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Form **990-EZ**Department of the Treasury
Internal Revenue Service**Short Form****Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2014**Open to Public
Inspection**

A For the 2014 calendar year, or tax year beginning , 2014, and ending , 20

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final 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 province, country, and ZIP or foreign postal code
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**

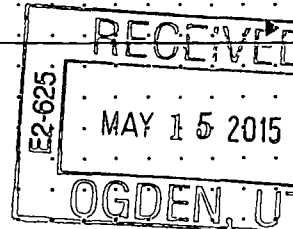
J Tax-exempt status (check only one) — ☐ 501(c)(3) ☒ 501(c) (6) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ **142,356**

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 ☒

1	Contributions, gifts, grants, and similar amounts received	1	
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	63,003
4	Investment income	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	58,520
c	Less: direct expenses from gaming and fundraising events	6c	27,532
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d	30,988
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	20,830
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	114,824
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	54,784
14	Occupancy, rent, utilities, and maintenance	14	
15	Printing, publications, postage, and shipping	15	17,696
16	Other expenses (describe in Schedule O)	16	40,807
17	Total expenses. Add lines 10 through 16	17	113,287
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	1,537
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	21,292
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	22,829



For Paperwork Reduction Act Notice, see the separate instructions.

Cat No 106421

Form **990-EZ** (2014)SCANNED JUN 09 2015
Revenue

2/4

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	21,292	22,829
23	Land and buildings		
24	Other assets (describe in Schedule O)		
25	Total assets	21,292	22,829
26	Total liabilities (describe in Schedule O)		
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	21,292	22,829

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? PROVIDE SECURITY INFORMATION

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; 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 \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	113,287
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) <input type="checkbox"/>	32	113,287

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	33	✓
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	✓
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	✓
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	✓
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	✓
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	✓
37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a	37a	
b Did the organization file Form 1120-POL for this year?	37b	✓
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	✓
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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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), 501(c)(4), and 501(c)(29) 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	
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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	42b	✓
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	✓
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		
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	✓
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	✓
c Did the organization receive any payments for indoor tanning services during the year?	44c	✓
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	✓
b 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	✓

- 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 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 ☐

- 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		
49a		
49b		

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

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

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

- 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	(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 business address of each independent contractor	(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 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 Dale R. Eller Date 5/9/15
 Type or print name and title Dale R. Eller PBFAA Executive Director

Paid Preparer Use Only
 Print/Type preparer's name DALE R. DEMARCO Preparer's signature Dale R. Demarco Date 5/8/15 Check ☐ if self-employed PTIN P00041753
 Firm's name DEMARCO WACHTER & CO Firm's EIN 46-4382320
 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

Department of the Treasury
Internal Revenue Service

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.

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization

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.

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	58,520			58,520
	2 Less: Contributions				
	3 Gross income (line 1 minus line 2)	58,520			58,520
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	869			869
	6 Rent/facility costs	15,524			15,524
	7 Food and beverages				
	8 Entertainment	8,771			8,771
	9 Other direct expenses	2,368			2,368
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				27,532
11 Net income summary. Subtract line 10 from line 3, column (d) ▶				30,988	

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. Subtract line 7 from line 1, column (d) ▶				

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

- 11** Does the organization conduct 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 conducted 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. 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 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization

