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Form **990-EZ**

**Short Form
Return of Organization Exempt From Income Tax**

OMB No 1545-1150

2013

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

Department of the Treasury
Internal Revenue Service

A For the 2013 calendar year, or tax year beginning _____, 2013, and ending _____,

B Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C **NATCA, AFL-CIO, Oakland Center Local**
5125 CENTRAL AVE
FREMONT, CA 94536-6531

D Employer identification number
94-3078831

E Telephone number
510 745-3858

F Group Exemption Number ▶ **3254**

G Accounting Method: Cash Accrual Other (specify) ▶ _____

H Check if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: ▶ **www.natca.org**

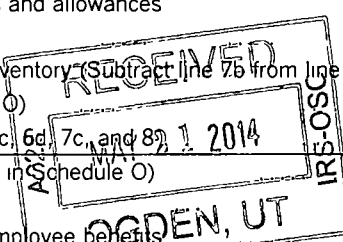
J Tax-exempt status (check only one) – 501(c)(3) 501(c)(5) ◀(insert no) 4947(a)(1) or 527

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 ▶ \$ **46,156.**

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	2	3	4	5c	6d	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21		
REVENUE	1 Contributions, gifts, grants, and similar amounts received																							
	2 Program service revenue including government fees and contracts																							
	3 Membership dues and assessments																							
	4 Investment income																							
	5a Gross amount from sale of assets other than inventory																							
	5b Less cost or other basis and sales expenses																							
	5c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																							
	6 Gaming and fundraising events																							
	6a Gross income from gaming (attach Schedule G if greater than \$15,000)																							
	6b 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)																							
6c Less direct expenses from gaming and fundraising events																								
6d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																								
7a Gross sales of inventory, less returns and allowances																								
7b Less cost of goods sold																								
7c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																								
8 Other revenue (describe in Schedule O) See Schedule O																								
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8																								
10 Grants and similar amounts paid (list in Schedule O)																								
11 Benefits paid to or for members																								
12 Salaries, other compensation, and employee benefits																								
13 Professional fees and other payments to independent contractors																								
14 Occupancy, rent, utilities, and maintenance																								
15 Printing, publications, postage, and shipping																								
16 Other expenses (describe in Schedule O) See Schedule O																								
17 Total expenses. Add lines 10 through 16																								
18 Excess or (deficit) for the year (Subtract line 17 from line 9)																								
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)																								
20 Other changes in net assets or fund balances (explain in Schedule O) See Schedule O																								
21 Net assets or fund balances at end of year Combine lines 18 through 20																								



SCANNED JUN 20 2014

BAA For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2013)

P8he

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	10,152.	14,820.
23 Land and buildings		
24 Other assets (describe in Schedule O) See Schedule O	5,065.	4,628.
25 Total assets	15,217.	19,448.
26 Total liabilities (describe in Schedule O)	0.	0.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	15,217.	19,448.

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 Schedule O

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 <u>See Schedule O</u>		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	28 a	27,156.
29 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	29 a	
30 _____		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	30 a	
31 Other program services (describe in Schedule O)		
(Grants \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	31 a	
32 Total program service expenses (add lines 28a through 31a)	32	27,156.

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
James Deignan Treasurer	0	0.	0.	0.
Scott Conde President	5	0.	0.	0.
Troy Bigelow Treasurer	5	0.	0.	0.
Mia Hartvikson Vice President	4	0.	0.	0.
Danny Skolnick Secretary	4	0.	0.	0.

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

	Yes	No
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		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)		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)?	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	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		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		X
37 a Enter amount of political expenditures, direct or indirect, as described in the instructions 37 a 0.		
b Did the organization file Form 1120-POL for this year?		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?		X
b If 'Yes,' complete Schedule L, Part II and enter the total amount involved 38 b N/A		
39 Section 501(c)(7) organizations. Enter.		
a Initiation fees and capital contributions included on line 9 39 a N/A		
b Gross receipts, included on line 9, for public use of club facilities 39 b N/A		
40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under. N/A section 4911 N/A , section 4912 N/A , section 4955 N/A		
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 40 b		
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 0.		
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization 0.		
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 40 e		X
41 List the states with which a copy of this return is filed None		

42 a The organization's books are in care of **James Deignan, ZOA NATCA Treas** Telephone no. **510-299-6341**
 Located at **5125 Central Ave Fremont CA** ZIP + 4 **94536-6531**

	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		X
42 c At any time during the calendar year, did the organization maintain an office outside of the U.S.? If 'Yes,' enter the name of the foreign country		X

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.**

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

	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		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		X
c Did the organization receive any payments for indoor tanning services during the year?		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		
45 a Did the organization have a controlled entity of the organization within the meaning of section 512(b)(13)?		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)		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

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

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.'

