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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

2009

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning , 2009, and ending , 20

B Check if applicable: Address change; Name change; Initial return; Terminated; Amended return; Application pending

Please use IRS label or print or type. See Specific Instructions

C Name of organization PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES - Group Return

Doing Business As

Number and street (or P O box if mail is not delivered to street address) Room/suite: P.O. BOX 752

City or town, state or country, and ZIP + 4: CAMP HILL, PA 17001

D Employer identification number: 23-2096799

E Telephone number: (800) 870-3858

G Gross receipts $ 1,454,155.

F Name and address of principal officer: GARY WOLFE
2407 WICKLOW DRIVE HARRISBURG, PA 17112

H(a) Is this a group return for affiliates? X Yes ☐ No

H(b) Are all affiliates included? X Yes ☐ No
If "No," attach a list (see instructions)

H(c) Group exemption number ▶ 3626

I Tax-exempt status: X 501(c)(3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.PCBLPA.ORG

K Form of organization: X Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1978 **M** State of legal domicile PA

SCANNED JUL 2 0 2010

Part I Summary

1 Briefly describe the organization's mission or most significant activities
SUPPORT LOCAL LIBRARIES THROUGH FUNDRAISING ACTIVITIES AND PROGRAMS.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	21
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	21
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	110
7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	

Activities & Governance

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,330,488.	1,428,137.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,388.	26,018.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,358,876.	1,454,155.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,299.	400.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
16 a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses, Part IX, column (D), line 25) ▶ 237,640.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	1,080,765.	1,265,660.
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	1,082,064.	1,266,060.
19	Revenue less expenses Subtract line 18 from line 12	276,812.	188,095.

Revenue / Expenses

		Beginning of Year	End of Year
20	Total assets (Part X, line 16)	1,554,459.	2,020,900.
21	Total liabilities (Part X, line 26)		
22	Net assets or fund balances Subtract line 21 from line 20	1,554,459.	2,020,900.

Net Assets or Fund Balances

RECEIVED
167 MAY 24 2010 IRS-OSC
OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here

▶ Alicia D. Stine, Asst Treasurer — Signature of officer — Date: May 17 2010

▶ ALICIA D. STINE — Type or print name and title

Preparer's signature	George C. Curley	Date 5/14/10	Check if self-employed ▶ ☐	Preparer's identifying number (see instructions) P00033498
Firm's name (or yours if self-employed), address, and ZIP + 4	BROWN SCHULTZ SHERIDAN FRITZ 210 GRANDVIEW AVENUE CAMP HILL, PA 17011		EIN ▶ 25-1644159 Phone no ▶ 717-761-7171	

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

Part III Statement of Program Service Accomplishments

1 Briefly describe the organization's mission
SUPPORT LOCAL LIBRARIES THROUGH FUNDRAISING ACTIVITIES AND PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 889,582. including grants of $ _____) (Revenue $ _____)
SUMMER READING PROGRAMS, TEEN EVENTS, AUTHOR SIGNINGS AND CULTURAL PROGRAMS ARE A FEW EXAMPLES OF THE PROGRAMS FUNDED BY THE FRIENDS' GROUPS. THE FRIENDS' GROUPS PROVIDE FUNDING FOR THE LIBRARIES TO PURCHASE MATERIALS, MAKE RENOVATIONS AND EXPANSIONS NEEDED TO SERVE THE PATRONS.

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ 889,582.

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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
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		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? *If "Yes," complete Schedule C, Part II*	4		X
5	**Sections 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? *If "Yes," complete Schedule C, Part III*	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to 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, 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? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? *If" Yes, "complete Schedule D, Part V*	10		X
11	Is the organization's answer to any of the following questions "Yes"? *If so, complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable*	11		X
	• Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*			
	• Did the organization report an amount for investments—other-securitiesin 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*			
	• 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*			
	• 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*			
	• Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*			
	• 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? *If "Yes," complete Schedule D, Part X*			
12	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI, XII, and XIII*	12		X
12 A	Was the organization included in consolidated, independent audited financial statement for the tax year? *If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional* (Yes: , No: X)	12A		
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E.*	13		X
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the United States? *If "Yes," complete Schedule F, Part I*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? *If "Yes," complete Schedule F, Part II*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? *If "Yes," complete Schedule F, Part III*	16		X
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*	17		X
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	X	
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	
20	Did the organization operate one or more hospitals? *If "Yes," complete Schedule H*	20		X

