less 0. any nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions For Privacy Act and Paperwork Reduction Act Notice, see instructions. Form 8868 (Rev. 1-2022) LHA

223841 04-01-22

	WESTCHESTER PUTNAM SCHOOL BOARDS	12 2100604 - 0
	n 990 (2022) ASSOCIATION, INC. rt III Statement of Program Service Accomplishments	13-3190694 Page 2
Pa		ড
_	Check if Schedule O contains a response or note to any line in this Part III	<u>X</u>
1	Briefly describe the organization's mission: THE MISSION OF THE WESTCHESTER PUTNAM SCHOOL BOARDS AS	COCTATION IS TO
	PROVIDE LEADERSHIP AND SUPPORT FOR OUR MEMBER DISTRICTS	
	TROVIDE BEADERDHII AND BOITORT FOR OUR MEMBER DIBIRICIA	•
2	Did the organization undertake any significant program services during the year which were not listed on the	
2	prior Form 990 or 990-EZ?	
	If "Yes," describe these new services on Schedule O.	[] Tes [21] NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program service	s? Yes X No
•	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services,	as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to or	
	revenue, if any, for each program service reported.	, ,
4a	(Code:) (Expenses \$ 211,581. including grants of \$ 0.) (Ri	evenue \$ 33,025.
	THE WESTCHESTER PUTNAM SCHOOL BOARDS ASSOCIATION (WPSBA	
	EARN A SOLID REPUTATION AS A REGIONAL LEADER ON ISSUES	RELATED TO
	PUBLIC EDUCATION AND SCHOOL DISTRICT GOVERNANCE. OUR ST	TRONG MEMBERSHIP
	RECORD (100% OF AREA SCHOOL DISTRICTS ARE MEMBERS) STAN	NDS AS AN
	INDICATOR OF THE HIGH LEVEL OF SERVICE AND RESOURCE SUR	PPORT WE PROVIDE.
	THE WPSBA EXECUTIVE DIRECTOR IS REGULARLY CALLED UPON T	TO PROMOTE
	EDUCATION ISSUES AND SPEAK ON BEHALF OF PUBLIC EDUCATION	ON ON PANELS,
	ROUNDTABLES, AND OTHER PUBLIC FORUMS. OUR PROGRAMS ARE	PRIMARILY
	SUPPORTED THROUGH MEMBERSHIP DUES, AS PROGRAMS ARE EITH	HER PROVIDED FREE
	TO MEMBERS, THERE IS A NOMINAL FEE, OR THE FEE COVERS H	BASIC COSTS FOR
	AN EVENT.	
4b	(Code:) (Expenses \$ including grants of \$) (Recode:)	evenue \$
4c	(Code:) (Expenses \$ including grants of \$) (Re	evenue \$

3

including grants of \$ 211,581.

Form **990** (2022)

Total program service expenses

4d Other program services (Describe on Schedule O.)

13-3190694

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		Х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
·	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
•	Schedule D, Part III	├°		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			.
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
-	complete Schedule G, Part III	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		T -
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x

Form 990 (2022) ASSOCIATION, INC.

Part IV Checklist of Required Schedules (continued)

	·		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		-
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	040		
4	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
2 5a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			37
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			x
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30		X
32	Did the organization required terminate, or dissolve and cease operations <i>fit "yes," complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	31		
32	,	32		X
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 02		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•	Part V. line 1	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> </u>
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		\ \	
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			
	Chook it Contourio C contains a response of flote to any line in this fact v	<u></u>	Yes	No
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		162	INO
	Enter the number reported in box 3 of 1 of in 1030. Enter 40 in not applicable Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
232004	4 12-13-22	Form	990	(2022)

Form 990 (2022) ASSOCIATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

					Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a	4							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?	•	2b	Х					
За	5111			За		Х				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule 6			3b						
	At any time during the calendar year, did the organization have an interest in, or a signature or other a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account,	ccou	nt)?	4a		Х				
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	cour	its (FBAR).							
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction			5b		X				
	, , , , , , , , , , , , , , , , , , , ,									
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?			6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons o	r gifts							
	were not tax deductible?			6b						
7	Organizations that may receive deductible contributions under section 170(c).					37				
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	vices	provided to the payor?	7a		X				
b				7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	s req	uired	_						
	to file Form 8282?	 		7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	•	7e		Х				
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization during the year pay promiume directly or indirectly an a personal benefit contract?									
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?									
8										
Ū	sponsoring organization have excess business holdings at any time during the year?									
9										
а										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b						
10	Section 501(c)(7) organizations. Enter:	_								
а	Initiation fees and capital contributions included on Part VIII, line 12	10a								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_						
11	Section 501(c)(12) organizations. Enter:	ı	1							
	Gross income from members or shareholders	11a		4						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	l	1	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		-						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			10-						
а	Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O.			13a						
h	Enter the amount of reserves the organization is required to maintain by the states in which the									
b	organization is licensed to issue qualified health plans	13b	1							
С	Enter the amount of reserves on hand	13c		1						
14a				14a		Х				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule			14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner									
	excess parachute payment(s) during the year?			15		Х				
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	inco	me?	16		Х				
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	tivitie	S							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17						
	If "Yes," complete Form 6069.									