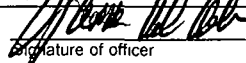
(a) Name and business address of each independent contractor	(b) Type of service	(c) Compensation

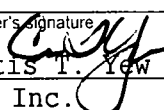
d Total number of other independent contractors each receiving over \$100,000

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.

Signature of officer:  Date: 5/13/2014
 Name and title: James Deignan, Treasurer

Paid Preparer Use Only
 Print/Type preparer's name: Curtis T. Yew
 Preparer's signature:  Date: 5/2/14
 Check if self-employed PTIN: P00371689
 Firm's name: Curtis T. Yew, CPA, Inc.
 Firm's address: 452 South Auburn Street 2, Grass Valley, CA 95945
 Firm's EIN: 94-2913361
 Phone no: 530-272-2606

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

2013

Open to Public
Inspection

Name of the organization

NATCA, AFL-CIO, Oakland Center Local

Employer identification number

94-3078831

Form 990-EZ, Part III - Organization's Primary Exempt Purpose

The objective and purpose of the NATCA, AFL-CIO, Oakland Center Local is to 1) improve working conditions for air traffic controllers at the Oakland Air Route Traffic Control Center, 2) represent its bargaining unit members in dealing with the Department of Transportation/Federal Aviation Administration and its operating agencies, and 3) insure and enhance the safety of air traffic movement within the air traffic control jurisdiction of the United States, its territories and possessions. The Oakland Air Route Traffic Control Center (ZOA) is the facility responsible for airspace in all of Northern California, northwestern Nevada and southern Oregon, along with 18 million square miles of the Pacific Ocean.

Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments

The programs established and maintained by the NATCA, AFL-CIO, Oakland Center Local is seek advancement in the status, professionalism, and working conditions of all bargaining unit members. Also the organization recognizes the current achievements of the members and recognizes the past achievements of retiring members. Programs include training, conferences, conventions and group events.

NATCA, AFL-CIO, Oakland Center Local

94-3078831

**Form 990-EZ, Part I, Line 8
Other Revenue**

Travel/Meeting Reimbursed	\$	8,966.
Sweatshirt Sales		1,050.
Total	\$	<u>10,016.</u>

**Form 990-EZ, Part I, Line 16
Other Expenses**

Area Expenses	\$	759.
Bank Charges		50.
Conferences, Conventions, and Meetings		11,414.
Depreciation		1,737.
Equipment Repair		110.
Flowers, Baby Gifts		492.
Meeting Meals		1,805.
Member Entertainment		2,650.
NATCA Apparel		200.
NATCA Store Purchases		609.
Office Expenses		905.
Officer Training/Education		677.
State of CA Franchise		10.
Telecommunications		4,833.
Travel		11,692.
Utilities		1,911.
Total	\$	<u>39,854.</u>

**Form 990-EZ, Part I, Line 20
Other Changes In Net Assets Or Fund Balances**

Cash Balance Adjustment; 12/31/12	\$	-1,510.
Total	\$	<u>-1,510.</u>

**Form 990-EZ, Part II, Line 24
Other Assets**

	<u>Beginning</u>	<u>Ending</u>
Furniture and Fixtures	\$ 76.	\$ 0.
Machinery and Equipment	3,385.	3,036.
Miscellaneous	89.	89.
Prepaid Expenses and Deferred Charges	1,515.	1,503.
Total	<u>\$ 5,065.</u>	<u>\$ 4,628.</u>

NATCA, AFL-CIO, Oakland Center Local

94-3078831

No.	Description	Date Acquired	Date Sold	Cost/ Basis	Bus Pct.	Cur 179 Bonus	Special Depr. Allow.	Prior 179/ Bonus/ Sp. Depr.	Prior Dec Bal Depr.	Salvage /Basis Reductn.	Depr. Basis	Prior Depr.	Method	Life	Rate	Current Depr.
Form 4562 Only																
Machinery and Equipment																
58	2 Coffee Machines	12/15/05		8,000							8,000	8,000	S/L	5		0
59	Decaf Coffee Machine	4/28/06		576							576	576	S/L	5		0
Total Machinery and Equipment																
Total Depreciation																
Grand Total Depreciation																