PA BURGLAR & FIRE ALARM ASSOCIATION INC

Employer identification number

OTHER REVENUE, PAGE 1, PART I, LINE 8

ADVERTISING \$20,830

OTHER EXPENSES, PAGE 1, PART I, LINE 16

BANK & CREDIT CARD FEES \$ 2,663

CONFERENCES 4,412

INSURANCE 1,479

INTERNET 347

FACILITY FEES 2,362

TAXES 1,098

TELEPHONE 1,330

TRAINING 23,570

TRAVEL 2,563

OFFICE 983

TOTAL \$ 40,807

First Name	Last Name	Company	Address	City	State	Zip	Phone	Fax
Executive Committee								
Amy	Simpson	Vector Security	5125 Campus Drive	Plymouth Meeting	PA	19462	610-825-4600	610-825-0354
Jamie	Alwine	Alwine Security	109 Zooks Mill Road	Epheata	PA	17522	717-859-3662	717-859-1072
Jeff	Schuh	Alarmax	4110 Butler Pike Ste B120	Plymouth Meeting	PA	19462	610-832-0480	610-832-0473
June	Allman	ABE Alarm	519 Maple Street	Bethlehem	PA	18018	610-691-0451	610-691-8799
Phil	Kline	Security First	107 W Lancaster Avenue	Schillington	PA	19607	610-777-8890	610-777-9111
Ralph	Manento	Royal Security	RR 6 Box 6404	Saylorsburg	PA	18353	570-992-6502	570-992-6081
Associate Directors								
Darren	Crawford	Digital Security Controls	5974 Smithys Lane	Salisbury	MD	21801	410-546-4091	410-546-4091
Lyndell	Kline	Interlogix	26 Lynne Avenue	Wyomissing	PA	19610	610-850-4763	
Regional Representatives								
CENTRAL REGION								
Keith	Maley	Knight Security Systems, Inc.	5879 Avis Lane	Harrisburg	PA	17112	717-541-0212	717-541-0217
vacant								
vacant								
Duane	Ness	Advantage Security	300 East Market Street	York	PA	17406	717-840-8400	717-840-8600
		SE REGION						
Brad	Schoenfeld	Vector Security	5125 Campus Drive	Plymouth Meeting	PA	19462	610-825-4600	610-825-0354
vacant								
vacant								
Rich	Rhodes	Universal Atlantic Systems, Inc.	700 Abbott Drive	Broomall	PA	19008-4327	610-328-1000	610-328-2000
		NE REGION						
Jim	Bucciaglia	SAH Inc.	50 South Museum Drive	Reading	PA	19607	610-372-8872	610-775-6970
Dan	Vogel	Tyco Integrated Security	602 Office Center Dr. Suite 100	Fort Washington	PA	19034	215-347-5727	
John	Uhlir	Fox Brothers	3411 Sullivan Trail	Easton	PA	18040	610-252-7880	610-252-1177
Tim	Enot	Enot Security Systems	1160 First Avenue	Hellertown	PA	18055	610-838-8655	610-838-7164
vacant		NW REGION						
vacant								
Dale	Eller	ITZ Solutions	3718 West Lake Road	Erie	PA	16505	814-836-9237	814-838-5127
Tim	Furman	New Sentry Systems/Mecco Alarms	206 East 26th	Erie	PA	16504	814-455-6056	814-454-6064
		SW REGION						
Ben	Campbell	InterTech Security LLC	1501 Preble Avenue, Suite 6	Pittsburgh	PA	15233	412-246-1200	412-894-2902
vacant								
vacant								
Andy	Nesky	Security Systems of America	500 Ardmore Ave	Pittsburgh	PA	15221	412-244-4900	412-244-4907
Ex Officio								
Michael	Revness	Kurtz & Revness P C	1265 Drummers Lane Ste 209	Wayne	PA	19087	610-688-2855	610-688-2912
Dale	Eller	ITZ Solutions	3718 West Lake Road	Erie	PA	16505	814-836-9237	814-838-5127
Ralph	Manento	Royal Security	RR 6 Box 6404	Saylorsburg	PA	18353	570-992-6502	570-992-6081
John	Malady	Malady & Wooten	604 North Third Street	Harrisburg	PA	17101	717-236-9600	717-236-9696
Jodie	Stuck	Malady & Wooten	604 North Third Street	Harrisburg	PA	17101	717-236-9600	717-236-9696
Tom	Chambers	Vector Security	5125 Campus Drive	Plymouth Meeting	PA	19462	610-825-4600	610-825-0354

First Name	Last Name	Email	Position	Term	Term Exp	Committees
Executive Committee						
Amy	Simpson	afsmpson@vectorsecurity.com	President	2 Year	End of 2016	Long Range Planning
Jamie	Alwine	jamiealwine@alwinesecurity.com	VP	2 Year	End of 2015	Conference, Ethics
Jeff	Schuh	jeffschuh@hotmail.com	Secretary	2 Year	End of 2015	Nominations
June	Allman	june@abealarmservice.com	Treasurer	2 Year	End of 2016	Audit
Phil	Kline	phil@securityfirstinc.com	Past President	N/A	N/A	
Ralph	Manento	rmanento@royalsecurity.us	2nd Past President	N/A	N/A	
Associate Directors						
Darren	Crawford	dacrawford@tycoint.com	Assoc-Director	1 Year	End of 2015	Website
Lyndell	Kline	lyndell.kline@interlogix.com	Assoc-Director	1 Year	End of 2015	
Regional Representative						
Keith	Maley	keith.maley@comcast.net	C-President	1 Year		
vacant			C-VP	1 Year		
vacant			C-Treasurer	1 Year		
Duane	Ness	dness@advantagelsecurity.com	C-Secretary	1 Year		
				1 Year		
Brad	Schoenfeld	bpschoenfeld@vectorsecurity.com	SE-President	1 Year		Scholarship
vacant			SE-VP			
vacant			SE-Treasurer			
Rich	Rhodes	rich.rhodes@uas.com	SE-Secretary	1 Year		
Jim	Bucciaglia	jimb@sahinc.com	NE-President	1 Year		
Dan	Vogel	Dvogel@tyco.com	NE-VP	1 Year		
John	Uhler	foxbros@enter.net	NE-Secretary	1 Year		
Tim	Enot	tim@enotsecurity.com	NE-Treasurer	1 Year		
vacant			NW-President	1 Year		
vacant			NW-VP	1 Year		
Dale	Eller	dale@itzsolutions.com	NW-Treasurer	1 Year		
Tim	Furman	newsent@velocity.net	NW-Secretary	1 Year		
Ben	Campbell	Bcampbell@Intertechsecurity.com	SW-President	1 Year		
vacant			SW-VP	1 Year		
vacant			SW-Secretary	1 Year		
Andy	Nesky	andyn@ssasecurity.com	SW-Treasurer	1 Year		
Ex Officio						
Michael	Revness	mrevness@kurtzrevnesspc.com	Assoc-Attorney	N/A	N/A	Bylaws
Dale	Eller	dale@itzsolutions.com	Executive Director	N/A	N/A	Newsletter
Ralph	Manento	rmanento@royalsecurity.us	ESA BOD Rep	N/A	N/A	Membership
John	Malady	jmalady@malady-wooten.com	Lobbyist			
Jodie	Stuck	jstuck@malady-wooten.com	Lobbyist			
Tom	Chambers	tmchambers@vectorsecurity.com	Education Chair	N/A	N/A	Education