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule Q. See instructions

	to line oa, ob, or rob below, describe the circumstances, processes, or changes on schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			l
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 15			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent	-		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			х
•	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			x
	of officers, directors, trustees, or key employees to a management company or other person?	<u>3</u> 4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders?	6	X	
6 7-	Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	-	- 22	
7a		70	Х	
h	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a	- 21	
b		7b		x
8	persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7.5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	00		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	(This Section B requests information about policies not required by the internal nevertice Gode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	KAREN BELANGER - 914-345-8737			
	450 MAMARONECK AVENUE, HARRISON, NY 10528			

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per		not c		C) ition	than o	one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director		Officer Officer	irecto		tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) KAREN BELANGER	40.00							100 600		2 010
EXECUTIVE DIRECTOR	1 00			Х		_		100,600.	0.	2,012.
(2) SCOTT LEVY	1.00	.,		.,						
PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) MARJORIE SCHIFF VICE PRESIDENT	1.00	X		х				0.	0.	0.
(4) PATTY NASHELSKY	1.00	Λ		Δ				· ·	0.	.
TREASURER	1.00	Х		х				0.	0.	0.
(5) CAYNE LETIZIA	1.00									
SECRETARY		х		х				0.	0.	0.
(6) TRACY BARON	0.50									
DIRECTOR		Х						0.	0.	0.
(7) ADINA BERRIOS BROOKS	0.50									
DIRECTOR		Х						0.	0.	0.
(8) HEIDI CAMBARERI	0.50									
DIRECTOR		Х						0.	0.	0.
(9) SARAH CARRIER	0.50									
DIRECTOR		X						0.	0.	0.
(10) BRANWEN MACDONALD	0.50									
DIRECTOR		X						0.	0.	0.
(11) KELLY MULVOY MANGAN	0.50									
DIRECTOR		Х						0.	0.	0.
(12) BARBARA PARMLY	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(13) EMILY RUBIN PERSONS	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(14) CORINNE ROSA	0.50	1							_	
DIRECTOR		Х						0.	0.	0.
(15) LISA TANE	0.50	l								
DIRECTOR		Х						0.	0.	0.
(16) DEBORAH TAYLOR	0.50								_	_
DIRECTOR	0.50	Х				_		0.	0.	0.
(17) SARAH TORMEY	0.50								_	_
DIRECTOR		X						0.	0.	0. Form 990 (2022)

232007 12-13-22

Form 990 (2022)

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	Section A. Officers, Directors, Tru			,						`	
	(A)	(B) (C) Average Position							(D)	(E)	(F)
	Name and title	Average	(do not check more than o						Reportable	Reportable	Estimated
		hours per week		, unles cer an					compensation	compensation	amount of other
		(list any	tor						from the	from related organizations	compensation
		hours for	direct				þ		organization	(W-2/1099-MISC/	from the
		related	ee or	stee			nsate		(W-2/1099-MISC/	1099-NEC)	organization
		organizations	trust	nal tru		oyee	om pe		1099-NEC)	ŕ	and related
		below	Individual trustee or director	Institutional trustee	Je.	key employee	Highest compensated employee	ner			organizations
		line)	Indi	Inst	Officer	Key	Hig emp	Former			
_											
_											
_											1
_											
_											
_											
	Subtotal								100,600.	0.	<u> </u>
	Total from continuation sheets to Part V								0.	0.	
	Total (add lines 1b and 1c)								100,600.	0.	2,012
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	d ab	ove) wh	o re	ceived more than \$100,	000 of reportable	
	omponeumon montano organization										Yes N
,	Did the organization list any former office	r, director, trust	ee, k	сеу е	mpl	oye	e, or	hig	hest compensated emp	loyee on	
	line 1a? If "Yes," complete Schedule J for	such individual									3 X
	For any individual listed on line 1a, is the s	•		•					•	•	_
	and related organizations greater than \$15										4 X
	Did any person listed on line 1a receive or					,			•		_ _
_	rendered to the organization? If "Yes," contion B. Independent Contractors	mplete Schedule	e J fo	or su	ch p	pers	on .				5 X
_	Complete this table for your five highest c	ompensated inc	lene	nder	nt co	ntra	actor	s th	at received more than \$	100,000 of compens	ation from
	the organization. Report compensation for										
	3 1								(B)		(C)
	(A)	s address	M) NT E	,				Description of s	ervices	Compensation
_		s address	NC	ONE					Description of s	ervices	Compensation
_	(A)	s address	NO	ONE					Description of s	ervices	Compensation
_	(A)	s address	NO	ONE					Description of s	ervices	Compensation
_	(A)	s address	NO	ONE					Description of s	ervices	Compensation
	(A)	s address	NO	ONE					Description of s	ervices	Compensation
	(A)	s address	NO	ONE					Description of s	ervices	Compensation
	(A)	s address	NO	ONE					Description of s	ervices	Compensation
	(A)	(including but no				tthos 0		tted			Compensation