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21		X
22	Did the organization report more than $5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
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
24 a	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 question 25*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? *If "Yes," complete Schedule L, Part II*	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? *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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? *If "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 contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 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, Parts II, III, IV, and V, line 1*	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? **Note.** All Form 990 filers are required to complete Schedule O	38		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns Enter -0- if not applicable 1a 0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		
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 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* this return (see instructions)			
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," provide an explanation in Schedule O*	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
c	If "Yes," *to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding* Prohibited Tax Shelter Transaction?	5c		
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?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	**Organizations that may receive deductible contributions under section 170(c).**			
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	**Sponsoring organizations maintaining donor advised funds.**			
a	*Did the organization make any taxable distributions under section 4966?*	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	**Section 501(c)(7) organizations.** Enter			
a	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			
a	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b			
12a	**Section 4947(a)(1) *non-exempt charitable trusts.*** Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			

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 in Schedule O. See instructions.*

Section A. Governing Body and Management

				Yes	No
a	Enter the number of voting members of the governing body	1a	21		
1b	Enter the number of voting members that are independent	1b	21		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?		2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		5		X
6	Does the organization have members or stockholders?		6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following				
a	The governing body?		8a	X	
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 organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*		9a		X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code.)*

			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a	X	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	10b	X	
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11		X
11A	Desribe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Does the organization have a written conflict of interest policy? *If "No," go to line 13*	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this is done*	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does 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?			
a	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 in 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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ PA,

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection Indicate how you make these available. Check all that apply

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ CAROLYN PFEIFER 47 GALE ROAD CAMP HILL, PA 17011-2426
1-800-870-3858

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

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 Use Schedule J-2 if additional space is needed

- 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 See 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 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- 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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

[X] Check this box if the organization did not compensate any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
PHIL ALBRIGHT BOARD MEMBER		X						0.	0.	0.
DENNIS LEEPER VICE PRESIDENT		X		X				0.	0.	0.
CHARLES GREENBERG TREASURER		X		X				0.	0.	0.
MARCIA ABRAMS BOARD MEMBER		X						0.	0.	0.
LOIS K. ALBRECHT BOARD MEMBER		X						0.	0.	0.
SARA JANE CATE BOARD MEMBER		X						0.	0.	0.
NAN CAVENAUGH BOARD MEMBER		X						0.	0.	0.
MARY CLAGHORN BOARD MEMBER		X						0.	0.	0.
JUDITH DILLEN BOARD MEMBER		X						0.	0.	0.
CARRIE GARDNER BOARD MEMBER		X						0.	0.	0.
JEANNE GRIMSLEY SECRETARY		X		X				0.	0.	0.
ALBERT F. KAMPER BOARD MEMBER		X						0.	0.	0.
ELLIOTT L. SHELKROT BOARD MEMBER		X						0.	0.	0.
DOROTHEA A. SHOEMAKER BOARD MEMBER		X						0.	0.	0.
ALICIA D. STINE ASSISTANT TREASURER		X		X				0.	0.	0.
KAREN TEMPLE BAORD MEMBER		X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
GARY WOLFE PRESIDENT		X		X				0.	0.	0.
JOHN CRISPINO BOARD MEMBER		X						0.	0.	0.
CONNIE CAUVEL BOARD MEMBER		X						0.	0.	0.
ANNETTE MCALISTER BOARD MEMBER		X						0.	0.	0.
PEGGY WADSWORTH BOARD MEMBER		X						0.	0.	0.
1b Total ▶								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? *If "Yes," complete Schedule J for such person*	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue 23-2096799

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b	206,570			
	c Fundraising events	1c	1,023,882.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	42,700			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	154,985			
	g Noncash contributions included in lines 1a-1f $ 4,794					
	h Total. Add lines 1a-1f		1,428,137			
Program Service Revenue		Business Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a-2f		0			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ATTACHMENT 2		26,018			26,018.
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		0.			
		(i) Real	(ii) Personal			
	6a Gross Rents					
	b Less rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)		0.			
		(i) Securities	(ii) Other			
	7a Gross amount from sales of assets other than inventory					
	b Less cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)		0.			
	8a Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18 a					
	b Less direct expenses b					
	c Net income or (loss) from fundraising events		0.			
	9a Gross income from gaming activities See Part IV, line 19 a					
	b Less direct expenses b					
	c Net income or (loss) from gaming activities		0			
	10a Gross sales of inventory, less returns and allowances a					
	b Less cost of goods sold b					
	c Net income or (loss) from sales of inventory		0.			
	Miscellaneous Revenue	Business Code				
	11a					
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a-11d		0.			
	12 Total Revenue. See instructions		1,454,155.			26,018

