



P.O BOX 12822  
PITTSBURGH, PA 15241

800-870-3858  
PCBLPA@GMAIL.COM

WWW.PCBLPA.ORG

December 15, 2025

To: Affiliate Members of PCBL  
Re: 2025 tax paperwork

Enclosed is the paperwork for filing the 990 tax return for 2025. 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.

Tax packet returned or postmarked on or before March 1, 2026.....	<b>\$150</b>
Tax packet returned or postmarked on or before April 1, 2026.....	<b>\$200</b>

***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:**

1. **Email:** Scan all paperwork and email to [pcblpa@gmail.com](mailto:pcblpa@gmail.com)  
**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 2030.

**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](mailto: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.*



**CHECKLIST – PLEASE PROVIDE THE FOLLOWING:**

- 1. 2026 Organization Membership Form and PCBL Membership Dues - **\$150/\$200**  
**\$150 if returned or postmarked on or before March 1, 2026**  
**\$200 if returned or postmarked on or before April 1, 2026**
- 2. Organization Contact Information Form
- 3. Federal 990 Financial Report
- 4. Copy of December 31, 2025 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](http://www.pcblpa.org) - Membership

**PLEASE SEND PACKET AND CHECK TOGETHER** (unless paying by PayPal)

**PLEASE DO NOT STAPLE CHECK TO PACKET**



**Pennsylvania  
Citizens for  
Better Libraries**

## Organization Membership Form 2026

*Please Print Neatly*

**Organization Name:** \_\_\_\_\_

**Organization Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Organization Email:** \_\_\_\_\_

### **Organization Membership Levels**

<input type="checkbox"/> Patron	\$500
<input type="checkbox"/> Corporate	\$250
<input type="checkbox"/> Sponsor	\$125
<input type="checkbox"/> 501(c)(3) Affiliate ( <i>tax paperwork returned by March 1, 2026</i> )	\$150
<input type="checkbox"/> 501(c)(3) Affiliate ( <i>tax paperwork returned by April 1, 2026</i> )	\$200
<input type="checkbox"/> Friends Group	\$50

**Membership Amount:** \_\_\_\_\_ \$ \_\_\_\_\_

### **Donation (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](http://pcblpa.org/membership-fees) AND mail or email this form to us.



**Pennsylvania  
Citizens for  
Better Libraries**

### Organization Contact Information

*Please Print Neatly*

**Organization Name:** \_\_\_\_\_

2025	<b>President</b>	<i>Name</i>	
		<i>Email</i>	<i>Phone</i>
	<b>Treasurer</b>	<i>Name</i>	
		<i>Email</i>	<i>Phone</i>

**If different from above:**

2026	<b>President</b>	<i>Name</i>	
		<i>Email</i>	<i>Phone</i>
	<b>Treasurer</b>	<i>Name</i>	
		<i>Email</i>	<i>Phone</i>

**Library Director Name:** \_\_\_\_\_

**Library Phone Number:** \_\_\_\_\_

**Library Mailing Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Pennsylvania Citizens for Better Libraries**  
**Federal 990 Financial Report**  
**2025**

**PCBL AFFILIATE MEMBER:** \_\_\_\_\_

**EIN:** \_\_\_\_\_

**CONTACT PERSON** \_\_\_\_\_  
**E-MAIL:** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**BEGINNING ASSET BALANCE 1. December 31, 2024 Total Asset Balance** \_\_\_\_\_

<b>INCOME</b>	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)** \_\_\_\_\_

<b>EXPENSES</b>	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. 2025 Ending Asset Balance (Supplemental Information, Page 1, Line 1, Column e)** \_\_\_\_\_  
 (Line 1 + Line 9 - Line 18)

**CHECKLIST - PLEASE PROVIDE THE FOLLOWING:**

1. 2026 PCBL Membership Dues - \$150 (\$200 if after April 1)
2. Federal 990 Financial Report
3. Copy of December 31, 2025 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](http://WWW.PCBLPA.ORG) - Membership

**Supplemental Information 2025 Form 990 - Page 1****PCBL AFFILIATE MEMBER:** \_\_\_\_\_**ASSETS - List checking account, savings account, CD's and investment accounts separately**

Type of Account	(a) Checking	(b) Savings	(c)	(d)	(e) Total Assets
1. Ending Balance - December 31, 2025	_____	_____	_____	_____	_____
<u>Reconciliation to Bank Statement</u>					
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 provide 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 information 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.

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Signature of Officer/Board Member

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Print Name

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Title

PCBL AFFILIATE MEMBER: \_\_\_\_\_

\_\_\_\_\_ YES \_\_\_\_\_ NO \_\_\_\_\_

1 Did you participate in any fundraising activities during the year? If Yes, complete the attached Schedule G, Parts I & II \_\_\_\_\_

2 Did you participate in any gaming activities during the year? If yes, complete the attached Schedule G, Part III \_\_\_\_\_

**(Gaming is raffles, bingo games, & other games of chance)**

3 Did you receive \$5,000 or more in cash or check from any one contributor (donor) during the year? If yes, provide the following details \_\_\_\_\_

Date Received	Name, address, & zip code	Amount
---------------	---------------------------	--------

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

4 Did you receive any non-cash (in-kind) contributions? If yes, provide the following details \_\_\_\_\_

Date Received	Name, address, & zip code	Fair Market Value	Description of gift
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\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

YES \_\_\_\_\_ NO \_\_\_\_\_

5 During the tax year, did any person who is a current or former officer, director, trustee, or key employee:

- a) Have a direct business relationship with the organization? \_\_\_\_\_
- b) Have a family member with a direct business relationship? \_\_\_\_\_
- c) Serve as an officer, director, trustee, or key employee of an entity doing business with the organization? \_\_\_\_\_

**Part II Fundraising Events.** Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1 (event type)	(b) Event #2 (event type)	(c) Other events (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts . . . . .				
	2 Less: Contributions . . . . .				
	3 Gross income (line 1 minus line 2) . . . . .				
Direct Expenses	4 Cash prizes . . . . .				
	5 Noncash prizes . . . . .				
	6 Rent/facility costs . . . . .				
	7 Food and beverages . . . . .				
	8 Entertainment . . . . .				
	9 Other direct expenses . . . . .				
	10 Direct expense summary. Add lines 4 through 9 in column (d) . . . . .				
	11 Net income summary. Subtract line 10 from line 3, column (d) . . . . .				

**Part III Gaming.** Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue . . . . .				
Direct Expenses	2 Cash prizes . . . . .				
	3 Noncash prizes . . . . .				
	4 Rent/facility costs . . . . .				
	5 Other direct expenses . . . . .				
	6 Volunteer labor . . . . .	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) . . . . .				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) . . . . .				

9 Enter the state(s) in which the organization conducts gaming activities: \_\_\_\_\_

a Is the organization licensed to conduct gaming activities in each of these states? . . . . .  Yes  No

b If "No," explain: \_\_\_\_\_

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? . . . . .  Yes  No

b If "Yes," explain: \_\_\_\_\_