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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)
▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities,
and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions)
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000
at the end of the year may use this form.
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2011 calendar year, or tax year beginning , 2011, and ending , 20

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

C Name of organization
PA BURGLAR & FIRE ALARM ASSOCIATION, INC.
 Number and street (or P.O. box, if mail is not delivered to street address) Room/suite
3718 WEST LAKE ROAD
 City or town, state or country, and ZIP + 4
ERIE, PA 16505-3404

D Employer identification number
23-2148317

E Telephone number
814-836-9237

F Group Exemption Number ▶

G Accounting Method: ☒ Cash ☐ Accrual Other (specify) ▶

H Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

I Website: ▶ **WWW.PBFAA.COM**

J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

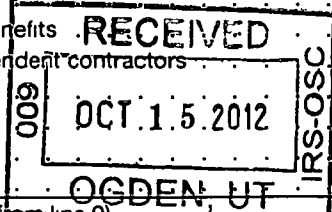
K Check ☐ if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **147,078**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
 Check if the organization used Schedule O to respond to any question in this Part I ☒

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	7,448
	3	Membership dues and assessments	3	59,108
	4	Investment income	4	9
	5a	Gross amount from sale of assets other than inventory	5a	
	5b	Less: cost or other basis and sales expenses	5b	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Gaming and fundraising events		
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
Expenses	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	59,942
	c	Less: direct expenses from gaming and fundraising events	6c	25,605
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	34,337
	7a	Gross sales of inventory, less returns and allowances	7a	
	b	Less: cost of goods sold	7b	
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	20,571
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	121,473
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	
	13	Professional fees and other payments to independent contractors	13	53,200
14	Occupancy, rent, utilities, and maintenance	14		
15	Printing, publications, postage, and shipping	15	13,815	
16	Other expenses (describe in Schedule O)	16	43,558	
17	Total expenses. Add lines 10 through 16 ▶	17	110,573	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	10,900
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	19	15,256
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20 ▶	21	26,156

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65 17

Part II **Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II ☐

		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	15,256	22 26,156
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	Total assets	15,256	25 26,156
26	Total liabilities (describe in Schedule O)		26
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,256	27 26,156

Part III	Statement of Program Service Accomplishments (see the instructions for Part III.)
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Check if the organization used Schedule O to respond to any question in this Part III . . . ☐

What is the organization's primary exempt purpose? SEE PROGRAM SERVICE EXPLAN- LINE 28 BELOW

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others)

28	TO SERVE AS A MEDIUM OF EXCHANGE AND DISSEMINATION TO MEMBERS AND THE PUBLIC INFORMATION APPLICABLE TO THE FIELD OF SECURITY AND TO PROMOTE MUTUAL INTERESTS OF THE SECURITY AND FIRE ALARM INDUSTRY (Grants \$ <u>0</u>) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	28a	110,573
29	_____ _____ (Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	29a	
30	_____ _____ (Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	30a	
31	Other program services (describe in Schedule O) (Grants \$ _____) If this amount includes foreign grants, check here ▶ <input type="checkbox"/>	31a	
32	Total program service expenses (add lines 28a through 31a) ▶	32	110,573

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV.)

Check if the organization used Schedule O to respond to any question in this Part IV ☐

[illegible]

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V ☐

	Yes	No
33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		<input checked="" type="checkbox"/>
34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		<input checked="" type="checkbox"/>
35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	<input checked="" type="checkbox"/>	
b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	<input checked="" type="checkbox"/>	
c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		<input checked="" type="checkbox"/>
36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N		<input checked="" type="checkbox"/>
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0		
b Did the organization file Form 1120-POL for this year?		<input checked="" type="checkbox"/>
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		<input checked="" type="checkbox"/>
b If "Yes," complete Schedule L, Part II and enter the total amount involved		
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9	39a	
b Gross receipts, included on line 9, for public use of club facilities	39b	
40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶		
b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶		
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization ▶		
e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		<input checked="" type="checkbox"/>
41 List the states with which a copy of this return is filed. ▶ NONE		
42a The organization's books are in care of ▶ DALE ELLER Telephone no. ▶ 814-836-9237 Located at ▶ 3718 WEST LAKE ROAD, ERIE, PA ZIP + 4 ▶ 16505-3404		
b 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)? 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 .	42b	<input checked="" type="checkbox"/>
c At any time during the calendar year, did the organization maintain an office outside the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	<input checked="" type="checkbox"/>
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a	<input checked="" type="checkbox"/>
b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	<input checked="" type="checkbox"/>
c Did the organization receive any payments for indoor tanning services during the year?	44c	<input checked="" type="checkbox"/>
d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d	
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	<input checked="" type="checkbox"/>
45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b	<input checked="" type="checkbox"/>

- 46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

	Yes	No
46		<input checked="" type="checkbox"/>

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51.