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0.			
2 Grants and other assistance to individuals in the U S See Part IV, line 22	400.	400.		
3 Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors, trustees, and key employees	0.			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	0.			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0.			
9 Other employee benefits	0.			
10 Payroll taxes	0.			
11 Fees for services (non-employees)				
a Management	0.			
b Legal	0.			
c Accounting	5,005.		5,005.	
d Lobbying	0.			
e Professional fundraising services See Part IV, line 17	0.			
f Investment management fees	0.			
g Other	0.			
12 Advertising and promotion	237,640.			237,640.
13 Office expenses	82,090.		82,090.	
14 Information technology	0.			
15 Royalties	0.			
16 Occupancy	0.			
17 Travel	0.			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0.			
19 Conferences, conventions, and meetings	0.			
20 Interest	0.			
21 Payments to affiliates	825,003.	825,003.		
22 Depreciation, depletion, and amortization	0.			
23 Insurance	1,664.		1,664.	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a DUES	8,727.		8,727.	
b MISCELLANEOUS	38,145.		38,145.	
c SALES TAX	3,207.		3,207.	
d PROGRAM EXPENSES	64,179.	64,179.		
e				
f All other expenses			0.	
25 **Total functional expenses.** Add lines 1 through 24f	1,266,060.	889,582.	138,838.	237,640.
26 **Joint Costs.** Check here ▶ ☐ If following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing	452,598.	1	479,763.
	2	Savings and temporary cash investments	1,101,861.	2	1,541,137.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10 a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D — 10a			
	b	Less accumulated depreciation — 10b		10c	
	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		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	1,554,459.	16	2,020,900.
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25		26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☐ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	1,554,459.	33	2,020,900.
	34	Total liabilities and net assets/fund balances	1,554,459.	34	2,020,900.

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 [X] Cash [ ] Accrual [ ] Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	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? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	2c		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both [ ] Separate basis [ ] Consolidated basis [ ] Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.** ▶ **See separate instructions.**

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES - GROUP RETURN

Employer identification number 23-2096799

Part I Reason for Public Charity Status (All organizations must complete this part) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ 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 _____

5 ☐ 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).**

7 ☐ 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)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II)

9 ☒ 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)

10 ☐ An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**

11 ☐ 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 that describes the type of supporting organization and complete lines 11e through 11h

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Other

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box . . . . . ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U S ?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")						
2 Tax revenues levied for the organization'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						
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						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 IV)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** . . . . . ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . . 14 %

15 Public support percentage from 2008 Schedule A, Part II, line 14 . . . . . 15 %

16a **33 1/3 % support test - 2009.** If the organization did not check the box on line 13, and line 14 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **33 1/3 % support test - 2008.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3 % or more, check this box and **stop here.** The organization qualifies as a publicly supported organization . . . . . ▶ ☐

17a **10%-facts-and-circumstances test - 2009.** If the organization did not check a box on line 13, 16a or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

b **10%-facts-and-circumstances test - 2008.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization . . . . . ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants ")	902,220	1,020,728	1,079,006	1,340,488.	1,428,137	5,770,579
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 organization'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	902,220.	1,020,728.	1,079,006	1,340,488	1,428,137.	5,770,579.
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b 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						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6)						5,770,579.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6	902,220.	1,020,728	1,079,006	1,340,488	1,428,137	5,770,579
10 a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,161	23,795	27,688.	28,388.	26,018	107,050
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	1,161	23,795	27,688	28,388.	26,018.	107,050
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)	903,381	1,044,523.	1,106,694.	1,368,876.	1,454,155	5,877,629

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f))	15	98.18 %
16	Public support percentage from 2008 Schedule A, Part III, line 15	16	0.00 %

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2009** (line 10c, column (f) divided by line 13, column (f))	17	1.82 %
18	Investment income percentage from **2008** Schedule A, Part III, line 17	18	0.00 %