Form 990 (2022) ASSOCIA
Part VIII Statement of Revenue

		Check if Schedule O contains a response of	or note to any lin	e in this Part VIII			
		•	•	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
					iunction revenue	business revenue	sections 512 - 514
ts ts	1 8	Federated campaigns 1a					
ra m	1		205,097.				
Ē,S	(Fundraising events 1c					
ar A		Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	(Government grants (contributions)					
ig is	1	All other contributions, gifts, grants, and					
but the		similar amounts not included above 1f					
Ęġ	9	Noncash contributions included in lines 1a-1f					
a C	ı	Total. Add lines 1a-1f		205,097.			
			Business Code				
e,	2 8	TRAINING & WORKSHOPS	900099	19,565.	19,565.		
Program Service Revenue	-	PROJECT REVENUE	900099	13,460.	13,460.		
S ď	(;					
eve eve	(i					
9 B	•	·					
4	1	All other program service revenue					
		Total. Add lines 2a-2f		33,025.			
	3	Investment income (including dividends, interes	st, and				
		other similar amounts)		34.			34.
	4	Income from investment of tax-exempt bond pr	roceeds				
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	Gross rents 6a					
	ı	Less: rental expenses 6b					
	•	Rental income or (loss) 6c					
	7 :	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
	ı	Less: cost or other basis					
her Revenue		and sales expenses					
š		Gain or (loss)7c					
æ		l Net gain or (loss)					
	8 8	Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18 8a					
		b Less: direct expenses 8b					
		Net income or (loss) from fundraising events					
	9 7	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		D Less: direct expenses					
		a Gross sales of inventory, less returns					
	10 6	and allowances					
		D Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
	· ·		Business Code				
Sno	11 :	ADMINISTRATIVE FEES	900099	15,000.			15,000.
Miscellaneous Revenue		MISCELLANEOUS INCOME	900099	115.			115.
ella							
Sc	Ì	All other revenue					
Σ	Ì	• Total. Add lines 11a-11d		15,115.			
	12	Total revenue. See instructions		253,271.	33,025.	0.	15,149.

Part IX | Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) Check if Schedule O contains a response or note to any line in this Part IX (C) Management and general expenses (D) Do not include amounts reported on lines 6b. Program service expenses Total expenses Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 93,728. 104,142. 10,414 trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 83,926. 74,193. 9,733. Other salaries and wages 7 Pension plan accruals and contributions (include 1,679. 195. 1,484. section 401(k) and 403(b) employer contributions) 5,040. 4,536. 504. Other employee benefits 9 12,215. 13,573. 1,358 10 Payroll taxes Fees for services (nonemployees): Management Legal Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 479. 53 532. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 4,193. 1,624. 2,569. Office expenses 13 2,652. 1,326. 1,326. Information technology 14 15 Royalties 8,122. 7,310. 812. 16 Occupancy 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 4,793. 1,213. 3,580. Conferences, conventions, and meetings 19 20 Payments to affiliates 21 2,773. 2,773. 22 Depreciation, depletion, and amortization 2,348. 627. 1,721 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) 7,290. 7,290. TRAINING & WORKSHOPS PUBLICATION EXPENSE 5,556. 5,556. С d All other expenses 246,619. 211,581. 35,038. 0. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

Form 990 (2022)

Check here

if following SOP 98-2 (ASC 958-720)

Form 990 (2022)

Part X | Balance Sheet

Part X	Balance Sheet					
	Check if Schedule O contains a response or note to	o any line	in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing		9,900.	1	12,950	
2	Savings and temporary cash investments			102,101.	2	105,449
3	Pledges and grants receivable, net		3			
4	Accounts receivable, net			4,735.	4	4,191
5	Loans and other receivables from any current or for	rmer office	er, director,			
	trustee, key employee, creator or founder, substant	tial contrik	outor, or 35%			
	controlled entity or family member of any of these p	persons			5	
6	Loans and other receivables from other disqualified	persons	(as defined			
	under section 4958(f)(1)), and persons described in	958(c)(3)(B)		6		
္ 7	Notes and loans receivable, net			7		
Assets 8 8 9 9	Inventories for sale or use				8	
₹ 9	Prepaid expenses and deferred charges		L	2,191.	9	2,216
10a	a Land, buildings, and equipment: cost or other					
	basis. Complete Part VI of Schedule D1		21,368.			
t	Less: accumulated depreciation		20,625.	3,516.	10c	743
11	Investments - publicly traded securities			11		
12	Investments - other securities. See Part IV, line 11			12		
13	Investments - program-related. See Part IV, line 11			13		
14	Intangible assets	<u> </u>		14		
15	Other assets. See Part IV, line 11		0.	15	14,165	
16	Total assets. Add lines 1 through 15 (must equal li			122,443.	16	139,714
17	Accounts payable and accrued expenses		6,818.	17	4,702	
18	Grants payable		18			
19	Deferred revenue		19			
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Complete Par				21	
တ္မွ 22	Loans and other payables to any current or former					
Liabilities	trustee, key employee, creator or founder, substant					
혈	controlled entity or family member of any of these p		 		22	
23	Secured mortgages and notes payable to unrelated	•			23	
24	Unsecured notes and loans payable to unrelated th				24	
25	Other liabilities (including federal income tax, payab		1			
	parties, and other liabilities not included on lines 17	,	.	0.	05	12,735
06	of Schedule D			6,818.	25 26	17,437
26	Total liabilities. Add lines 17 through 25		X	0,010.	26	17,437
တ္က	and complete lines 27, 28, 32, and 33.	ilei e				
ខ្លី គ្ល 27	Net assets without donor restrictions			115,625.	27	122,277
<u>e</u> 27	Net assets with donor restrictions			113,023.	28	122,277
0 20	Organizations that do not follow FASB ASC 958,				20	
돌	and complete lines 29 through 33.	CHECK H				
ნ ₂₉	Capital stock or trust principal, or current funds				29	
S 30	Paid-in or capital surplus, or land, building, or equip				30	
S 30	Retained earnings, endowment, accumulated incor				31	
Net Assets or Fund Balances 27 28 29 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Total net assets or fund balances			115,625.	32	122,277
Ž 32	Total liabilities and net assets/fund balances			122,443.	33	139,714
	ו טנמו וומטווונופט מוזע דופג מסטפנס/זעוזע טמומוזעפט			120; II)	55	Form 990 (20

