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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

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.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: NATCA AFL-CIO Oakland Center Local. Number and street: 5125 CENTRAL AVE. City or town: FREMONT, CA 94536

D Employer identification number: 94-3078831. Telephone number: (510) 745-3858. F Group Exemption Number: 3254

G Accounting Method: [x] Cash [] Accrual Other (specify) _____

H Check [x] 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) [x] 501(c)(5) (insert no) [] 4947(a)(1) or [] 527

K Form of organization: [] Corporation [] Trust [x] 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. \$ 55,459

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 [x]

Table with 21 rows for Revenue, Expenses, and Net Assets. Revenue total: 51,052. Expenses total: 27,180. Net Assets total: 45,968.

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	18,024	22 39,639
23 Land and buildings		23
24 Other assets (describe in Schedule O)	4,072	24 6,329
25 Total assets	22,096	25 45,968
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	22,096	27 45,968

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?
 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

Expenses
 (Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

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

28 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. (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

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		
Scott Conde President	5 00	0		
Mia Hartvikson Vice President	4 00	0		
Amanda Hodge Secretary	4 00	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

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
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
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9 0
39b Gross receipts, included on line 9, for public use of club facilities 0
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955
40b 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 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 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed CA
42a 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 945366531
42b 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 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
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

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

46 Yes No

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

Yes No

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

47 Yes No

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

48 Yes No

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

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

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"

Table with 5 columns: (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"

Table with 3 columns: (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 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: Signature of officer (James Deignan, Treasurer), Date (2016-04-27)

Paid Preparer Use Only: Preparer's name (Curtis T Yew), signature, date, firm's name (Curtis T Yew CPA Inc), address (452 South Auburn Street 2, Grass Valley, CA 95945), PTIN (P00371689), firm's EIN, 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)

Supplemental Information to Form 990 or 990-EZ

2015

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Department of the Treasury
Internal Revenue Service

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.

Name of the organization
NATCA AFL-CIO Oakland Center Local

Employer identification number

94-3078831

990 Schedule O, Supplemental Information

Return Reference	Explanation
Client Note 1	Client Note 1 - FORM 990-EZ, PAGE 1, PART 1, LINE 3 AMOUNTS RECEIVED WERE FROM THE NATIONAL OFFICE OF THE AIR TRAFFIC CONTROLLERS UNION AND DO NOT REPRESENT MEMBERSHIP DUES PAID BY THE LOCAL UNION MEMBERS NOTATION 1 CASH DISBURSEMENTS WERE LARGELY FOR THE REIMBURSEMENT OF TRAVEL, LODGING, MEALS, PARKING, AND EDUCATION PERTAINING TO THE PRIMARY PURPOSES OF THE ORGANIZATION ALL FUNDS RECEIVED FROM NATIONAL UNION HEADQUARTERS WERE USED FOR NATCA UNION RELATED ACTIVITIES
Other Revenue 1	Prepaid Taxes Refunded \$1503
Other Expenses 1002	Office Expenses \$430
Other Expenses 1005	Travel \$5091
Other Expenses 1007	Conferences, Conventions, and Meetings \$3375
Other Expenses 1009	Depreciation \$1206
Other Expenses 1	Telecommunications \$5874
Other Expenses 2	Utilities \$2264
Other Expenses 3	Initiation Fee Rebates \$2238
Other Expenses 4	Membership Fee Rebates \$1967
Other Expenses 5	Meeting Meals \$1698
Other Expenses 6	Area Expenses \$942
Other Expenses 7	Training \$724
Other Expenses 8	Flowers-Retirement/Funerals \$571
Other Expenses 9	Member Event \$237
Other Expenses 10	New Member Lunch \$141
Other Expenses 11	Computer Software Programs \$109
Other Expenses 12	Working Lunch \$89
Other Expenses 13	Bank Charges \$61
Other Assets 1003	Machinery and Equipment - Beginning \$2283 Machinery and Equipment - Ending \$3630

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets 1004	Miscellaneous - Beginning \$89 Miscellaneous - Ending \$89
Other Assets 1010	Inventories - Beginning \$1700 Inventories - Ending \$2610