19 a **33 1/3 % support tests - 2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3 %, and line 17 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3 % support tests - 2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3 %, and line 18 is not more than 33 1/3 %, check this box and **stop here** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Complete this part to provide the explanation required by Part II, line 10, Part II, line 17a or 17b; or Part III, line 12 Provide any other additional information. See instructions

SCHEDULE G
(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions

OMB No 1545-0047
2009
Open To Public Inspection

Name of the organization: PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES - GROUP RETURN

Employer identification number: 23-2096799

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities Check all that apply

a [ ] Mail solicitations
b [ ] Internet and email solicitations
c [ ] Phone solicitations
d [ ] In-person solicitations
e [ ] Solicitation of non-government grants
f [ ] Solicitation of government grants
g [X] Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [ ] Yes [X] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
Total ▶						

3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II **Fundraising Events.** Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than $5,000

		(a) Event #1 AUCTION (event type)	(b) Event #2 BOOK/MEDIA SALE (event type)	(c) Other Events 266 (total number)	(d) Total events (add col (a) through col (c))
Revenue	1 Gross receipts	55,834.	548,074.	372,143.	976,051.
	2 Less Charitable contributions				
	3 Gross income (line 1 minus line 2)	55,834.	548,074.	372,143.	976,051.
Direct Expenses	4 Cash prizes	500.		500.	1,000.
	5 Noncash prizes		50.		50.
	6 Rent/facility costs	207.	5,664.	1,144.	7,015.
	7 Food and beverages				
	8 Entertainment				
	9 Other direct expenses	3,749.	43,272.	166,363.	213,384.
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				(221,449.)
	11 Net income summary Combine line 3, column (d), and line 10 ▶				754,602.

Part III **Gaming.** Complete if the organization answered "Yes" to 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	37,020.		10,811.	47,831.
Direct Expenses	2 Cash prizes	100.			100.
	3 Noncash prizes	8,685.		125.	8,810.
	4 Rent/facility costs	1,690.			1,690.
	5 Other direct expenses	5,049.		542.	5,591.
	6 Volunteer labor	[X] Yes 100 0000 % [ ] No	[ ] Yes % [ ] No	[X] Yes 100 0000 % [ ] No	
	7 Direct expense summary Add lines 2 through 5 in column (d) ▶				(16,191.)
	8 Net gaming income summary Combine line 1, column d, and line 7 ▶				31,640.

			Yes	No
9	Enter the state(s) in which the organization operates gaming activities PA,			
a	Is the organization licensed to operate gaming activities in each of these states?	9a	X	
b	If "No," explain			
10 a	Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a		X
b	If "Yes," explain			
11	Does the organization operate gaming activities with nonmembers?	11		X
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?	12		X

			Yes	No
13 Indicate the percentage of gaming activity operated in				
a The organization's facility	13a	0.0000 %		
b An outside facility	13b	100.0000 %		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records				
Name ▶ CAROLYN PFEIFER				
Address ▶ 47 GALE ROAD CAMP HILL, PA 17011				
15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a			X
b If "Yes," enter the amount of gaming revenue received by the organization ▶$ _____ and the amount of gaming revenue retained by the third party ▶$ _____				
c If "Yes," enter name and address of the third party				
Name ▶				
Address ▶				
16 Gaming manager information				
Name ▶				
Gaming manager compensation ▶$				
Description of services provided ▶				
☐ Director/officer ☐ Employee ☐ Independent contractor				
17 Mandatory distributions				
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a			X
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $				

SCHEDULE O (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990.

OMB No 1545-0047

2009

Open to Public Inspection

Name of the organization: PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES - GROUP RETURN

Employer identification number: 23-2096799

ATTACHMENT 1

PAGE 6, SECTION B. LINE 15 A & B

POLICIES

NO COMPENSATION IS PAID.

PAGE 6, SECTION B. LINE 11

GOVERNING BODY AND MANAGEMENT

THE FINANCE COMMITTEE REVIEWS THE 990 FOR ACCURACY.

