

P.O BOX 12822 PITTSBURGH, PA 15241

800-870-3858 PCBLPA@GMAIL.COM

WWW.PCBLPA.ORG

December 15, 2024

To: Affiliate Members of PCBL

Re: 2024 tax paperwork

Enclosed is the paperwork for filing the 990 tax return for 2024. Your prompt response is appreciated as the 990 tax return for PCBL and all affiliates is filed together, so if one affiliate is late with paperwork, we are ALL late in filing. Due to increases in our accounting costs, the PCBL Board voted at its November 20, 2024 meeting to increase its longstanding affiliate membership fees. Please note the fee increase:

Tax packet returned or postmarked on or before March 1, 2025	150 \$
Tax packet returned or postmarked on or before April 1, 2025	200

Affiliate Members who return their tax packet after April 1 will have to file their taxes on their own and will lose 501(c)(3) status *

Please complete all forms listed on the included checklist, and return using either:

- Email: Scan all paperwork and email to <u>pcblpa@gmail.com</u> OR
- 2. USPS: Mail all paperwork to PCBL, PO Box 12822, Pittsburgh, PA 15241
 - a. Be sure to keep a copy for your records
 - b. We highly recommend adding tracking to your postage

As you know, being an "Affiliate Member" of the PCBL provides your local Friends organization with two highly important and valuable tax benefits:

- Through PCBL's IRS Group Determination Letter, your group is recognized as a 501(c)(3) tax exempt charitable organization. This enables your donors (individuals, corporations, foundations, and vendors) to take a tax deduction for their contributions to you.
- Through a similar letter from the Pennsylvania Department of Revenue, your group is exempt from paying Pennsylvania sales tax on any items you purchase for your group. Our tax-exempt certificate is renewed until March 2025.

If you have any questions about your annual report, please do not hesitate to call or email us. We will be more than happy to discuss them with you.

Thank you,
Sue Miller, MSLS
Executive Secretary
pcblpa@gmail.com
1-800-870-3858

^{*}Affiliate Members who return their paperwork after April 1 can appeal to the PCBL Board to retain their membership.



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CHECKLIST – PLEASE PROVIDE THE FOLLOWING:

1. 2025 Organization Membership Form and PCBL Membership Dues - \$150/\$200* \$150 if returned or postmarked on or before March 1, 2025 \$200 if returned or postmarked on or before April 1, 2025
2. Organization Contact Information Form
3. Federal 990 Financial Report
4. Copy of December 31, 2024 Bank Statements and Investment Account Statements
5. Supplemental Information Sheets (pages 1 and 2)
6. IRS Schedule G
Additional forms are available at www.pcblpa.org - Membership

*Due to increases in our accounting costs, the PCBL Board voted at its November 20, 2024 meeting to increase its longstanding affiliate membership fees.



Organization Membership Form 2025

Please Print Neatly

Organization Name:								
Organization Mailing Address:								
City: _	City:							
Organ	ization Email:							
Organization Membership Levels								
	Patron	\$500						
	Corporate	\$250						
	Sponsor	\$125						
	501(c)(3) Affiliate (tax paperwork returned by March 1, 2025)	\$150*						
	501(c)(3) Affiliate (tax paperwork returned by April 1, 2025)	\$200*						
	Friends Group	\$50						
Mem	Membership Amount: \$							
Donat	ion (Optional)							
Educational and Legislative Efforts Amount: \$								
Total Amount Enclosed \$								
	Method of payment	☐ Paypal	☐ Check #					

Please make checks payable to **Pennsylvania Citizens for Better Libraries** and mail along with this form to:

PCBL, P.O. Box 12822, Pittsburgh, PA 15241

OR

Pay by PayPal by visiting pcblpa.org/membership-fees AND mail or email this form to us.

^{*}Due to increases in our accounting costs, the PCBL Board voted at its November 20, 2024 meeting to increase its longstanding affiliate membership fees.



Organization Contact Information

Please Print Neatly

Organization Name:						
	President	Name		I		
2024		Email		Phone		
	Treasurer	Name				
		Email		Phone		
If diffe	erent from a	above:				
	President	Name				
2025	Fresident	Email		Phone		
	Treasurer	Name		<u> </u>		
		Email		Phone		
Library Director Name:						
Library Phone Number:						
Lil	Library Mailing Address:					
City:			State:	Zip:		

Pennsylvania Citizens for Better Libraries Federal 990 Financial Report 2024

PCBL AFFILIATE MEMBER: EIN:					
CONTACT PERSON E-MAIL:	PHONE				
BEGINNING ASSET BALANCE	1. December 31, 2023 Total Asset Balance				
INCOME	2. Donations Received				
	3. Membership Income				
	4. Gross Fundraising Revenue (Schedule G, Part II, Line 3, Column d)				
	5. Gross Gaming Revenue (Schedule G, Part III, Line 1, Column d)				
	6. Grants Received (list each donor and amount)				
	7. Interest Income				
	8. Other Income (If more than \$500, attach list)				
	9. Total Income (Lines 2 - 8)				
EXPENSES	10. Dues Paid to PCBL and Other Organizations During the Year				
	11. Fundraising Direct Expense Summary (Schedule G, Part II, Line 10, column d)				
	12. Gaming Direct Expense Summary (Schedule G, Part III, Line 7, column d)				
	13. Office Expenses				
	14. Postage				
	15. Program Expenses				
	16. Contributions to the Library				
	17. Other Expenses (If more than \$500, attach list)				
	18. Total Expenses (Lines 10 - 17)				
ENDING ASSET BALANCE	19. 2024 Ending Asset Balance (Supplemental Information, Page 1, Line 1, Column e)				
	(Line 1 + Line 9 - Line 18)				