Check if the organization used Schedule O to respond to any question in this Part VI ☒ *N/A*

- 47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

	Yes	No
47		

- 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48		
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- 49a Did the organization make any transfers to an exempt non-charitable related organization?

49a		
-----	--	--

- b If "Yes," was the related organization a section 527 organization?

49b		
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- 50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

- f Total number of other employees paid over \$100,000

- 51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

- d Total number of other independent contractors each receiving over \$100,000

- 52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ☐ Yes ☒ No

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	Signature of officer <i>June Allman</i>	Date <i>10/10/2012</i>
	Type or print name and title <i>JUNE ALLMAN</i>	

Paid Preparer Use Only	Print/Type preparer's name DALE R. DEMARCO, CPA	Preparer's signature <i>Dale R. Demarco</i>	Date <i>8/9/12</i>	Check <input type="checkbox"/> if self-employed	PTIN 900041753
	Firm's name <i>DEMARCO WACHTER & CO</i>			Firm's EIN <i>25-1401360</i>	
	Firm's address <i>403 WEST 10TH STREET, ERIE, PA 16502</i>			Phone no <i>814-454-6317</i>	

May the IRS discuss this return with the preparer shown above? See instructions ☒ Yes ☐ No

**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 8a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization

PA BURGLAR & FIRE ALARM ASSOCIATION, INC.

Employer identification number

23-2148317

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 <input type="checkbox"/> Mail solicitations | e <input type="checkbox"/> Solicitation of non-government grants |
| b <input type="checkbox"/> Internet and email solicitations | f <input type="checkbox"/> Solicitation of government grants |
| c <input type="checkbox"/> Phone solicitations | g <input checked="" type="checkbox"/> Special fundraising events |
| d <input type="checkbox"/> In-person solicitations | |
- 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 ☒ 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 and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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
		Yes	No			
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total ▶						

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

PA

Part II Fundraising Events. Complete if the organization answered "Yes" to 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
		ANNUAL MEETING (event type)	(event type)	(total number)	(add col (a) through col (c))
Revenue	1 Gross receipts	59,942			59,942
	2 Less: Charitable contributions	0			0
	3 Gross income (line 1 minus line 2)	59,942			59,942
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	1,327			1,327
	6 Rent/facility costs	11,399			11,399
	7 Food and beverages				
	8 Entertainment	7,001			7,001
	9 Other direct expenses	5,878			5,878
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				(25,605)
	11 Net income summary. Combine line 3, column (d), and line 10 ▶				34,337

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				
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. Combine line 1, column d, and line 7 ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate 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: _____

- | | | |
|-----------|---|--|
| 11 | Does the organization operate gaming activities with nonmembers? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 13 | Indicate the percentage of gaming activity operated in: | |
| a | The organization's facility | 13a % |
| b | An outside facility | 13b % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | |

Name ► _____

Address ►

- 15a** Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No
- 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? ☐ Yes ☐ No
- 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 ► \$

Part IV **Supplemental Information.** Complete this part to provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2011

**Open to Public
Inspection**

Name of the organization

PA BURGLAR & FIRE ALARM ASSOCIATION, INC.