PAGE 6, SECTION B LINES 12, 13 AND 14

POLICIES

THERE WILL BE DISCUSSION AND IMPLEMENTATION IN 2010 REGARDING THE FOLLOWING:

CONFLICT OF INTEREST POLICY

DOCUMENT RETENTION

WHISTLEBLOWER POLICY

PAGE 6, SECTION B LINE 10B

POLICIES

THE AFFILIATES ARE INSTRUCTED TO PROVIDE A COPY OF THE BYLAWS AND ANNUAL FINANCIAL REPORTS TO THE GOVERNING MEMBER.

Name of the organization PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES - GROUP RETURN

Employer identification number 23-2096799

ATTACHMENT 2

FORM 990, PART VIII - INVESTMENT INCOME

DESCRIPTION	(A) TOTAL REVENUE	(B) RELATED OR EXEMPT REVENUE	(C) UNRELATED BUSINESS REV.	(D) EXCLUDED REVENUE
INTEREST INCOME FROM BANKS	26,018.			26,018
TOTALS	26,018.			26,018.

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
SEND ALL CORRESPONDENCE TO			
23-2096799	990-01	PARENT	PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES
			P O. BOX 752
			CAMP HILL, PA 17001
SUBORDINATE MEMBERS INCLUDED IN THIS RETURN			
25-7898706	990-02	SUB	AARONSBURG AREA LIBRARY ASSOCIATION
			P O BOX 70
			AARONSBURG, PA 16820
23-1985618	990-02	SUB	ADAMS COUNTY LIBRARY SYSTEM FRIENDS
			140 BALTLIMORE STREET
			GETTYSBURG, PA 17325
23-3017466	990-02	SUB	ADAMSTOWN AREA LIBRARY FRIENDS
			3000 NORTH READING ROAD
			ADAMSTOWN, PA 19501
25-1868052	990-02	SUB	ALEXANDER HAMILTON MEM LIB FRIENDS
			45 EAST MAIN STREET
			WAYNESBORO, PA 17268-1691
25-1875371	990-02	SUB	AMELIA S GIVEN LIBRARY FRIENDS
			114 NORTH BLATIMORE AVENUE
			MT HOLLY SPRINGS, PA 17065
25-1723593	990-02	SUB	BEAVER AREA MEMORIAL LIBRARY/FRIENDS
			100 COLLEGE AVENUE
			BEAVER, PA 15009
23-2187740	990-02	SUB	BERKS COUNTY PUB LIB/FRIENDS
			1037F MacARTHUR ROAD
			READING, PA 19605-9402
20-2164478	990-02	SUB	BLOSSBURG MEMORIAL LIB. FRIENDS
			307 MAIN STREET
			BLOSSBURG, PA 16912

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
25-1882198	990-02	SUB	BRADFORD AREA PUBLIC LIBRARY FRIENDS
			67 WEST WASHINGTON STREET
			BRADFORD, PA 16701
25-1862849	990-02	SUB	BRADFORD COUNTY LIBRARY/FRIENDS
			R R 3 BOX 320
			TROY, PA 16947
14-1868567	990-02	SUB	BUTLER CO FEDERATED LIB SYSTEM FRIENDS
			1553 WEST SUNBURY ROAD
			WEST SUNBURY, PA 16061
25-1408644	990-02	SUB	CALIFORNIA AREA PUB LIBRARY/FRNDS
			P O BOX 654
			CALIFORNIA, PA 15419-0654
25-1659786	990-02	SUB	CAMBRIA COUNTY LIBRARY ASSOC. FRIENDS
			248 MAIN STREET
			JOHNSTOWN, PA 15901
56-2551485	990-02	SUB	CHARTIERS-HOUSTON COMMUNITY LIB FRIENDS
			730 GRANT STREET
			HOUSTON, PA 16912
01-911693	990-02	SUB	CHIPPEWA LIBRARY FRIENDS
25-1427541	990-02	SUB	FRIENDS OF CITIZENS LIBRARY
			55 SOUTH COLLEGE STREET
			WASHINGTON, PA 15301
23-2202448	990-02	SUB	COLLINSVILLE COMMUNITY LIBRARY FRIENDS
			2632 DELTA ROAD
			BROGUE, PA 17309
25-1848793	990-02	SUB	COMMUNITY LIBRARY OF ALLEGHENY VALLEY
25-1556694	990-02	SUB	COMMUNITY LIBRARY OF CASTLE SHANNON

