

Form **990EZ**  
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.  
▶ Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information.

OMB No 1545-1150  
**2019**  
**Open to Public Inspection**

**A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019**

- B** Check if applicable  
 Address change  
 Name change  
 Initial return  
 Final return/terminated  
 Amended return  
 Application pending

**C** Name of organization  
NEVADA SECURITY ASSOCIATION

Number and street (or P O box, if mail is not delivered to street address) Room/suite  
205 N STEPHANIE STREET No D 170

City or town, state or province, country, and ZIP or foreign postal code  
HENDERSON, NV 89074

**D** Employer identification number  
26-2915229

**E** Telephone number

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website: ▶

**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

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

**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. ▶ \$ 17,045

**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		Expenses	
<b>1</b>	Contributions, gifts, grants, and similar amounts received . . . . .	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .
<b>2</b>	Program service revenue including government fees and contracts . . . . .	<b>11</b>	Benefits paid to or for members . . . . .
<b>3</b>	Membership dues and assessments . . . . .	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .
<b>4</b>	Investment income . . . . .	<b>13</b>	Professional fees and other payments to independent contractors . . . . .
<b>5a</b>	Gross amount from sale of assets other than inventory . . . . .	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .
<b>5b</b>	Less cost or other basis and sales expenses . . . . .	<b>15</b>	Printing, publications, postage, and shipping . . . . .
<b>5c</b>	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>16</b>	Other expenses (describe in Schedule O) . . . . .
<b>6</b>	Gaming and fundraising events	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .
<b>6a</b>	Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .
<b>6b</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) . . . . .	<b>19</b>	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) . . . . .
<b>6c</b>	Less direct expenses from gaming and fundraising events . . . . .	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .
<b>6d</b>	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .
<b>7a</b>	Gross sales of inventory, less returns and allowances . . . . .		
<b>7b</b>	Less cost of goods sold . . . . .		
<b>7c</b>	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .		
<b>8</b>	Other revenue (describe in Schedule O) . . . . .		
<b>9</b>	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . . . . .		

<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .	<b>10</b>	Grants and similar amounts paid (list in Schedule O) . . . . .
<b>11</b>	Benefits paid to or for members . . . . .	<b>11</b>	Benefits paid to or for members . . . . .
<b>12</b>	Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	Salaries, other compensation, and employee benefits . . . . .
<b>13</b>	Professional fees and other payments to independent contractors . . . . .	<b>13</b>	Professional fees and other payments to independent contractors . . . . .
<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	Occupancy, rent, utilities, and maintenance . . . . .
<b>15</b>	Printing, publications, postage, and shipping . . . . .	<b>15</b>	Printing, publications, postage, and shipping . . . . .
<b>16</b>	Other expenses (describe in Schedule O) . . . . .	<b>16</b>	Other expenses (describe in Schedule O) . . . . .
<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .	<b>17</b>	<b>Total expenses.</b> Add lines 10 through 16 . . . . .
<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .
<b>19</b>	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) . . . . .	<b>19</b>	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) . . . . .
<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>20</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .
<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .	<b>21</b>	Net assets or fund balances at end of year. Combine lines 18 through 20 . . . . .

**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
<b>22</b> Cash, savings, and investments . . . . .	11,998	<b>22</b> 9,137
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe in Schedule O) . . . . .		<b>24</b>
<b>25 Total assets</b> . . . . .	11,998	<b>25</b> 9,137
<b>26 Total liabilities</b> (describe in Schedule O). . . . .	0	<b>26</b> 0
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	11,998	<b>27</b> 9,137

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

What is the organization's primary exempt purpose?  
 Facilitate the exchange of 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** See Additional Data Table

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>28a</b>
<b>29</b>		<b>29a</b>
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>30</b>		<b>30a</b>
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>31</b> Other program services (describe in Schedule O) . . . . .		
(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	<b>31a</b>
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>

**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.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Manuel Robles President	4 00	0	0	0
Duncan Coons Secretary	2 00	0	0	0
John Perdichizzi Treasurer	2 00	0	0	0
Alan Reza Director	2 00	0	0	0
Robert Sulliman Director	2 00	0	0	0
Jon Perry Director	2 00	0	0	0

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 . . . . .

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 33, 34, 35a, 35b, 35c, 36, 37a, 37b, 38a, 38b, 39, 39a, 39b, 40a, 40b, 40c, 40d, 40e, 41, and 42a.

The organization's books are in care of John Perdicizzi Telephone no (702) 551-4672
Located at 205 N Stephanie Street Ste D170 Henderson , NV ZIP + 4 89074

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 42b and 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

Table with 3 columns: Question ID, Question Text, and Yes/No columns. Rows include 44a, 44b, 44c, 44d, 45a, and 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 . . . . .

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?
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?
49b 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 "

Table with 5 columns: (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 "

Table with 3 columns: (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 . . . . .

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 (John Perdichizzi, Treasurer), Date (2020-05-08)

Paid Preparer Use Only: Print/Type preparer's name (MITCHELL H REITMAN), Preparer's signature, Date (2020-04-14), Check self-employed, PTIN (P00445514), Firm's name (REITMAN CONSULTING GROUP INC), Firm's EIN (47-3204736), Firm's address (5408 WOODWAY DRIVE, FORT WORTH, TX 76133), Phone no (817) 698-9999

May the IRS discuss this return with the preparer shown above? See instructions . . . . .

## Additional Data

**Software ID:**

**Software Version:**

**EIN:** 26-2915229

**Name:** NEVADA SECURITY ASSOCIATION

### Form 990EZ, Part III - Statement of Program Service Accomplishments

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.)	
<p><b>28</b> The organization facilitates free exchange of ideas and dissemination of information concerning all related subjects of concern to the electronic security (Grants \$ 0)</p> <p style="text-align: right;">If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<b>28a</b>	0

## **TY 2019 Transfers Personal Benefits Contracts Declaration**

**Name:** NEVADA SECURITY ASSOCIATION

**EIN:** 26-2915229

**Declaration:** The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.

**SCHEDULE O**  
(Form 990 or 990-EZ)

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2019**

**Open to Public Inspection**

Department of the Treasury

Name of the organization  
NEVADA SECURITY ASSOCIATION

Employer identification number

26-2915229

**990 Schedule O, Supplemental Information**

Return Reference	Explanation
Form 990-EZ, Part I, Line 16 - Other Expenses	Description 605 - Credit Card Fees Amount 247 Description 645 - Office Expense Amount 321 Description 660 - Meeting Expense Amount 1,846 Description 665 - Events Amount 3,454 Description Supplies Amount 7 Description Advertising Expenses Amount 376 Description Insurance - Liability, D and O Amount 1,192 Description 675-Scholarship Amount 831 Description 667-Prizes/Awards Amount 3,712 Description Business Registration Fees Amount 50 Description Telephone, Telecommunications Amount 195 Description Website Amount 1,120 Total to Form 990-EZ, line 16 13,351