Employer identification number

23-2148317

OTHER REVENUE-PAGE 1, PART I, LINE 8

ADVERTISING 20,571

OTHER EXPENSES-PAGE 1, PART I, LINE 16

BANK AND CREDIT CARD FEES 2,770

CONFERENCES 8,231

OFFICE EXPENSE 1,851

INSURANCE 1,130

INTERNET 336

TRAVEL 3,681

TELEPHONE 3,611

TRAINING 21,170

TAXES 778

TOTAL 43,558

First Name	Last Name	Company	Address	City	State	Zip	Phone
Executive Committee							
Amy	Simpson	Vector Security	5125 Campus Drive	Plymouth Meeting	PA	19462	610-825-4600
Keith	Freeman	Protection Bureau	197 Phillips Road	Exton	PA	19341	610-903-4900
Jeff	Schuh	Alarmax	4110 Butler Pike Ste B120	Plymouth Meeting	PA	19462	610-832-0480
June	Allman	ABE Alarm	519 Maple Street	Bethlehem	PA	18018	610-691-0451
Phil	Kline	Security First	107 W Lancaster Avenue	Schillington	PA	19607	610-777-8890
Danette	Tizkowski	Vector Security	23 Casey Avenue	Wilkes-Barre	PA	18702	570-824-4605
Associate Directors							
Darren	Crawford	Digital Security Controls	5974 Smithys Lane	Salisbury	MD	21801	410-546-4091
Michael	Tino	UTC Fire & Security / GE Security	210 Blackthorn Drive	Butler	PA	16002	724-841-8873
Regional Representatives							
CENTRAL REGION							
Jamie	Alwine	Alwine Security	109 Zooks Mill Road	Epheata	PA	17522	717-859-3662
Keith	Maley	Knight Security Systems, Inc	5879 Avis Lane	Harrisburg	PA	17112	717-541-0212
Tom	Chambers	Vector Security	5125 Campus Drive	Plymouth Meeting	PA	19462	610-825-4600
Duane	Ness	Advantage Security	300 East Market Street	York	PA	17406	717-840-8400
SE REGION							
Brad	Schoenfeld	Vector Security	5125 Campus Drive	Plymouth Meeting	PA	19462	610-825-4600
Bill	Fisher	Protection Bureau	197 Phillips Road	Exton	PA	19341	610-903-4900
Rich	Rhodes	Universal Atlantic Systems, Inc	700 Abbott Drive	Broomall	PA	19008-4327	610-328-1000
NE REGION							
Jim	Bucciaglia	Secure-A- Home	50 South Museum Drive	Reading	PA	19607	610-372-8872
Dan	Vogel	ADT Security Services	6330 Hedgewood Drive Ste 220	Allentown	PA	18106	610-336-8434
John	Uhrer	Fox Brothers	3411 Sullivan Trail	Easton	PA	18040	610-252-7880
Tim	Enot	Enot Security Systems	1160 First Avenue	Hellertown	PA	18055	610-838-6655
NW REGION							
Matt	Reiser	Doyle Security	2520 Hampton Road	Erie	PA	16502	814-453-6577
vacant							
Dale	Eller	ITZ Solutions	3718 West Lake Road	Erie	PA	16505	814-836-9237
Tim	Furman	New Sentry Systems/Mecco Alarms	206 East 26th	Erie	PA	16504	814-455-6056
SW REGION							
Kelly	Bond	Alarm Capital Alliance	132 Cherrington Drive	Cranberry Twp	PA	16066	888-593-6151
Ben	Campbell	InterTech Security LLC	1501 Preble Avenue, Suite 6	Pittsburgh	PA	15233	412-246-1229
vacant							
Andy	Nesky	Security Systems of America	500 Ardmore Ave	Pittsburgh	PA	15221	412-244-4900
Ex Officio							
Michael	Revness	Kurtz & Revness P.C	1265 Drummers Lane Ste 209	Wayne	PA	19087	610-688-2855
Dale	Eller	ITZ Solutions	3718 West Lake Road	Erie	PA	16505	814-836-9237
Ralph	Manento	Royal Security	RR 6 Box 6404	Saylorsburg	PA	18353	570-992-6502
John	Malady	Malady & Wooten	604 North Third Street	Harrisburg	PA	17101	717-236-9600
Jodie	Stuck	Malady & Wooten	604 North Third Street	Harrisburg	PA	17101	717-236-9600

