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# Short Form

## Return of Organization Exempt From Income Tax

2015

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

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](http://www.irs.gov/form990).

**A For the 2015 calendar year, or tax year beginning** , and ending

- B Check if applicable**
- Address change
- Name change
- Initial return
- Final 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

**D Employer identification number**

73-0995732

**E Telephone number**

(405) 954-7031

**F Group Exemption  
Number ►****G Accounting Method**  Cash  Accrual Other (specify) ► \_\_\_\_\_**I Website:** ► [www.paace-okc.org](http://www.paace-okc.org)**H Check ►  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)****J Tax-exempt status (check only one) —**  501(c)(3)  501(c) ( 5 ) (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. ► \$ 55,804****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 

<b>1</b> Contributions, gifts, grants, and similar amounts received <b>2</b> Program service revenue including government fees and contracts <b>3</b> Membership dues and assessments <b>4</b> Investment income <b>5a</b> Gross amount from sale of assets other than inventory <b>b</b> Less cost or other basis and sales expenses <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) <b>6</b> Gaming and fundraising events <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000) <b>b</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>c</b> Less direct expenses from gaming and fundraising events <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) <b>7a</b> Gross sales of inventory, less returns and allowances <b>b</b> Less cost of goods sold <b>c</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 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>1</b> <b>2</b> <b>3</b> 54,256 <b>4</b> 1,548 <b>5c</b> 0
	6d 0
	7a
	7b
	7c 0
	8
	9 55,804
	10 7,500
	11 25,162

<b>12</b> Salaries, other compensation, and employee benefits <b>13</b> Professional fees and other payments to independent contractors <b>14</b> Occupancy, rent, utilities, and maintenance <b>15</b> Printing, publications, postage, and shipping <b>16</b> Other expenses (describe in Schedule O) <b>17 Total expenses.</b> Add lines 10 through 16	<b>12</b> <b>13</b> 5,592 <b>14</b> 10,616 <b>15</b> 1,558 <b>16</b> 6,867 <b>17</b> 57,295
	18 -1,491
	19 219,880
	20
	21 218,389
	22
	23

For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2015)

G6

11

SCANNED SEP 21 2015

Expenses

Net Assets

**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	219,880	22 218,389
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	219,880	25 218,389
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	219,880	27 218,389

**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, optional for others )

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			
JIM WILSON				
EXEC VP	Hr/WK 15 00			
DIANNE NIELESEN				
SECRETARY	Hr/WK 8 00			
LORRAINE PRITNER				
TREASURER	Hr/WK 8 00			
AMY HARD				
AMA-020 VP	Hr/WK 10.00			
KATHIE J. MARSHALL				
AMA-200 VP	Hr/WK 10.00			
ROB ROGERS				
AMA-400 VP	Hr/WK 10 00			
TODD POOLE				
AMA-500 VP	Hr/WK 10.00			
SHERRI SOLHEIM				
AMA-800 VP	Hr/WK 10.00			
KELLY RAGSDALE				
AMA-900 VP	Hr/WK 10 00			
BRIAN LARAMORE				
AJI 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)? 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 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

39 Section 501(c)(7) organizations Enter 39a   
 a Initiation fees and capital contributions included on line 9 39b   
 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 ► \_\_\_\_\_ 40b   
 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 40c   
 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 40d   
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40e  X  
 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 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 FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) 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.

<input type="checkbox"/>	Yes	No
<input checked="" type="checkbox"/>	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.

<input type="checkbox"/>	Yes	No
<input type="checkbox"/>	47	
<input type="checkbox"/>	48	
<input type="checkbox"/>	49a	
<input type="checkbox"/>	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	(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			
<b>f</b> Total number of other employees paid over \$100,000				

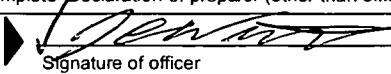
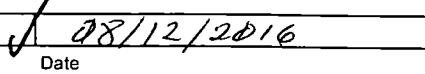
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

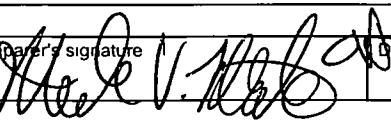
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation
Name None	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
Name	Str	
City	ST ZIP	
<b>d</b> Total number of other independent contractors each receiving over \$100,000		

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

<b>Sign Here</b>		
	Signature of officer JERRY C. WICKER	Date 08/12/2016
Type or print name and title PRESIDENT		

<b>Paid Preparer Use Only</b>	Print/Type preparer's name MARK V. ROBERTS	Preparer's signature 	Date 8/7/2016	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

**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](http://www.irs.gov/form990).

OMB No. 1545-0047

**2015**

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 16, Other Expenses Travel 1,462

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 715

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 1,345

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 620

Form 990-EZ, Part I, Line 16, Other Expenses Promotion 2,670

Form 990-EZ, Part I, Line 16, Other Expenses Personal Property Tax 55