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2009

Open to Public
InspectionDepartment of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

► Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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 2009 calendar year, or tax year beginning

, and ending

B Check if applicable

- Address change
- Name change
- Initial return
- Terminated
- Amended return
- Application pending

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

C Name of organization
PROFESSIONAL ASSOC OF AERONAUTICAL CENTER EMPLOYEES

Number and street (or P O box, if mail is not delivered to street address)

Room/suite

5801 SW 63RD ST

130

City, town, or country

State

ZIP + 4

OKLAHOMA CITY

OK

73169-6992

D Employer identification number
73-0995732E Telephone number
405-650-9552F Group Exemption
Number . . ►G Accounting Method: Cash Accrual
Other (specify) ►

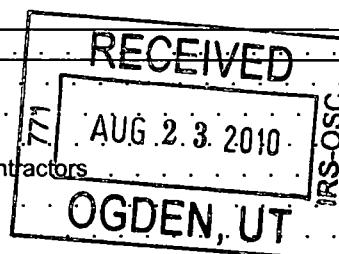
• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

I Website: ► www.paace-okc.orgJ Tax-exempt status (check only one) — 501(c) (5) □ (insert no) 4947(a)(1) or 527H Check ► if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).K Check ► if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 60,058

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)

1	Contributions, gifts, grants, and similar amounts received	1	0
2	Program service revenue including government fees and contracts	2	
3	Membership dues and assessments	3	56,468
4	Investment income	4	3,590
5a	Gross amount from sale of assets other than inventory	5a	0
b	Less: cost or other basis and sales expenses	5b	0
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
6	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ► <input type="checkbox"/>		
a	Gross revenue (not including \$ 0 of contributions reported on line 1)	6a	0
b	Less: direct expenses other than fundraising expenses	6b	0
c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	0
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	0
8	Other revenue (describe ►)	8	0
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	60,058
10	Grants and similar amounts paid (attach schedule)	10	2,000
11	Benefits paid to or for members	11	23,619
12	Salaries, other compensation, and employee benefits	12	
13	Professional fees and other payments to independent contractors	13	425
14	Occupancy, rent, utilities, and maintenance	14	7,480
15	Printing, publications, postage, and shipping	15	
16	Other expenses (describe ► See Attached Statement)	16	8,780
17	Total expenses. Add lines 10 through 16	17	42,304
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	17,754
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	206,118
20	Other changes in net assets or fund balances (attach explanation)	20	0
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	223,872



Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	200,313	22 219,519
23 Land and buildings	5,805	23 4,353
24 Other assets (describe ►)	0	24 0
25 Total assets	206,118	25 223,872
26 Total liabilities (describe ►)	0	26 0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	206,118	27 223,872

P 18

Part III Statement of Program Service Accomplishments (See the instructions for Part III.)

What is the organization's primary exempt purpose? See Attachment #1

Describe what was achieved in carrying out the organization's exempt purposes. 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 See Attachment #1

(Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	28a	0
29			
(Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a	0
30			
(Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a	0
31 Other program services (attach schedule) (Grants \$ 0)	If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	31a	0
32 Total program service expenses. (add lines 28a through 31a)		32	0

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

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
TAMERA JOY 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title PRESIDENT Hr/WK 30.00	0	0	0
WICKER CONLEY 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title EXEC VP Hr/WK 10.00	0	0	0
TRIGGS-KOCH DELLA 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title SECRETARY Hr/WK 8.00	0	0	0
MARIE ENDERTON 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title TREASURER Hr/WK 8.00	0	0	0
GREGORY BENNETT 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title ADMIN/CLERICAL VP Hr/WK 10.00	0	0	0
RONALD KELLEY 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title AJL-11 VP Hr/WK 10.00	0	0	0
KEVIN LOWE 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title AMA-20 VP Hr/WK 10.00	0	0	0
KATHIE MARSHALL 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title AMA-200 VP Hr/WK 10.00	0	0	0
STEPHEN HASTINGS 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title AMA-400 VP Hr/WK 10.00	0	0	0
RANDY THALER 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title AMA-500 VP Hr/WK 10.00	0	0	0
MARK SUTTLE 5801 SW 63RD OKLAHOMA CITY, OK 73169	Title AMA-900 VP Hr/WK 10.00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0
	Title Hr/WK .00	0	0	0

Part V Other Information (Note the statement requirements in the instructions for Part V.)

	Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	33	X
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.	34	X
35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
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	X
37 a 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?	37b	X
38 a 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 period covered by this return?	38a	X
b If "Yes," complete Schedule L, Part II and enter the total amount involved.	38b	0
39 Section 501(c)(7) organizations. Enter:		
a Initiation fees and capital contributions included on line 9.	39a	N/A
b Gross receipts, included on line 9, for public use of club facilities.	39b	N/A
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► _____ ; section 4912 ► _____ ; section 4955 ► _____		N/A
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 is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I.		N/A
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.		N/A
d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization.		N/A
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.		
41 List the states with which a copy of this return is filed. ► OK		
42 a The organization's books are in care of ► MARIE B. ENDERTON Telephone no. ► 405-954-7031		
Located at ► 5801 SW 63RD ST, ROOM 130, City, OKLAHOMA CITY ST, OK ZIP + 4 ► 73169		
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: ► N/A		
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 of the U.S.?		
If "Yes," enter the name of the foreign country: ► N/A		
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		
44 Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	44	X
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.	45	X

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 46-49b and complete the tables for lines 50 and 51.