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI							
1	Total revenue (must equal Part VIII, column (A), line 12)	1			3,2			
2	Total expenses (must equal Part IX, column (A), line 25)	2		24(5,6	19.		
3	Revenue less expenses. Subtract line 2 from line 1	3		(5,6	52.		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u> 11!</u>	5,6	25.		
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7								
8	Prior period adjustments	8						
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,							
	column (B))	10		122	2,2	77.		
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII					X		
					Yes	No		
1	Accounting method used to prepare the Form 990: Cash X Accrual Other							
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		Х		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a						
	separate basis, consolidated basis, or both:							
	Separate basis Consolidated basis Both consolidated and separate basis							
b	Were the organization's financial statements audited by an independent accountant?		L	2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,						
	consolidated basis, or both:							
	X Separate basis Consolidated basis Both consolidated and separate basis							
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		L	2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule C	D					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the							
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		L	3а		Х		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed aud	dit					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b				

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

WESTCHESTER PUTNAM SCHOOL BOARDS

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

ASSOCIATION 13-3190694 INC. Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

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Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	186,922.	190,934.	194,222.	198,332.	205,097.	975,507.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	186,922.	190,934.	194,222.	198,332.	205,097.	975,507.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						975,507.
	ction B. Total Support						-
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	186,922.	190,934.	194,222.	198,332.	205,097.	975,507.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	135.	109.	30.	25.	34.	333.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	15,189.	16,827.	15,000.	15,000.	15,115.	77,131.
11	Total support. Add lines 7 through 10						1052971.
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	144,019.
13	First 5 years. If the Form 990 is for th	ne organization's fir				D1(c)(3)	
	organization, check this box and stop	-		•			
Sec	ction C. Computation of Publi						
14	Public support percentage for 2022 (I	ine 6, column (f), d	ivided by line 11, c	column (f))		14	92.64 %
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	92.49 <u>%</u>
16a	33 1/3% support test - 2022. If the o	organization did no	t check the box or	n line 13, and line	14 is 33 1/3% or m	ore, check this box	c and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2021. If the o	organization did no	t check a box on li	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			
17a	10% -facts-and-circumstances test						
	and if the organization meets the fact	s-and-circumstance	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pu	blicly supported or	rganization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not c	heck a box on line			
	more, and if the organization meets th	-					
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization						
			•				(Farm 000) 0000

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Se	ction A. Public Support	elow, please comp	olete i ait ii.j				
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(3, 23.2	(12)	(5)====	(-7	(5) = 5 = 5	χ,
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
78	A Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(4) 20:0	(2) 20:0	(0) = 0 = 0	(4) = 5 = 1	(0) = 0 = 0	(1)
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975					+	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	<u> </u>
14	First 5 years. If the Form 990 is for the	•		•	•	. , . ,	. —
	check this box and stop here	. 0 1 D .					
	ction C. Computation of Publi						
	Public support percentage for 2022 (I		•	column (f))		15	%
	Public support percentage from 2021 ction D. Computation of Inves					16	%
	•			: 10!······ (f)\		147	0/
	Investment income percentage for 20					17	%
	Investment income percentage from					18	% 7 is not
198	a 33 1/3% support tests - 2022. If the					- 4.5	
k	more than 33 1/3%, check this box are 33 1/3% support tests - 2021. If the	=	-	•	• •		
	line 18 is not more than 33 1/3%, che	ck this box and s f	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	on did not check a	hox on line 14 10	a or 19h check th	nis hox and see in	structions	

232023 12-09-22

Schedule A (Form 990) 2022

Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
		110
1		
2		
За		
3b		
3c		
33		
4a		
41-		
4b		
4c		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
10a		
IUa		
10b		
ule A (Forn	n 990)	2022

Par	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sac	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		
000	tion 6. Type it oupporting organizations		V	NI-
4	Ware a majority of the organization's directors or trustees during the tay year also a majority of the directors		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
800	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ເຮ).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	inatu latia u		
2	Activities Test. Answer lines 2a and 2b below.	iristruction	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		100	110
_	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b	i l	ı

Schedule A (Form 990) 2022 ASSOCIATION, INC.

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations ASSOCIATION, INC.

1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust on	Nov. 20, 1970 (explain in F	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must of		·	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
_3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
_4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integrat	ed Type III supporting organ	nization (see
	instructions).			

Schedule A (Form 990) 2022

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity			2	
_3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	i	3	
_4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
_6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2022	าร	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
e	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D, line 7:				
а	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u> </u>	Excess from 2022				hadala A (Farma 000) 0000

Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V,

Schedule A (Form 990) 2022

Part VI

13-3190694 Page 8

Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.) SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME: ADMINISTRATION FEE 2018 AMOUNT: \$ 15,189. 2019 AMOUNT: \$ 15,500. 2020 AMOUNT: \$ 15,000. 15,000. 2021 AMOUNT: \$ 2022 AMOUNT: \$ 15,000. **MISCELLANEOUS** 1,327. 2019 AMOUNT: \$ 115. 2022 AMOUNT: \$

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements
Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
Attach to Form 990.

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

OMB No. 1545-0047

Inspection

WESTCHESTER PUTNAM SCHOOL BOARDS Name of the organization ASSOCIATION, INC.

