

2017

Open to Public  
Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue ServiceShort Form  
Return of Organization Exempt From Income Tax

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.
- Go to [www.irs.gov/Form990EZ](http://www.irs.gov/Form990EZ) for instructions and the latest information

A For the 2017 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

6500 S MACARTHUR, BLDG 23

148

City or town

State

ZIP code

OKLAHOMA CITY

OK

73169-6992

05

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)J Tax-exempt status (check only one) —  501(c)(3)  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 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

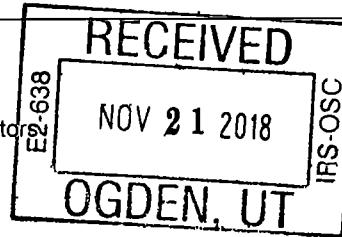
► \$

56,643

## 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 53,790
4	Investment income	4 1,879
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)	
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)	
8	Other revenue (describe in Schedule O)	
9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9 56,643
10	Grants and similar amounts paid (list in Schedule O)	10 3,000
11	Benefits paid to or for members	11 23,011
12	Salaries, other compensation, and employee benefits	12
13	Professional fees and other payments to independent contractors	13 13,190
14	Occupancy, rent, utilities, and maintenance	14 5,568
15	Printing, publications, postage, and shipping	15 1,260
16	Other expenses (describe in Schedule O)	16 7,114
17	<b>Total expenses.</b> Add lines 10 through 16	17 53,143
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18 3,500
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)	19 214,333
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	21 217,833



For Paperwork Reduction Act Notice, see the separate instructions.

HTA

Form 990-EZ (2017)

SCANNED MAR 05 2016  
Expenses  
Net Assets

(3,500)

11

**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	214,333	22 217,833
23	Land and buildings		23
24	Other assets (describe in Schedule O)		24
25	<b>Total assets</b>	214,333	25 217,833
26	Total liabilities (describe in Schedule O)		26
27	<b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21)	214,333	27 217,833

**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
<b>32 Total program service expenses.</b> (add lines 28a through 31a)		► <input type="checkbox"/>	32

**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			
JEREMY JORDAN 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			
DALLAS SCHREMS AJI VP	Hr/WK 10 00			
DON WHITMAN AMA-500 VP	Hr/WK 10 00			
GINA BASSHAM AMA-020 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

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 39c

40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ► 40a , section 4912 ► 40b , section 4955 ► 40c

b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4955 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 40d

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 40e  X

d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization 40f

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 40g

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 ► 6500 S. MACARTHUR BLDG 2, City, OKLAHOMA CITY, ST, OK ZIP + 4 ► 73169-6992

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 ► 42b  X  
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 ► 42c  X

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

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

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

48		
49a		

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

49b		
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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			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			
Name				
Title	Hr/WK			

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	

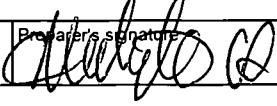
d Total number of other independent contractors each receiving over \$100,000 ►

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			10-15-18
	Signature of officer		Date
	JEREMY JORDAN		TREASURER
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		11/15/2018		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.
- Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No 1545-0047

**2017**

Open to Public  
Inspection

Employer identification number

73-0995732

Name of the organization  
PROFESSIONAL ASSOC OF AERONAUTICAL CENTER EMPLOYEES

Form 990-EZ, Part I, Line 8, Other Revenue Pror year expenses refunded 974

Form 990-EZ, Part I, Line 16, Other Expenses Travel 3,811

Form 990-EZ, Part I, Line 16, Other Expenses Meals and entertainment 1,018

Form 990-EZ, Part I, Line 16, Other Expenses Conferences, conventions, and meetings 955

Form 990-EZ, Part I, Line 16, Other Expenses Supplies 710

Form 990-EZ, Part I, Line 16, Other Expenses Promotion 584

Form 990-EZ, Part I, Line 16, Other Expenses Personal Property Tax 36