

Dear Affiliate Member of PCBL:

Your deadline to submit the 990 forms and supplemental information and your check for your 2021 dues (\$125) is March 20, 2021.

Your prompt response equals how fast our auditor gets our 990-form done and back to us!
Email or call only 1-800-870-3858 with questions.

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

1. 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.
2. 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. We haven't received a new certificate from the PA Department of Revenue, but we have gotten confirmation it has gone through. They will mail the new certificate back to us when they return to working in the office due to Covid19 restrictions.

We are asking that you only submit the original copy of your Form 990 and all supplemental forms.

Be sure to keep a duplicate copy for your files.

There are several supplemental forms; there is an organization membership form and information contact sheet. There is a simple checklist suggested by our accountant, the second requests detailed information regarding your assets. Finally, there is a single page form required by the IRS. Please allow adequate time to complete this paperwork.

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.

Keep in Mind:

If you have revised or amended your bylaws since joining PCBL, please include an updated copy with your year-end information.

Also note that the state of Pennsylvania requires **organizations soliciting charitable contributions with totals over \$25,000**, from Pennsylvania residents, to register with the Pennsylvania Bureau of Corporations and Charitable Organizations by filing a Charitable Organization Registration Statement (Form BCO-10). The initial registration is required to be filed within 30 days of receiving more than \$25,000 of contributions during the year. More information can be found at www.dos.pa.gov/charities if you fall into that category.

Thank you,

Brandt A. Ensor
Treasurer
pcblpa@gmail.com
1-800-870-3858

Deborah Dorshimer
PCBL President



Pennsylvania Citizens for Better Libraries

Organization Membership Form

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 | \$125 |
| <input type="checkbox"/> Friends Group | \$50 |

Donation

- ☐ Educational and Legislative Efforts Amount \$_____

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 also mail or email this form to us.



**Pennsylvania
Citizens for
Better Libraries**

Organization Contact Information

Organization Name: _____

	Name	Email/Phone
2020	President _____	_____
	Treasurer _____	_____

If different from above:

2021	President _____	_____
	Treasurer _____	_____

Library Director Name: _____

Library Phone Number: _____

Library Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

**Pennsylvania Citizens for Better Libraries
Federal 990 Financial Report
2020**

PCBL AFFILIATE MEMBER: _____
EIN: _____

CONTACT PERSON _____
E-MAIL: _____ **PHONE:** _____

BEGINNING ASSET BALANCE	1. December 31, 2019 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. 2020 Ending Asset Balance (Supplemental Information, Page 1, Line 1, Column e) (Line 1 + Line 9 - Line 18)	_____

CHECKLIST - PLEASE PROVIDE THE FOLLOWING:

1. 2021 PCBL Membership Dues - \$125
2. Federal 990 Financial Report
3. Copy of December 31, 2020 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

Supplemental Information 2020 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, 2020	_____	_____	_____	_____	_____
<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?	<input type="checkbox"/>	<input type="checkbox"/>
2. Does your organization have a formal Conflict of Interest Policy?	<input type="checkbox"/>	<input type="checkbox"/>
3. Does your organization make contributions to any political campaign fund?	<input type="checkbox"/>	<input type="checkbox"/>
4. Does your organization make contributions to lobbying activities?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
6. Does your organization compensate any family members of Officers or Board Members?	<input type="checkbox"/>	<input type="checkbox"/>
7. Does your organization send information about our organization to the public?	<input type="checkbox"/>	<input type="checkbox"/>
8. Does your organization disclose financial information to the public?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does your organization continue to maintain the requirements for tax-exempt status?	<input type="checkbox"/>	<input type="checkbox"/>

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

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
_____	_____	_____	_____

_____	_____	_____	_____

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	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		(event type)	(event type)	(total number)	
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))
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: _____