Employer identification number 13-3190694

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds	or Accounts	 Complete if th 	е
	organization disenses to our our coo, raintry, mis	(a) Donor advi	sed funds	(b) Funds	and other accou	nts
1	Total number at end of year					
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in w	vriting that the assets I	neld in donor advise	ed funds		
	are the organization's property, subject to the organization's e	exclusive legal control	>		Yes	☐ No
6	Did the organization inform all grantees, donors, and donor ac					
	for charitable purposes and not for the benefit of the donor or					
	impermissible private benefit?				Yes	☐ No
Pai	rt II Conservation Easements. Complete if the org					
1	Purpose(s) of conservation easements held by the organizatio	n (check all that apply).			
	Preservation of land for public use (for example, recreat	ion or education)	Preservation of	a historically imp	oortant land area	
	Protection of natural habitat		Preservation of	a certified histor	ic structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contr	bution in the form	of a conservation	easement on th	e last
	day of the tax year.			He	ld at the End of th	e Tax Year
а	Total number of conservation easements			2a		
b				_		
С	Number of conservation easements on a certified historic stru	cture included in (a)		2c		
d	Number of conservation easements included in (c) acquired at	fter July 25,2006, and	not on a			
	historic structure listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rele				ing the tax	
	year					
4	Number of states where property subject to conservation ease	ement is located				
5	Does the organization have a written policy regarding the period	odic monitoring, inspe	ction, handling of			
	violations, and enforcement of the conservation easements it	holds?			Yes	☐ No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations,	and enforcing cons	ervation easeme	nts during the ye	ear
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and	enforcing conservat	ion easements d	uring the year	
8	Does each conservation easement reported on line 2(d) above	, ,	,	/ / //		
	and section 170(h)(4)(B)(ii)?				Yes	No
9	In Part XIII, describe how the organization reports conservation	n easements in its rev	enue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnote	ote to the organization	's financial stateme	ents that describe	es the	
Da	organization's accounting for conservation easements.	Aut Historiaal To		h a Oi-sail a A		
Pal	organizations Maintaining Collections of		easures, or Ot	ner Similar A	ssets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under FASB ASC 958	'				
	of art, historical treasures, or other similar assets held for publ			· ·	lic	
	service, provide in Part XIII the text of the footnote to its finance					
b	, ,					
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furth	erance of public	service,	
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
				\$_		
2	If the organization received or held works of art, historical trea			gain, provide		
	the following amounts required to be reported under FASB AS					
	, , , , , , , , , , , , , , , , , , , ,					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.		Sc	hedule D (Form	990) 2022

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Sche	dule D (Form 990) 2022 ASSOCIA	TION, INC.	1 5011001 1			13-31	90694	l P	age 2
Par	t III Organizations Maintaining C	ollections of Art	t, Historical Tr	easures, o	r Other S	imilar Asset	s (contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the	following that	make sign	ificant use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or ex	change progra	am				
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further	the organizatio	n's exempt	t purpose in Part	XIII.		
5	During the year, did the organization solicit o	r receive donations o	of art, historical tre	asures, or othe	er similar as	sets			
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arrang	gements. Comple	ete if the organizat	ion answered "	'Yes" on Fo	orm 990, Part IV,	line 9, or		
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contributio	ns or other ass	ets not inc	luded			
	on Form 990, Part X?					[Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amount		
С	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on Fo					? [Yes		No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i		swered "Yes" on F	orm 990, Part	IV, line 10.				
		(a) Current year	(b) Prior year	(c) Two year	rs back (d)	Three years back	(e) Four	years	back
1a	Beginning of year balance								
b	Contributions								
	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
С	Term endowment	%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posses	ssion of the organiza	tion that are held	and administer	ed for the		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R'	?			. 3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a.	See Form 990	, Part X, line	e 10.			
	Description of property	(a) Cost or of	ther (b) Co	st or other	(c) Accı	umulated	(d) Book	valu	e
		basis (investm	nent) basi	s (other)	depre	eciation			
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment			21,368.	2	0,625.		7	43.
		ı				1			

Schedule D (Form 990) 2022

743.

e Other

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

WESTCHESTER Schedule D (Form 990) 2022 ASSOCIATION	PUTNAM SCHOO		-3190694 _{Page} 3
Part VII Investments - Other Securities.	<u>/ 11101</u>		JIJOUJI Tage
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financial derivatives			•
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(2)			
(3)			
(5)			
(6)			
	+		
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11d. See Form 990. Part X. line 15.	
	Description		(b) Book value
(1) RIGHT OF USE ASSETS	1		14,165.
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		14,165.
Part X Other Liabilities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	i
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			

(1) Federal income taxes
(2) LEASES PAYABLE
(3)
(4)
(5)
(6)
(7)
(8)
(9)

Total. (Column (b) must equal Form 990 Part X col (B) line 25)
(12,735.

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022

ASSOCIATION, INC. 13-3190694 Page 4

Par	t XI Reconciliation of Revenue per Audited Financial Sta	atements With Revenu	e per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	253,271.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1		3	253,271.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12	2)	5	253,271.
Par	t XII Reconciliation of Expenses per Audited Financial S	tatements With Expens	ses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, I	ine 12a.		
1	Total expenses and losses per audited financial statements		1	246,619.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses			
d	Other (Describe in Part XIII.)	l l		
е	Add lines 2a through 2d		2e	0.
3	Subtract line 2e from line 1			246,619.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line	18.)	5	246,619.
Par	rt XIII Supplemental Information.	,		
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4; Part IV, lines 1b and 2b; P	art V, line 4; Part X, li	ne 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	any additional information.		
PAR	RT X, LINE 2:			
THE	E ASSOCIATION RECOGNIZES THE EFFECTS OF	' INCOME TAX POS	SITIONS ONL	Y IF
THC	SE POSITIONS ARE MORE LIKELY THAN NOT	TO BE SUSTAINED	O. MANAGEME	NT HAS
DET	PERMINED THAT THE ASSOCIATION HAD NO UN	CERTAIN TAX POS	SITIONS THA	T WOULD
REÇ	QUIRE FINANCIAL STATEMENT RECOGNITION C	R DISCLOSURE. !	THE ASSOCIA	TION IS
NO	LONGER SUBJECT TO EXAMINATIONS BY THE	APPLICABLE TAX	ING JURISDI	CTIONS
FOR	R PERIODS PRIOR TO JUNE 30, 2017.			

