



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2012

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.

Open to Public
Inspection

A For the 2012 calendar year, or tax year beginning

, and ending

B Check if applicable

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

C Name of organization		D Employer identification number	
PROFESSIONAL ASSOC OF AERONAUTICAL CENTER EMPLOYEES		73-0995732	
Number and street (or P O box, if mail is not delivered to street address)		Room/suite	E Telephone number
5801 SW 63RD ST		130	(405) 954-7031
City or town	state or county	ZIP + 4	F Group Exemption Number ►
OKLAHOMA CITY	OK	73169-6992	

G Accounting Method Cash Accrual Other (specify) ►I Website: ► www.paace-okc.orgJ Tax-exempt status (check only one) — 501(c)(3) 501(c) (5) (insert no) 4947(a)(1) cr 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 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 ► \$ 53,273

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

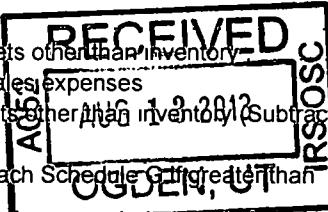
Revenue	1 Contributions, gifts, grants, and similar amounts received	1	
	2 Program service revenue including government fees and contracts	2	
	3 Membership dues and assessments	3	51,872
	4 Investment income	4	1,326
	5a Gross amount from sale of assets other than inventory	5a	
	b Less cost or other basis and sales expenses	5b	
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	0
	6 Gaming and fundraising events	6a	
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6b	
	b Gross income from fundraising events (not including \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6c	
	c Less direct expenses from gaming and fundraising events	6d	0
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	7a	
	7a Gross sales of inventory, less returns and allowances	7b	
	b Less cost of goods sold	7c	0
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	8	75
	8 Other revenue (describe in Schedule O)	9	53,273
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	6,500
	11 Benefits paid to or for members	11	25,302
	12 Salaries, other compensation, and employee benefits	12	
	13 Professional fees and other payments to independent contractors	13	770
	14 Occupancy, rent, utilities, and maintenance	14	7,238
	15 Printing, publications, postage, and shipping	15	1,554
	16 Other expenses (describe in Schedule O)	16	5,590
	17 Total expenses. Add lines 10 through 16	17	46,954
	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	6,319
	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	206,170
Net Assets	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	212,489

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2012)

95 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
22 Cash, savings, and investments	204,721	22 212,489
23 Land and buildings	1,449	23
24 Other assets (describe in Schedule O)		24
25 Total assets	206,170	25 212,489
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	206,170	27 212,489

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? See Attachment # 1

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.

28 See Attachment #1

(Grants \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	28a
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 0

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
JERRY WICKER PRESIDENT	Hr/WK 30 00			
KEITH ORTH EXEC VP	Hr/WK 15 00			
SUSAN HARRISON SECRETARY	Hr/WK 8 00			
MARIE ENDERTON TREASURER	Hr/WK 8 00			
GREGORY BENNETT ADMIN CLERICAL VP	Hr/WK 10 00			
BRIAN LARAMORE AJL-11 VP	Hr/WK 10 00			
	Hr/WK			

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.

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 X

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 X

35 a 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)?
 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 35a X
 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 35b

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 37a
 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 tax year covered by this return?
 b If "Yes," complete Schedule L, Part II and enter the total amount involved 38a X

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

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 ► _____
 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 40c
 d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 40d
 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 X

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 42b X

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. 42c X

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 ► _____

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 43

44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X
 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 X
 c Did the organization receive any payments for indoor tanning services during the year? 44c X
 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

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a X
 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 X

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	X

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

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"

(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
Name None				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
Name				
Title	Hr/WK 00			
f Total number of other employees paid over \$100,000				

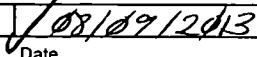
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

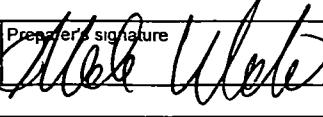
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
d Total number of other independent contractors each receiving over \$100,000		

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			Date 
	Signature of officer	JERRY C. WICKER	PRESIDENT
	Type or print name and title		

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN
	MARK V ROBERTS		8/4/2013		P01256152
	Firm's name ► MARK V ROBERTS CPA			Firm's EIN ► 73-1487215	
Firm's address ► PO BOX 720775, NORMAN, OK 73070			Phone no	405-321-0003	

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

Yes No

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

PROFESSIONAL ASSOC OF AERONAUTICAL CENTER EMPLOYEES

Employer identification number

73-0995732

Form 990-EZ, Part I, Line 8, Other Revenue Sale of expiring awards cards 75

Form 990-EZ, Part I, Line 10, Grants Paid Activity Scholarships, Grantee, Cash Grant

6,500, Relationship Children of Members

Form 990-EZ, Part I, Line 16, Other Expenses Travel 37

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 58

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 420

Form 990-EZ, Part I, Line 16, Other Expenses Depreciation 1,449

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 934

Form 990-EZ, Part I, Line 16, Other Expenses Promotion 2,667

Form 990-EZ, Part I, Line 16, Other Expenses Personal Property Tax 25

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

► See separate instructions. ► Attach to your tax return.

Name(s) shown on return PROFESSIONAL ASSOC OF AERONAUTICAL	Business or activity to which this form relates 990EZ	Identifying number 73-0995732
---	--	----------------------------------

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

1 Maximum amount (see instructions)	1
2 Total cost of section 179 property placed in service (see instructions)	2
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4 0
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5 0

(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	0
9 Tentative deduction Enter the smaller of line 5 or line 8	9	0
10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	0
13 Carryover of disallowed deduction to 2013 Add lines 9 and 10, less line 12	13	0

Note: Do not use Part II or Part III below for listed property. Instead, use Part V

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14
15 Property subject to section 168(f)(1) election	15
16 Other depreciation (including ACRS)	16

Part III MACRS Depreciation (Do not include listed property.) (See instructions)**Section A**

17 MACRS deductions for assets placed in service in tax years beginning before 2012	17	1,449
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here		<input type="checkbox"/>

Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19 a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property		25 yrs			S/L	
h Residential rental property		27 5 yrs	MM		S/L	
i Nonresidential real property		27 5 yrs	MM		S/L	
		39 yrs	MM		S/L	
			MM		S/L	

Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System

20 a Class life				S/L	
b 12-year		12 yrs		S/L	
c 40-year		40 yrs	MM	S/L	

Part IV Summary (See instructions.)

21 Listed property Enter amount from line 28	21
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions	22 1,449
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23

For Paperwork Reduction Act Notice, see separate instructions.

HTA

Professional Association of Aeronautical Center Employees
ID# 73-0995732
2012

Attachment #1
To Form 990-EZ

PART III Statement of Program Service Accomplishments

Exempt Purpose

Our organization acts as a union representing 330 federal employees. We negotiate, solve grievances, monitor employee working conditions, conduct member meetings, and recruit new members. We also provide members membership in Mutual Aid Pledge Society and assistance for grievances if required.

Line 28

We represented 330 federal employees during 2012. Our representational services included negotiating working condition changes (50), negotiating labor agreements (3), representing employees during disciplinary actions (2), 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 numerous employees and promoted the general welfare for all employees during 2012.

We also provided the following services to our 149 members during 2012:

- administered small scholarships for members and their dependents (five during 2012)
- funded Mutual Aid Pledge Society (MAPS) contribution for members.