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

47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II.

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

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

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

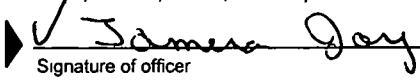
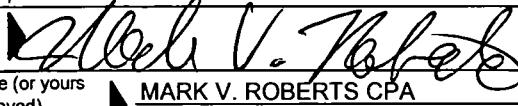
50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

	Yes	No
46		
47		
48		
49a		
49b		

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name None Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
Name Str	Title			
City ST ZIP	Hr/WK .00	0	0	0
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
Name None Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
Name Str		
City ST ZIP		
d Total number of other independent contractors each receiving over \$100,000 ►		

Sign Here	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		
		Date 8/16/2010	Date 8/16/2010
Signature of officer <u>TAMERA A. JOY</u>		PRESIDENT	
Type or print name and title <u>MARK V. ROBERTS CPA</u>			
Paid Preparer's Use Only	Preparer's signature 	Date 8/12/2010	Check if self-employed <input checked="" type="checkbox"/> 445-62-9458
Firm's name (or yours if self-employed), address, and ZIP + 4 ► MARK V. ROBERTS CPA ► PO BOX 720775, NORMAN, OK 73070		EIN ► 73-1487215	Preparer's identifying number (See instructions)
		Phone no ► (405) 321-0003	

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

Part I, Line 16 (990-EZ) - Other Expenses

8,780

1	Travel	1
2	Meals and entertainment	2 348
3	Fundraising	3
4	Amortization	4 0
5	Conferences, conventions, and meetings	5 475
6	Depreciation	6 1,452
7	Depletion	7
8	Equipment rental and maintenance	8
9	Interest	9
10	Supplies	10 2,064
11	Telephone	11 2,033
12	Unrelated business income taxes	12 0
13	Promotion	13 2,408
14		14
15		15
16		16
17		17
18		18
19		19
20		20
21		21
22		22
23		23
24		24
25		25
26		26
27		27
28		28
29		29
30		30
31		31
32		32

Professional Association of Aeronautical Center Employees
ID# 73-0995732
2009

Attachment #1
To Form 990-EZ

PART III Statement of Program Service Accomplishments

Exempt Purpose

Our organization acts as a union representing 383 federal employees. We negotiate, solve grievances, monitor employee working conditions, conduct member meetings, and recruit new members. We also provide members with life insurance and assistance for grievances, if required.

Line 28

We represented 383 federal employees during 2009. Our representational services included negotiating working condition changes (58), negotiating labor agreements (1), representing employees during disciplinary actions (15), and representing employees on partnership forums:

- FAA National Labor Management Forum
- Academy Safety Committee
- MMAC Occupational Health and Safety Committee
- Facility Labor Management Council
- Employee Attitude Survey
- ISO, LLS and Project Management Workgroups

We provided advice and council to 140 employees and promoted the general welfare for all employees during 2009.

We also provided the following services to our 173 members during 2009... administered small scholarships for members and their dependents (two during 2009) and funded Mutual Aid Pledge Society (MAPS) contribution for members.

**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.

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.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Charities & Nonprofits.

Type or print File by the due date for filing your return. See instructions	Name of Exempt Organization PROFESSIONAL ASSN OF AERONAUTICAL CENTER EMPLOYEES	Employer identification number 73 0995732
	Number, street, and room or suite no. If a P.O. box, see instructions. 5801 SW 63RD ST, ROOM 130	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY, OK 73169-6992	

Check type of return to be filed (file a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-T (corporation)	<input type="checkbox"/> Form 4720
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 5227
<input checked="" type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 8870

- The books are in the care of ► **MARIE B. ENDERTON**

Telephone No. ► (**405**) **954-7031** FAX No. ► (. . .)

- 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 will cover.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **8/16**, 20**10**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- calendar year 20**09** or
- tax year beginning , 20 , and ending , 20

2 If this tax year 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 \$ 0
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b \$ 0
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, 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.

Professional Assn of Aeronautical center Employees

ID # 73-0995732

Form 8868 (Rev. 4-2009)

Page 2

- 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).

Type or print	Name of Exempt Organization	Employer identification number
File by the extended due date for filing the return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	

Check type of return to be filed (File a separate application for each return):

<input type="checkbox"/> Form 990	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 6069
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-EZ	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 5227	

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 ► Telephone No. ► (.....) FAX No. ► (.....)
- 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 20.....
- 5 For calendar year , or other tax year beginning , 20....., and ending , 20.....
- 6 If this tax year 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
.....

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, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See Instructions.

8c \$

Signature and Verification

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 ►

5-12-10

Form 8868 (Rev. 4-2009)