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

WESTCHESTER PUTNAM SCHOOL BOARDS ASSOCIATION, INC.

Employer identification number 13-3190694

FORM 990, PART I, LINE 1:

TO PROVIDE LEADERSHIP & SUPPORT OF OUR MEMBER DISTRICTS THROUGH PROGRAMMING, NETWORKING, DATA SHARING, FACILITATING ADVOCACY AND KEEPING OUR MEMBERS INFORMED ABOUT PUBLIC EDUCATION ISSUES.

SINCE ITS FOUNDING IN 1962, THE WESTCHESTER PUTNAM SCHOOL BOARDS ASSOCIATION (WPSBA) HAS SERVED SCHOOL BOARD MEMBERS BY SUPPORTING THEIR ROLE AS EDUCATION LEADERS IN THEIR COMMUNITIES AND THE REGION. BOARD OF EDUCATION MEMBERS ARE UNPAID, ELECTED LOCAL OFFICIALS WHO OVERSEE AND POLICY FOR A PUBLIC SCHOOL DISTRICT'S AFFAIRS, PERSONNEL, FINANCES AND PROPERTIES. WPSBA WORKS TO IMPROVE THE EFFECTIVENESS OF SCHOOL BOARDS AND ENHANCES OUR SCHOOL DISTRICTS BY PROVIDING MEMBERS WITH INFORMATIVE PROGRAMS ON EDUCATION, PUBLIC POLICY AND BOARD DEVELOPMENT AS WELL AS TRAINING WORKSHOPS, DATA RESOURCE AND ADVOCACY AND NETWORKING OPPORTUNITIES.

TO FURTHER SUPPORT BOARDS OF EDUCATION, WPSBA OFFERS TRAINING, SUPPORT AND NETWORKING FOR DISTRICT CLERKS IN MEMBER DISTRICTS. THE ASSOCIATION ALSO SERVES A KEY ROLE BY COLLABORATING WITH OTHER LOCAL, STATE AND NATIONAL EDUCATIONAL AND CHILD-FOCUSED ORGANIZATIONS.

WPSBA IS A MEMBER-DRIVEN 501(C)(3) ORGANIZATION THAT IS FINANCED PRIMARILY THROUGH SCHOOL DISTRICT MEMBERSHIP DUES. SIXTEEN SCHOOL BOARD MEMBERS SERVE ON THE EXECUTIVE BOARD. THE IMMEDIATE PAST PRESIDENT, AREA SUPERINTENDENTS OF SCHOOLS, THE DIRECTOR OF THE WESTCHESTER-EAST PUTNAM REGION PTA AND THE REGIONAL DIRECTOR FOR THE NEW YORK STATE LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

232211 10-28-22

Schedule O (Form 990) 2022 Name of the organization WESTCHESTER PUTNAM SCHOOL BOARDS ASSOCIATION, INC.	Page 2 Employer identification number 13-3190694
SCHOOL BOARDS ASSOCIATION (NYSSBA) SERVE AS LIAISONS TO THE	E WPSBA
BOARD. THE DAY-TO-DAY OPERATIONS ARE MANAGED BY THE EXECUT	IVE DIRECTOR
AND THE COMMUNICATIONS AND OPERATIONS MANAGER. ALL MEMBER	SCHOOL BOARDS
ARE INVITED TO APPOINT A MEMBER OF THEIR BOARD TO SERVE AS	A WPSBA
LIAISON AND/OR A LEGISLATIVE ADVOCACY COMMITTEE REPRESENTA	rive. school
BOARD MEMBERS MAY ALSO PARTICIPATE ON OUR STANDING COMMITTE	EES.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MI	SSION:
IN THIS ROLE WPSBA WILL:	
-PROMOTE EFFECTIVE SCHOOL DISTRICT GOVERNANCE AND BOARD GO	VERNANCE
THROUGH TRAINING AND EDUCATION.	

-FACILITATE COMMUNICATION AND THE SHARING OF INFORMATION.

-SERVE AS A RESOURCE ON PUBLIC EDUCATION POLICY ISSUES.

-ADVOCATE FOR LEGISLATION THAT SUPPORTS PUBLIC EDUCATION.

-FOSTER RELATIONSHIPS WITH ORGANIZATIONS THAT SHARE COMMON INTERESTS

AND GOALS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

KEY PROGRAM ACTIVITIES IN SUPPORT OF THE WPSBA MISSION STATEMENT

INCLUDE:

1. PROMOTING EFFECTIVE SCHOOL BOARD SERVICE BY PROVIDING TRAINING,

WORKSHOPS AND EVENTS FOR LOCAL SCHOOL BOARD MEMBERS:

A. THREE PROGRAMS ON GOVERNANCE AND CURRENT ISSUES FOR SCHOOL

BOARDS.