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
34-2062343	990-02	SUB	CRANBERRY PUBLIC LIBRARY FRIENDS
			2525 ROCHESTER RD SUITE 300
			CRANBERRY TWP , PA 16066
23-2852882	990-02	SUB	DEGENSTEIN COMMUNITY LIBRARY FRIENDS
			116 10th AVENUE
			SHAMOKIN DAM, PA 17876
23-2271571	990-02	SUB	FRIENDS OF DOVER AREA COMMUNITY LIBRARY
			3700-3 DAVIDSBUR ROAD
			DOVER, PA 17315
23-1520310	990-02	SUB	DOYLESTOWN FRIENDS
			PO BOX 2194
			DOYLESTOWN, PA 18901
16-1710165	990-02	SUB	EAST PENNSBORO LIBRARY FRIENDS
			98 S ENOLA DRIVE
			ENOLA, PA 17025
23-2817061	990-02	SUB	EAST SHORE AREA LIBRARY/FRIENDS
			3500 HICKORY HOLLOW ROAD
			HARRISBURG, PA 17112
23-3021852	990-02	SUB	EASTTOWN TOWNSHIP LIBRARY FRIENDS
			720 FIRST AVENUE
			BERWYN, PA 19312
20-5079277	990-02	SUB	EVA K BOWLBY PUB LIB FRIENDS
			311 N WEST STREET
			WAYNESBURG, PA 15370
26-0751042	990-02	SUB	EASTERN LANCASTER COUNTY LIBRARY FRIENDS
			11 CHESTNUT DRIVE
			NEW HOLLAND, PA 17557

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
38-3772679	990-02	SUB	ELIZABETHVILLE LIBRARY FRIENDS
			80 NORTH MARKET STREET
			ELIZABETHVILLE, PA 17023
23-2997079	990-02	SUB	EXETER COMMUNITY LIBRARY
			4565 PRESTWICK DRIVE
			READING, PA 19606
20-1925506	990-02	SUB	FLENNIKEN PUBLIC LIBRARY
			102 E GEORGE STREET
			CARMICHAELS, PA 15320
68-0621751	990-02	SUB	FRANKLIN PUBLIC LIBRARY FRIENDS
			421 12th STREET
			FRANKLIN, PA 16323
25-1835760	990-02	SUB	FREDERICKTOWN AREA PUBLIC LIB FRIENDS
			P O BOX 625
			FREDERICKTOWN, PA 15333
25-1875238	990-02	SUB	FREDRICKSEN LIBRARY FRIENDS
			100 NORTH 19TH STREET
			CAMP HILL, PA 17011
23-3080248	990-02	SUB	FREE LIB NORTHAMPTON TWP FRIENDS
			25 UPPER HOLLAND ROAD
			RICHBORO, PA 18954
51-0651755	990-02	SUB	FREE LIBRARY OF UPPER CHICHESTER FRIENDS
			3374 CHICHESTER AVENUE
			BOOTHWYN, PA 19061
25-1885193	990-02	SUB	GREEN FREE LIBRARY FRIENDS
			134 MAIN STREET
			WELLSBORO, PA 16901

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
23-3058701	990-02	SUB	GREEN FREE LIBRARY FRIENDS
			13 CENTER STREET
			CANTON, PA 17724
45-0560031	990-02	SUB	GROVE FAMILY LIBRARY FRIENDS
			101 RAGGED EDGE RD S
			CHAMBERSBURG, PA 17201
55-0875122	990-02	SUB	HANOVER LIBRARY FRIENDS
			2 LIBRARY PLACE
			HANOVER, PA 17331
25-1847209	990-02	SUB	HIGHLAND COMMUNITY LIBRARY FRIENDS
			330 SCHOOLHOUSE ROAD
			JOHNSTOWN, PA 15904
25-1398636	990-02	SUB	HOLLIDAYSBURG AREA PUBLIC LIBRARY
			405 CLARK STREET
			HOLLIDAYSBURG, PA 16648
45-0586968	990-02	SUB	HONEY BROOK LIBRARY FRIENDS
			687 COMPASS ROAD
			HONEY BOOK, PA 19344
23-1223014	990-02	SUB	HORSHAM LIBRARY FRIENDS
			P O BOX 736
			HORSHAM, PA 19044
23-2954314	990-02	SUB	HUMMELSTOWN LIBRARY FRIENDS
			205 SOUTH JOHN STREET
			HUMMELSTOWN, PA 17036
36-4379513	990-02	SUB	JEFFERSON HILLS PUBLIC LIBRARY FRIENDS
			925 OLD CLAIRTON ROAD
			JEFFERSON HILLS, PA 15025
42-1669053	990-02	SUB	JOHN GRAHAM LIBRARY FRIENDS
			9 PARSONAGE STREET
			NEWVILLE, PA 17241