First Name	Last Name	Fax	Email	Position	Term	Term Exp	Committees
Executive Committee							
Amy	Simpson	610-825-0354	afsimpson@vectorsecurity.com	President	2 Year	End of 2012	Annual Meeting, Long Range Planning
Keith	Freeman	610-903-4979	keithfreeman@protectionbureau.com	VP	2 Year	End of 2013	Ethics, Alarm Management, Technology
Jeff	Schuh	610-832-0473	jeffschuh@hotmail.com	Secretary	2 Year	End of 2013	Nominations
June	Allman	610-691-8799	june@abealarm.com	Treasurer	2 Year	End of 2012	Audit
Phil	Kline	610-777-9111	phil@securityfirstinc.com	Past President	N/A	N/A	
Danette	Tizkowski	570-829-8189	drtizkowski@vectorsecurity.com	2nd Past President	N/A	N/A	Legislative
Associate Directors							
Darren	Crawford	410-546-4091	dacrawford@tycoint.com	Assoc-Director	1 Year	End of 2012	Website
Michael	Tino	724-586-2965	michael.tino@fs.utc.com	Assoc-Director	1 Year	End of 2012	
Regional Representative							
Jamie	Alwine	717-859-1072	jamiealwine@alwinsecurity.com	C-President	1 Year	End of 2011	
Keith	Maley	717-541-0217	keith.maley@comcast.net	C-VP	1 Year	End of 2011	
Tom	Chambers	610-825-0354	tmchambers@vectorsecurity.com	C-Treasurer	1 Year	End of 2011	Education
Duane	Ness	717-840-8600	dness@advantagesecurity.com	C-Secretary	1 Year	End of 2011	
Brad	Schoenfeld	610-825-0354	bpschoenfeld@vectorsecurity.com	SE-President	1 Year	End of 2012	Scholarship
Bill	Fisher	610-903-4979	billfisher@protectionbureau.com	SE-VP	1 Year	End of 2012	
vacant				SE-Treasurer			
Rich	Rhodes	610-328-2000	rich.rhodes@uas.com	SE- Secretary	1 Year	End of 2012	
Jim	Bucciaglia	610-775-6970	jbucciaglia@secureahome.com	NE-President	1 Year	End of 2011	
Dan	Vogel		dvogel@adt.com	NE-VP	1 Year	End of 2011	
John	Uhlir	610-252-1177	foxbros@enter.net	NE-Secretary	1 Year	End of 2011	
Tim	Enot	610-838-7164	tim@enotsecurity.com	NE-Treasurer	1 Year	End of 2011	
Matt	Reiser	814-456-3069	matt.reiser@godoyle.com	NW- President	1 Year	End of 2012	
vacant				NW-VP	1 Year	End of 2012	
Dale	Eller	814-838-5127	dale@itzsolutions.com	NW-Treasurer	1 Year	End of 2012	
Tim	Furman	814-454-6064	newsent@velocity.net	NW-Secretary	1 Year	End of 2012	
Kelly	Bond	888-593-6166	kelly.bond@alarmcapital.com	SW-President	1 Year	End of 2012	
Ben	Campbell	412-894-2902	bcampbell@its-secure.com	SW-VP	1 Year	End of 2012	
vacant				SW-Secretary	1 Year	End of 2012	
Andy	Nesky	412-244-4907	andyn@ssasecurity.com	SW-Treasurer	1 Year	End of 2012	
Ex Officio							
Michael	Revness	610-688-2912	mrevness@kurtzrevnesspc.com	Assoc-Attorney	N/A	N/A	Bylaws
Dale	Eller	814-838-5127	dale@itzsolutions.com	Executive Director	N/A	N/A	Newsletter
Ralph	Manento	570-992-6081	rmanento@royalsecurity.us	ESA BOD Rep	N/A	N/A	Membership
John	Malady	717-236-9696	jmalady@malady-wooten.com	Lobbyist			
Jodie	Stuck	717-236-9696	jstuck@malady-wooten.com	Lobbyist			

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

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **►**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only ☐ **►**

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. PA BURGLAR AND FIRE ALARM ASSOCIATION, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 23-2148317
	Number, street, and room or suite no. If a P.O. box, see instructions. 3718 WEST LAKE ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ERIE, PA 16505-3404	

Enter the Return code for the return that this application is for (file a separate application for each return) ☐ 0 ☐ 1

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **DALE ELLER**

Telephone No. ► **814-836-9237** FAX No. ► **814-838-5127**

- If the organization does not have an office or place of business in the United States, check this box ☐ **►**
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) **_____**. If this is for the whole group, check this box ☐ **►**. If it is for part of the group, check this box ☐ **►** and attach a list with the names and EINs of all members the extension is for.

- 1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15**, 20 **12**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ☒ calendar year 20 **11** or

► ☐ tax year beginning _____, 20 _____, and ending _____, 20 _____.

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Cat No 27916D

Form **8868** (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions	Name of exempt organization or other filer, see instructions PA BURGLAR AND FIRE ALARM ASSOCIATION, INC.	Employer identification number (EIN) or <input checked="" type="checkbox"/> 23-2148317
	Number, street, and room or suite no. If a P.O. box, see instructions. 3718 WEST LAKE ROAD	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ERIE, PA 16505-3404	

Enter the Return code for the return that this application is for (file a separate application for each return)

0	1
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Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	01	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

- The books are in the care of ► **DALE ELLER**
Telephone No. ► **814-836-9237** FAX No. ► **814-838-5127**
- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box ☐ . If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **NOVEMBER 15**, 20 **12**.
- 5 For calendar year **2011**, or other tax year beginning, 20, and ending, 20
- 6 If the tax year entered in line 5 is for less than 12 months, check reason: ☐ Initial return ☐ Final return
☐ Change in accounting period
- 7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO ASSEMBLE DATA TO ACCURATELY COMPLETE THE RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature ►  Title ► **CPA** Date ► **9/14/12**