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Short Form

Return of Organization Exempt From Income Tax

2016

Department 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.

Open to Public
Inspection

A For the 2016 calendar year, or tax year beginning _____, and ending _____		D Employer identification number 73-0995732																																			
B Check if applicable		E Telephone number (405) 954-7031																																			
<input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> 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) 5801 SW 63RD ST Room/suite 130 City or town OKLAHOMA CITY State OK ZIP code 73169-6992 Foreign country name Foreign province/state/county Foreign postal code		F Group Exemption Number ►																																		
G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual I Website: ► www.paace-okc.org		H Check ► <input checked="" type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)																																			
J Tax-exempt status (check only one) — <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (5) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		K Form of organization <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input checked="" type="checkbox"/> Association <input type="checkbox"/> 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. ► \$ 56,727																																					
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 <input checked="" type="checkbox"/>																																					
Revenue 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;">1 Contributions, gifts, grants, and similar amounts received</td> <td style="width: 40%;">1</td> </tr> <tr> <td>2 Program service revenue including government fees and contracts</td> <td>2</td> </tr> <tr> <td>3 Membership dues and assessments</td> <td>3 54,975</td> </tr> <tr> <td>4 Investment income</td> <td>4 1,752</td> </tr> <tr> <td>5a Gross amount from sale of assets other than inventory</td> <td>5a</td> </tr> <tr> <td>b Less cost or other basis and sales expenses</td> <td>5b</td> </tr> <tr> <td>c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)</td> <td>5c 0</td> </tr> <tr> <td>6 Gaming and fundraising events</td> <td></td> </tr> <tr> <td>a Gross income from gaming (attach Schedule G if greater than \$15,000)</td> <td>6a</td> </tr> <tr> <td>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)</td> <td>6b</td> </tr> <tr> <td>c Less direct expenses from gaming and fundraising events</td> <td>6c</td> </tr> <tr> <td>d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)</td> <td>6d 0</td> </tr> <tr> <td>7a Gross sales of inventory, less returns and allowances</td> <td>7a</td> </tr> <tr> <td>b Less cost of goods sold</td> <td>7b</td> </tr> <tr> <td>c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)</td> <td>7c 0</td> </tr> <tr> <td>8 Other revenue (describe in Schedule O)</td> <td>8</td> </tr> <tr> <td>9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8</td> <td>9 56,727</td> </tr> </table>			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 54,975	4 Investment income	4 1,752	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		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 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 in Schedule O)	8	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 56,727
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For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2016)

G6

12

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	218,389	22	214,333
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	218,389	25	214,333
26 Total liabilities (describe in Schedule O)	26	26	
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	218,389	27	214,333

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			
KATHIE J. MARSHALL				
AMA-200 VP	Hr/WK 10 00			
ROB ROGERS				
AMA-400 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			
	Hr/WK			
	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 Yes No

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 Yes No

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 Yes No
 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 Yes No

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 Yes No

37 a Enter amount of political expenditures, direct or indirect, as described in the instructions ► 37a 37a Yes No
 b Did the organization file Form 1120-POL for this year? 37b Yes No

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 38b Yes No 38a Yes No

39 Section 501(c)(7) organizations Enter
 a Initiation fees and capital contributions included on line 9 39a Yes No
 b Gross receipts, included on line 9, for public use of club facilities 39b Yes No

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40b Yes No, section 4912 ► 40c Yes No, section 4955 ► 40d Yes No
 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 40e Yes No
 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 40f Yes No
 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40g Yes No
 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 40h Yes No

41 List the states with which a copy of this return is filed ► OK

42 a The organization's books are in care of ► JEREMY JORDAN Telephone no ► 405-954-5619

Located at ► 5801 SW 63RD ST, ROOM 130 City OKLAHOMA CITY ST OK ZIP + 4 ► 73169

Yes No

42b Yes No

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 ► 42c Yes No

See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).

c At any time during the calendar year, did the organization maintain an office outside the United States? If "Yes," enter the name of the foreign country ► 42d Yes No

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 Yes No

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 Yes No

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 Yes No

c Did the organization receive any payments for indoor tanning services during the year? 44c Yes No

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 Yes No

45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a Yes No

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 Yes No

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

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
47		
48		
49a		
49b		

(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				

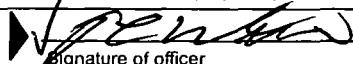
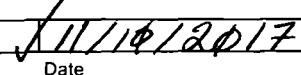
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

(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
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

► 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			 11/10/2017 Date
	Signature of officer	JERRY C. WICKER	
	Type or print name and title		PRESIDENT
Paid Preparer Use Only	Print/Type preparer's name		Date
	MARK V ROBERTS		11/9/2017
	Firm's name ► MARK V ROBERTS CPA		Check <input checked="" type="checkbox"/> if self-employed
Firm's address ► PO BOX 720775, NORMAN, OK 73070		PTIN P01256152	
		Firm's EIN ► 73-1487215	
		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

OMB No 1545-0047

2016

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: 5,941

Form 990-EZ, Part I, Line 16, Other Expenses, Meals and entertainment: 1,512

Form 990-EZ, Part I, Line 16, Other Expenses, Conferences, conventions, and meetings: 1,001

Form 990-EZ, Part I, Line 16, Other Expenses, Supplies: 953

Form 990-EZ, Part I, Line 16, Other Expenses, Promotion: 1,063

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