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
26-4402948	990-02	SUB	JUNIATA COUNTY LIBRARY FRIENDS
23-2267274	990-02	SUB	KLINE BRANCH LIBRARY/FRIENDS
			530 SOUTH 29TH STREET
			HARRISBURG, PA 17104
51-0480446	990-02	SUB	LEVITTOWN LIBRARY FRIENDS
			7311 NEW FALLS ROAD
			LEVITTOWN, PA 19055
23-2583906	990-02	SUB	LOUISA GONSER COM LIB/FRIENDS
			70 BIEBER ALLEY
			KUTZTOWN, PA 19530
20-3073410	990-02	SUB	LUDINGTON LIBRARY FRIENDS
			5 S BRYN MAWR AVE
			BRYN MAWR, PA 19010
25-1847671	990-02	SUB	MANSFIELD FREE PUBLIC LIBRARY/FRIENDS
			71 NORTH MAIN STREET
			MANSFIELD, PA 16933
23-2413191	990-02	SUB	MARPLE PUBLIC LIBRARY/FRIENDS
			31 SPROUL & SPRINGFIELD ROADS
			BROOMALL, PA 19008
23-2980611	990-02	SUB	MIFFLIN COMMUNITY LIBRARY FRIENDS
			6 PHILADELPHIA AVENUE
			SHILLINGTON, PA 19607
23-7453446	990-02	SUB	MIDDLETOWN PUBLIC LIBRARY FRIENDS
23-2998832	990-02	SUB	MILANOF-SCHOCK LIBRARY FRIENDS
			1184 ANDERSON FERRY ROAD
			MOUNT JOY, PA 17552

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
75-3152890	990-02	SUB	MONROETON PUBLIC LIBRARY
			P O BOX 145
			MONROETON, PA 18832-0145
23-2008732	990-02	SUB	MONTGOMERY DISTRICT LIBRARY FRIENDS
			P O Box 1185
			NORRISTOWN, PA 19404
23-2299623	990-02	SUB	NEW CUMBERLAND PUBLIC LIBRARY FRIENDS
			426 BLACKLATCH LANE
			CAMP HILL, PA 17011
20-1653712	990-02	SUB	NEW FRIENDS OF THE GCPL (Canonsburg)
			68 EAST PIKE STREET
			CANONSBURG, PA 15317-1312
23-2937696	990-02	SUB	NEWTOWN LIBRARY FRIENDS
			201 BISHOP HOLLOW ROAD
			NEWTOWN SQUARE, PA 19073
23-2097699	990-02	SUB	NORTHAMPTON AREA PUBLIC LIBRARY FRIENDS
			1615 LAUBACH AVE
			NORTHAMPTON, PA 18067
72-1567939	990-02	SUB	NORTHERN CAMBRIA LIBRARY FRIENDS
			1030 PHILADELPHIA AVENUE
			NORTHERN CAMBRIA, PA 15714
45-047550	990-02	SUB	NORTHERN LEBANON FRIENDS GROUP
			102 WEST MAIN STREET
			FREDRICKSBURG, PA 17026
25-1339195	990-02	SUB	NORTH VERSAILLES PUBLIC LIBRARY FRIENDS

