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Form **990-EZ****Short Form**
Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012**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 2012 calendar year, or tax year beginning , 2012, 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: ►

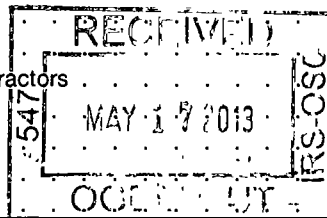
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (7) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

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 \$ **140069**

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 | 2352 |
| | 3 | Membership dues and assessments | 3 | 58949 |
| | 4 | Investment income | 4 | 4 |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less: cost or other basis and sales expenses | 5b | |
| | c | 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 | |
| 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 | 57241 | |
| c | Less: direct expenses from gaming and fundraising events | 6c | 28876 | |
| d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 28365 | |
| 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 | 21523 | |
| 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 111193 | |
| Expenses | 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 | 53200 |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 14838 |
| | 15 | Printing, publications, postage, and shipping | 15 | 47589 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 115627 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 115627 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | -4434 |
| | 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 | 26156 |
| | 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 | 21722 |



For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 10642I

Form **990-EZ** (2012)

SCANNED JUN 07 2013

P 13

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 | 33 | <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) | 34 | <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)? | 35a | <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 | 35b | <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 | 35c | <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 | 36 | <input checked="" type="checkbox"/> |
| 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a | | |
| b Did the organization file Form 1120-POL for this year? | 37b | <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? | 38a | <input checked="" type="checkbox"/> |
| b If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 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 | 40b | |
| 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 | 40e | <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)? | 42b | <input checked="" type="checkbox"/> |
| 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 . | | |
| c At any time during the calendar year, did the organization maintain an office outside the U.S.? | 42c | <input checked="" type="checkbox"/> |
| If "Yes," enter the name of the foreign country: ► | | |
| 43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year | 43 | <input type="checkbox"/> |
| 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 | <input checked="" type="checkbox"/> |
| 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"/> |

| | Yes | No |
|--|-------------------------------------|--------------------------|
| 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 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations 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 ☐

| | Yes | No |
|--|--------------------------|--------------------------|
| 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 | <input type="checkbox"/> | <input type="checkbox"/> |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | <input type="checkbox"/> | <input type="checkbox"/> |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | <input type="checkbox"/> | <input type="checkbox"/> |
| b If "Yes," was the related organization a section 527 organization? | <input type="checkbox"/> | <input type="checkbox"/> |

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 title of each employee paid more than \$100,000 | (b) 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 **▶** _____

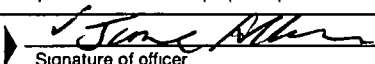
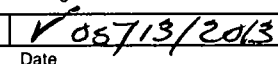
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

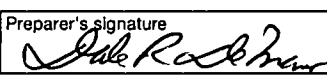
| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

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 | Date |
| | JUNE ALLMAN TREASURER | |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|---|---|--------------|---|-----------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | DALE R. DEMARCO |  | 5/9/13 | <input type="checkbox"/> | P00041753 |
| | Firm's name ▶ DEMARCO WACHTER & CO. | Firm's EIN ▶ | 25-1401360 | | |
| | Firm's address ▶ 403 WEST 10TH STREET, ERIE, PA 16502 | Phone no | 814-454-6317 | | |

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

Name of the organization

**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

2012

**Open to Public
Inspection**

Employer identification number

PA BURGLAR & FIRE ALARM ASSOCIATION, INC.

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 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.

PENNSYLVANIA

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 <u>ANNUAL MEETING</u> (event type) | (b) Event #2 (event type) | (c) Other events (total number) | (d) Total events (add col. (a) through col. (c)) |
|--|--|---|------------------------------|------------------------------------|---|
| Revenue | 1 Gross receipts | 57241 | | | 57241 |
| | 2 Less: Contributions | | | | |
| | 3 Gross income (line 1 minus line 2) | 57241 | | | 57241 |
| Direct Expenses | 4 Cash prizes | | | | |
| | 5 Noncash prizes | 1222 | | | 1222 |
| | 6 Rent/facility costs | 13099 | | | 13099 |
| | 7 Food and beverages | | | | |
| | 8 Entertainment | 9322 | | | 9322 |
| | 9 Other direct expenses | 5233 | | | 5233 |
| | 10 Direct expense summary. Add lines 4 through 9 in column (d) ▶ | | | | (28876) |
| 11 Net income summary. Combine line 3, column (d), and line 10 ▶ | | | | 28365 | |

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? ☐ Yes ☐ 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? ☐ Yes ☐ 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

2012

**Open to Public
Inspection**

Name of the organization

PA BURGLAR & FIRE ALARM ASSOCIATION, INC

Employer identification number

23-2148317

OTHER REVENUE - PAGE 1, PART 1, LINE 8

ADVERTISING \$21,523

OTHER EXPENSES - PAGE 1, PART 1, LINE 16

BANK AND CREDIT CARD FEES \$ 3,053

CONFERENCES 6,775

INSURANCE 2,408

INTERNET 362

OFFICE EXPENSE 1,274

TELEPHONE 2,125

TRAVEL 3,116

TRAINING 26,086

TAXES 2,390

TOTAL \$ 47,589

| 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 | 800-222-6565 EXT 3 |
| 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 |
| vacant | | | | | | | |
| Rich | Rhodes | Universal Atlantic Systems, Inc. | 700 Abbott Drive | Broomall | PA | 19008-4327 | 610-328-1000 |
| NE REGION | | | | | | | |
| Jim | Bucciaglia | SAH Inc. | 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 | Uhler | 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 | | | | | | | |
| Ben | Campbell | InterTech Security LLC | 1501 Preble Avenue, Suite 6 | Pittsburgh | PA | 15233 | 412-246-1229 |
| vacant | | | | | | | |
| 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 |
| Jedie | Stuck | Malady & Wooten | 604 North Third Street | Harrisburg | PA | 17101 | 717-236-9600 |