Schedule O (Form 990) 2022 Page 2 Name of the organization WESTCHESTER PUTNAM SCHOOL BOARDS **Employer identification number** 13-3190694 ASSOCIATION, INC. B. THREE TRAINING SESSIONS FOR PROSPECTIVE AND NEWLY ELECTED BOARD MEMBERS, AS WELL AS A YEAR-LONG MENTOR PROGRAM FOR NEW SCHOOL BOARD MEMBERS. C. TWO DISTRICT CLERK WORKSHOPS ON ISSUES RELATED TO THEIR BOARD OF EDUCATION DUTIES. 2. PROVIDING A FORUM FOR THE EXCHANGE OF IDEAS AMONG BOARD MEMBERS AND FACILITATING COMMUNICATION AND LEARNING AMONG SCHOOL BOARDS AND EDUCATION PROFESSIONALS: A. ORGANIZE TWO NETWORKING SESSIONS FOR SHARING INFORMATION AND PERSPECTIVES. B. IMPLEMENT WEEKLY (FEBRUARY THROUGH APRIL) SCHOOL DISTRICT SURVEY ON PROPOSED SCHOOL DISTRICT BUDGET AND DISTRIBUTE WEEKLY UPDATED RESULTS TO BOARDS AND ADMINISTRATORS. C. COLLECT AND ANALYZE DATA FROM A VARIETY OF SOURCES; DISTRIBUTE STATE, REGIONAL AND SCHOOL DISTRICT DATA, AS WELL AS ITEMS OF INTEREST TO SCHOOL BOARDS AT MEETINGS, ELECTRONICALLY AND THROUGH POSTING ON THE ASSOCIATION'S WEBSITE. 3. SERVING AS A RESOURCE FOR INFORMATION ON PUBLIC EDUCATION, SHARING INFORMATION RELATED TO PUBLIC EDUCATION WITH SCHOOL DISTRICTS,

COMMUNITY GROUPS, AGENCIES, LEGISLATORS AND THE PRESS, AND ADVOCATING

FOR PUBLIC EDUCATION ISSUES.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization WESTCHESTER PUTNAM SCHOOL BOARDS **Employer identification number** 13-3190694 ASSOCIATION, INC. A. SERVE AS REGIONAL VOICE AND A CONDUIT FOR PROVIDING DATA AND BACKGROUND INFORMATION TO SCHOOL DISTRICTS, LEGISLATORS, COMMUNITY MEMBERS AND THE PRESS ON SCHOOL GOVERNANCE AND PUBLIC EDUCATION ISSUES. REGIONAL DATA AND RELATED INFORMATION ARE DISTRIBUTED AT MEETINGS AND ELECTRONICALLY AND IS POSTED ON WEBSITE. B. GATHER INFORMATION ON THE IMPACT OF FEDERAL AND STATE REQUIREMENTS ON SCHOOL BUDGETS AND OPERATIONS, AND ADVOCATE ON ISSUES THAT AFFECT PUBLIC EDUCATION. REGIONAL DATA AND RELATED INFORMATION ARE DISTRIBUTED AT MEETINGS AND ELECTRONICALLY AND IS POSTED ON WEBSITE. LEGISLATIVE ADVOCACY COMMITTEE MEETINGS ARE HELD PERIODICALLY TO DISCUSS REGIONAL PUBLIC EDUCATION ISSUES AND ADVOCACY. LOCAL MEETINGS AND NY LEGISLATOR FORUM ON REGIONAL PUBLIC EDUCATION ISSUES. C. PUBLISH ANNUAL "FACTS & FIGURES" BOOK OF MEMBER SCHOOL DISTRICT DATA AND PROFILES. ADVERTISING REVENUE OF \$13,400, BOOK SALES OF \$60, AND HARD COST EXPENDITURE FOR PUBLICATION AND MAILING OF \$5,556. 825 BOOKS WERE PUBLISHED FOR DISTRIBUTION TO BOARD MEMBERS, SCHOOL ADMINISTRATORS, LEGISLATORS, AND COMMUNITY GROUPS/MEMBERS. THE PUBLICATION IS ALSO AVAILABLE ONLINE.

<u>Schedule O (Form 990) 2022</u> Page **2**

Name of the organization WESTCHESTER PUTNAM SCHOOL BOARDS ASSOCIATION, INC.

Employer identification number 13-3190694

FORM 990, PART VI, SECTION A, LINE 6:

THE ASSOCIATION HAS ONE CLASS OF MEMBERS. ANY PUBLIC BOARD OF EDUCATION IN
WESTCHESTER OR PUTNAM COUNTY, NEW YORK AND MAY BECOME A MEMBER OF THE
ASSOCIATION AT ANY TIME BY PAYING THE ASSOCIATION'S SCHEDULED ANNUAL DUES.

FORM 990, PART VI, SECTION A, LINE 7A:

DIRECTORS ARE ELECTED AT AN ANNUAL MEETING OF THE ASSOCIATION'S MEMBERS.

FORM 990, PART VI, SECTION B, LINE 11B:

WESTCHESTER PUTNAM SCHOOL BOARD ASSOCIATION HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. ONCE THE FORM 990 HAS BEEN PREPARED IT IS REVIEWED BY THE EXECUTIVE DIRECTOR.

FOLLOWING THEIR REVIEW, IT IS PROVIDED TO THE AUDIT COMMITTEE FOR REVIEW.

IT IS SUBSEQUENTLY PROVIDED TO THE FULL BOARD AND THEN FILED WITH THE INTERNAL REVENUE SERVICE.