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
23-7305639	990-02	SUB	PARKLAND COMMUNITY LIBRARY/FRIENDS
			4422 W ALBERT AVENUE
			ALLENTOWN, PA 18104
23-3088753	990-02	SUB	PHOENIXVILLE LIBRARY FRIENDS
			183 SECOND AVENUE
			PHOENIXVILLE, PA 19460
23-2588753	990-02	SUB	POTTSTOWN PUB LIB FRIENDS
			500 HIGH STREET
			POTTSTOWN, PA 19464
23-3006398	990-02	SUB	POTTSVILLE FREE LIBRARY FRIENDS
			215 WEST MARKET STREET
			POTTSVILLE, PA 17901
25-1872977	990-02	SUB	PUNXSUTAWNEY MEMORIAL LIBRARY FRIENDS
			301 EAST MAHONING STREET
			PUNXSUTAWNEY, PA 15767
23-2009982	990-02	SUB	RADNOR MEMORIAL LIBRARY FRIENDS
			114 WEST WAYNE AVENUE
			WAYNE, PA 19087-4019
23-2846826	990-02	SUB	REDLAND COMMUNITY LIBRARY FRIENDS
			48 ROBINHOOD DRIVE
			ETTERS, PA 17319
26-0115881	990-02	SUB	RIDLEY TOWNSHIP P L FRIENDS
			100 E McDADE BLVD
			FOLSUM, PA 19033-2592

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
20-1291483	990-02	SUB	ROYERSFORD PUBLIC LIBRARY FRIENDS
			200 SOUTH FOURTH AVENUE
			ROYERSFORD, PA 19468
36-4503254	990-02	SUB	SALEM PUBLIC LIBRARY FRIENDS
			P O BOX 98
			HAMLIN, PA 18427
25-6718564	990-02	SUB	SELINSGROVE COMM LIBRARY, FRIENDS
			P O BOX 112
			SELINSGROVE, PA 17870
23-2096799	990-02	SUB	SHIPPENSBURG PUBLIC LIBRARY FRIENDS
			73 W KING STREET
			SHIPPENSBURG, PA 17257-1299
26-3498688	990-02	SUB	SLIPPERY ROCK FRIENDS GROUP
			316 NORTH MAIN STREET
			SLIPPERY ROCK, PA 16057
42-1715864	990-02	SUB	SOUTHERN LEHIGH PUB LIB FRIENDS
			3200 PRESTON LANE
			CENTERVALLEY
41-2278414	990-02	SUB	SOUTH FAYETTE TOWNSHIP FRIENDS
			515 MILLERS ROAD
			MORGAN. PA 15064
20-2768517	990-02	SUB	SPRING TOWNSHIP LIBRARY FRIENDS
			78C COMMERCE DRIVE
			WYOMISSING, PA 19610

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
02-0615572	990-02	SUB	SPRINGDALE FREE PUBLIC LIBRARY
			P O BOX 7
			SPRINGDALE, PA 15144
23-6001926	990-02	SUB	SPRINGFIELD TOWNSHIP FRIENDS
			1600 PAPERMILL RD
			WYNDMOOR, PA 19038
22-2450766	990-02	SUB	SPRINGFIELD TOWNSHIP VILLAGE LIBRARY FRIENDS
23-2063207	990-02	SUB	UPPER DARBY LIBRARY FRIENDS
			76 S STATE STREET
			UPPER DARBY, PA 19082
33-1115419	990-02	SUB	UPPER MORELAND FREE PUB LIB FRIENDS
			109 PARK AVENUE
			WILLOW GROVE, PA 19090
23-3022826	990-02	SUB	VILLAGE LIBRARY OF MORGANTOWN FRIENDS
			P O BOX 797
			MORGANTOWN, PA 19543
55-0915299	990-02	SUB	WARMINSTER LIBRARY FRIENDS
			1076 EMMA LANE
			WARMINSTER, PA 18974
90-0202508	990-02	SUB	WEST CHESTER PUB LIB FRIENDS
			415 N CHURCH STREET
			WEST CHESTER, PA 19380-2401

PENNSYLVANIA CITIZENS FOR BETTER LIBRARIES			
FOR THE TAX PERIOD ENDING DECEMBER 31, 2009			
GROUP NUMBER 3626			
23-2035229	990-02	SUB	WISSAHICKON VALLEY P L FRIENDS
			650 SKIPPACK PIKE
			BLUE BELL, PA 19422
23-1974304	990-02	SUB	YARDLEY-MAKEFIELD BRANCH LIB/FRIENDS
			1080 EDGEWOOD ROAD
			YARDLEY, PA 19067-1648
23-3077165	990-02	SUB	YEADON PUBLIC LIBRARY FRIENDS
			809 LONGACRE BLVD
			YEADON, PA 19050
37-1483592	990-02	SUB	ZELIENOPLE AREA PUBLIC LIBRARY FRIENDS
			227 S HIGH STREET
			ZELIENOPLE, PA 16063