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Short Form
Return of Organization Exempt From Income Tax

2013

Open to Public
Inspection

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.

A For the 2013 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

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 or town

State

ZIP code

OKLAHOMA CITY

OK

73169-6992

Foreign country name

Foreign province/state/county

Foreign postal code

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) or 527K 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 ► \$ 58,261

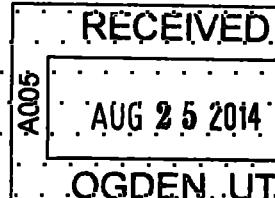
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

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
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
c	Less: direct expenses from gaming and fundraising events	6c
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d
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
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9
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
14	Occupancy, rent, utilities, and maintenance	14
15	Printing, publications, postage, and shipping	15
16	Other expenses (describe in Schedule O)	16
17	Total expenses. Add lines 10 through 16	17
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18
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
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

Revenue
Net Assets (Schedule O)
1 2014
SEP 1For Paperwork Reduction Act Notice, see the separate instructions.
HTA

Form 990-EZ (2013)



10

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	212,489	22 219,778
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	212,489	25 219,778
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	212,489	27 219,778

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.

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 \$

) If this amount includes foreign grants, check here ▶

28a

29

(Grants \$

) If this amount includes foreign grants, check here ▶

29a

30

(Grants \$

) If this amount includes foreign grants, check here ▶

30a

31 Other program services (describe in Schedule O)

(Grants \$

) If this amount includes foreign grants, check here ▶

31a

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)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			
LORRAINE PRITNER				
TREASURER	Hr/WK 8.00			
TRENT SMITH				
AMA-20 VP	Hr/WK 10.00			
KATHIE J. MARSHALL				
AMA-200 VP	Hr/WK 10.00			
CHRIS HASSELL				
AMA-400 VP	Hr/WK 10.00			
TODD POOLE				
AMA-500 VP	Hr/WK 10.00			
MIKE DURHAM				
AMA-800 VP	Hr/WK 10.00			
JIM WILSON				
AMA-900 VP	Hr/WK 10.00			
GREG BENNETT				
ADMIN VP	Hr/WK 10.00			
BRIAN LARAMORE				
AJL-11 VP	Hr/WK 10.00			

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)? 35a X
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 X

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
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? 38a X
b If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b
c Section 501(c)(7) organizations. Enter: 39a
d Initiation fees and capital contributions included on line 9. 39b
e Gross receipts, included on line 9, for public use of club facilities. 39c

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 ► 40b
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.
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 ► LORRAINE PRITNER Telephone no. ► 405-954-5619
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: ►
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.? If "Yes," enter the name of the foreign country: ► 42b X
42c X

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here. ► 43
and enter the amount of tax-exempt interest received or accrued during the tax year.

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
45 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.

	<input type="checkbox"/> Yes	<input type="checkbox"/> 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

	<input type="checkbox"/> Yes	<input type="checkbox"/> No
47		
48		
49a		
49b		

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.

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
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				

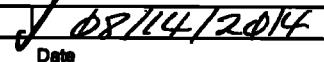
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and business address of each independent contractor	(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	
f 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 X 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	JERRY C. WICKER	Date 08/14/2014
	Type or print name and title		PRESIDENT

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 8/7/2014	Check <input checked="" type="checkbox"/> if self-employed	PTIN 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

Name of the organization

PROFESSIONAL ASSOC OF AERONAUTICAL CENTER EMPLOYEES

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

2013

Open to Public
Inspection

Employer identification number

73-0995732

Form 990-EZ, Part I, Line 8, Other Revenue: Sale of expiring awards cards: 60

Form 990-EZ, Part I, Line 16, Other Expenses: Meals and entertainment: 313

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 863

Form 990-EZ, Part I, Line 16, Other Expenses: Promotion: 2,168

Form 990-EZ, Part I, Line 16, Other Expenses: Charitable: 1,500

Professional Association of Aeronautical Center Employees
ID# 73-0995732
2013

Attachment #1
To Form 990-EZ

PART III Statement of Program Service Accomplishments

Exempt Purpose

Our organization acts as a union representing 350 federal employees. We negotiate, resolve grievances, monitor employee working conditions, conduct member meetings, and recruit new members. We also furnish our members with ancillary membership in the Mutual Aid Pledge Society (MAPS), and assist members with grievances if required.

Line 28

We represented 350 federal employees during 2013. Our representational services included representing employees during disciplinary actions (3), negotiating working conditions (30), and representing employees on Labor-Management partnership forums:

- **FAA National Labor-Management Forum**
- **FAA 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 2013.

We also provided the following services to our 168 members during 2013:

- Awarded small scholarships for our members and their dependents (6)
- Funded MAPS contributions for members (7 events).

**Application for Extension of Time To File an
Exempt Organization Return**

► File a separate application for each return.
► Information about Form 8868 and its instructions is at www.irs.gov/form8868.

- 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.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on **e-file for Charities & Nonprofits**.

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.

Enter filer's Identifying number, see instructions

Type or print	Name of exempt organization or other filer, see instructions. PROFESSIONAL ASSOC OF AERONAUTICAL CENTER EMPLOYEES	Employer identification number (EIN) or 73-0995732
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 5801 SW 63RD ST, Room 130	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. OKLAHOMA CITY, OK 73169-6992	

Enter the Return code for the return that this application is for (file a separate application for each return) **01**

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ► **LORRAINE PRITNER**

Telephone No. ► **405-954-9619**

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.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

► calendar year 2013 or

► tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 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 Forms 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.	3b \$ 0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c \$ 0

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.