FORM 990, PART VI, SECTION B, LINE 12C:

THE CONFLICT-OF-INTEREST POLICY APPLIES TO ANY DIRECTOR, OFFICER, MEMBER OF

A COMMITTEE WITH GOVERNING BOARD DESIGNATED POWERS, OR EMPLOYEE WHO HAS A

DIRECT OR INDIRECT FINANCIAL INTEREST ("INTERESTED PERSON"). EACH DIRECTOR,

OFFICER, AND MEMBER OF A COMMITTEE WITH GOVERNING BOARD DELEGATED POWERS

SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS SUCH PERSON:

- -HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST POLICY,
- -HAS READ AND UNDERSTANDS THE POLICY,
- HAS AGREED TO COMPLY WITH THE POLICY, AND

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization WESTCHESTER PUTNAM SCHOOL BOARDS
ASSOCIATION, INC.

Employer identification number 13-3190694

-UNDERSTANDS WPSBA IS A NOT-FOR-PROFIT ORGANIZATION AND IN ORDER TO

MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE PRIMARILY IN ACTIVITIES

THAT ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT PURPOSES.

DUTY TO DISCLOSE:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICT OF INTEREST, AN

INTERESTED PERSON MUST DISCLOSE THE EXISTENCE OF THE FINANCIAL INTEREST AND

BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS

AND MEMBERS OF COMMITTEES WITH GOVERNING BOARD DELEGATED POWERS CONSIDERING

THE PROPOSED TRANSACTION OR ARRANGEMENT.

DETERMINING WHETHER A CONFLICT OF INTEREST EXISTS:

AFTER DISCLOSURE OF THE FINANCIAL INTEREST AND ALL MATERIAL FACTS, AND

AFTER ANY DISCUSSION WITH THE INTERESTED PERSON, HE/SHE SHALL LEAVE THE

GOVERNING BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT

OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE

MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS.

THE MINUTES OF THE GOVERNING BOARD AND ALL COMMUNITIES WITH BOARD DELEGATED POWERS SHALL CONTAIN:

A) THE NAMES OF THE PERSONS WHO DISCLOSED OR OTHERWISE WERE FOUND TO HAVE A
FINANCIAL INTEREST IN CONNECTION WITH AN ACTUAL OR POSSIBLE CONFLICT OF
INTEREST, THE NATURE OF THE FINANCIAL INTEREST, ANY ACTION TAKEN TO
DETERMINE WHETHER A CONFLICT OF INTEREST WAS PRESENT, AND THE GOVERNING
BOARD'S OR COMMITTEE'S DECISION AS TO WHETHER A CONFLICT OF INTEREST IN

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page 2

Name of the organization WESTCHESTER PUTNAM SCHOOL BOARDS

ASSOCIATION, INC.

Employer identification number
13-3190694

FACT EXISTS.

B) THE NAMES OF THE PERSONS WHO WERE PRESENT FOR DISCUSSIONS AND VOTES

RELATING TO THE TRANSACTION OR ARRANGEMENT, THE CONTENT OF THE DISCUSSION,

INCLUDING ANY ALTERNATIVES TO THE PROPOSED TRANSACTION OR ARRANGEMENT, AND

A RECORD OF ANY VOTES TAKEN IN CONNECTION WITH THE PROCEEDINGS.

FORM 990, PART VI, SECTION B, LINE 15A:

THE WESTCHESTER PUTNAM SCHOOL BOARDS ASSOCIATION (WPSBA) EXECUTIVE

COMMITTEE MAKES A RECOMMENDATION TO THE WPSBA BOARD BASED ON THE CPI,

ASSOCIATION FINANCES, COMPARABLE POSITION SALARY SURVEY AND THE RESULTS OF

EXECUTIVE DIRECTOR EVALUATION. THE BOARD OF DIRECTORS' VOTES ARE RECORDED

IN THE MINUTES OF THE MEETING. A SALARY LETTER IS ISSUED EACH YEAR

REFLECTING ANY COMPENSATION OR BENEFIT CHANGES. THIS PROCESS WAS LAST

CONDUCTED IN FY2023.

FORM 990, PART VI, SECTION C, LINE 19:

THE ASSOCIATION MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS

REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE. THE RETURN IS

AVAILABLE ON GUIDESTAR.ORG AND OTHER SIMILAR TYPES OF WEBSITES. THE

ASSOCIATION POSTS THE FORM 990, AS WELL AS ITS AUDITED FINANCIAL STATEMENTS

ON ITS OWN WEBSITE. IN ADDITION, THE ASSOCIATION'S FORM 990, FINANCIAL

STATEMENTS, CONFLICT OF INTEREST POLICY, ARTICLES OF INCORPORATION AND

BY-LAWS ARE AVAILABLE UPON WRITTEN REQUEST OR BY CALLING THE ORGANIZATION

DIRECTLY.

FORM 990, PART XII, LINE 2C:

THE ASSOCIATION'S HAS AN AUDIT COMMITTEE ASSUME THAT ASSUMES

Schedule O (Form 990) 2022	Page 2
Name of the organization WESTCHESTER PUTNAM SCHOOL BOARDS ASSOCIATION, INC.	Employer identification number 13-3190694
RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT OF ITS FINAN	CIAL
STATEMENTS. THE EXECUTIVE BOARD SELECTS THE INDEPENDENT AC	COUNTANT AT
THE ANNUAL BOARD MEETING. THIS PROCESS DID NOT CHANGE FRO	M THE PRIOR
YEAR.	