CHECKLIST - PLEASE PROVIDE THE FOLLOWING:

- 1. 2025 PCBL Membership Dues \$150 (\$200 if after April 1)*
- 2. Federal 990 Financial Report
- 3. Copy of December 31, 2024 Bank Statements and Investment Account Statements
- 4. Supplemental Information Sheets (pages 1 and 2)
- 5. IRS Schedule G

Additional copies of these forms are available at WWW.PCBLPA.ORG - Membership

*Due to increases in our accounting costs, the PCBL Board voted at its November 20, 2024 meeting to increase its longstanding affiliate membership fees.

Supplemental Information 2024 Form 990 - Page 1 PCBL AFFILIATE MEMBER: ___ ASSETS - List checking account, savings account, CD's and investment accounts separately (d) (a) (b) (c) (e) Type of Account Checking **Total Assets** Savings 1. Ending Balance - December 31, 2024 Reconciliation to Bank Statement 2. Deposits in Transit 3. Outstanding Checks 4. Ending Balance = Year End Bank Statement (Line 1 - Line 2 + Line 3) INFORMATION ABOUT YOUR ORGANIZATION YES NO 1. Does your organization provide receipts to Donors for gifts in excess of \$250? 2. Does your organization have a formal Conflict of Interest Policy? 3. Does your organization make contributions to any political campaign fund? 4. Does your organization make contributions to lobbying activities? If YES, please provde the following: Total lobbying expenditures to influence public opinion Total lobbying expenditures to influence a legislative body 5. Does your organization compensate any Officers or Board Members? 6. Does your organization compensate any family members of Officers or Board Members? 7. Does your organization send information about our organization to the public? 8. Does your organization disclose financial informtation to the public? 9. Does your organization continue to maintain the requirements for tax-exempt status?

Under penalties of perjury, I declare that the information provided to PCBL is to the best of my knowledge and belief, true, correct and complete.

Signature of Officer/Board Member	
Print Name	
Title	

Supplemental Information 2024 Form 990 - Page 2

				YES
Did you participa	ate in any fundraising activities dur	ing the year? If Yes,		
complete the at	tached Schedule G, Parts I* & II			
Oid you particip	ato in any gaming activities during	the year? If yes		
	ate in any gaming activities during tached Schedule G, Part III	tile yearr ii yes,		
	es, bingo games, & other games o	f chance)		
	\$5,000 or more in cash or check from or) during the year? If yes, provide			
loni londinino.	or) during the year? If yes, provide	the following details)	
Date				
Received	Name, address, & zip code	Amount		
		_		
		_		
		_		
_		 		
_		 _ _		YES
Did you receive	any non-cash (in-kind) contribution:	s? If yes,		YES
		s? If yes,		YES
provide the follo		•		YES
	owing details	Fair Market	Description of gift	YES
Date		•	Description of gift	YES
Date	owing details	Fair Market	Description of gift	YES
Date	owing details	Fair Market	Description of gift	YES
Date	owing details	Fair Market	Description of gift	YES
Date	owing details	Fair Market	Description of gift	YES
Date	owing details	Fair Market	Description of gift	YES
Date	owing details	Fair Market	Description of gift	YES
Date	owing details	Fair Market	Description of gift	YES
Date Received	Name, address, & zip code	Fair Market Value	Description of gift	YES
Date Received During the tax y	Name, address, & zip code ear, did any person who is a curren	Fair Market Value	Description of gift	
Date Received During the tax y	Name, address, & zip code	Fair Market Value	Description of gift	
Date Received During the tax yofficer, director,	Name, address, & zip code ear, did any person who is a curren	Fair Market Value t or former	Description of gift	

^{*}Part I of Schedule G is only required to be completed by affiliates that paid more than \$15,000 for professional fundraising services.

Pa	art II	Fundraising Events. Conthan \$15,000 of fundraising gross receipts greater that	ng event contributions	ion answered "Yes" o and gross income on	n Form 990, Part IV, li Form 990-EZ, lines 1	ne 18, or reported more and 6b. List events with
		1111	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through
(I)			(event type)	(event type)	(total number)	col. (c)
Revenue	1	Gross receipts				
ш.	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)				
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Exp	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses .				
	10 11	Direct expense summary. Ac Net income summary. Subtr				
Pa	rt III	Gaming. Complete if the \$15,000 on Form 990-E.	e organization answe			or reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
— Re∕	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
_	5	Other direct expenses .				
	6	Volunteer labor	☐ Yes % ☐ No	☐ Yes % ☐ No	☐ Yes % ☐ No	
	7	Direct expense summary. Ac	dd lines 2 through 5 in c	olumn (d)		
	8	Net gaming income summar	y. Subtract line 7 from li	ne 1, column (d)		
9	- Fn	iter the state(s) in which the or	rganization conducts ga	ming activities		
-	a Ist	iter the state(s) in which the or the organization licensed to c "No," explain:	onduct gaming activities	s in each of these states	s?	🔲 Yes 🗌 No
10	a We		gaming licenses revoked	l, suspended, or termin	ated during the tax year	? .