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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

- Sponsoring organizations and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 at the end of the year may use this form. The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

- B Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending.

C Name of organization: SIMI EDUCATORS ASSOCIATION. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 40 W Cochran St Ste106. City or town, state or country, and ZIP + 4: SIMI VALLEY, CA 93065.

D Employer identification number: 95-2315033. E Telephone number: (805) 526-5668. F Group Exemption Number.

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [ ] Accrual. Other (specify):

I Website: www.simeducators.org

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

J Organization type (check only one): [X] 501(c)(5) (insert no) [ ] 4947(a)(1) or [ ] 527

K Check [ ] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 221,530

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for detailed calculations like 5a-5c, 6a-6c, 7a-7c.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

<b>Part III Statement of Program Service Accomplishments</b> (See the instructions for Part III )		<b>Expenses</b> (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others )	
What is the organization's primary exempt purpose? LABOR NEGOCIATIONS, ADVANCEMENT OF PUBLIC EDUCATION & TRAINING CONFERNCES			
Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title			
<b>28</b> MEMBERSHIP DUES RECEIVED FOR PREPAID LEGAL FEES, COMPENSATION NEGOCIATIONS, & GEN'L PROGRAM SERVICES (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>28a</b>	61,692
<b>29</b> SCHOLARSHIPS FOR OUTSTANDING & UNDER-PRIVILEGED STUDENTS (Grants \$ 0) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>29a</b>	6,400
<b>30</b> (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>30a</b>	
<b>31</b> Other program services (attach schedule) . . . . . (Grants \$ ) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		<b>31a</b>	
<b>32 Total program service expenses</b> (add lines 28a through 31a) . . . . .		<b>32</b>	68,092

<b>Part IV List of Officers, Directors, Trustees, and Key Employees.</b> List each one even if not compensated (See the instructions for Part IV )				
(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

**Part V Other Information** (Note the statement requirements in the instructions for Part VI.)

		<b>Yes</b>	<b>No</b>
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity . . . . .	<b>33</b>		No
<b>34</b> Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes . . . . .	<b>34</b>		No
<b>35</b> <i>If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T</i>			
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements? . . . . .	<b>35a</b>		No
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? . . . . .	<b>35b</b>		
<b>36</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? <i>If "Yes," complete applicable parts of Schedule N</i> . . . . .	<b>36</b>		No
<b>37a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b> _____ 0			
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year? . . . . .	<b>37b</b>		
<b>38a</b> 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 unpaid at the start of the period covered by this return? . . . . .	<b>38a</b>		No
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved . . . . .	<b>38b</b>		
<b>39</b> <i>501(c)(7) organizations.</i> Enter			
<b>a</b> Initiation fees and capital contributions included on line 9 . . . . .	<b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities . . . . .	<b>39b</b>		
<b>40a</b> <i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____			
<b>b</b> <i>Section 501(c)(3) and (4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .	<b>40b</b>		
<b>c</b> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____ 0			
<b>d</b> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____ 0			
<b>e</b> <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? . . . . .	<b>40e</b>		No
<b>41</b> List the states with which a copy of this return is filed <input type="checkbox"/> CA _____			
<b>42a</b> The books are in care of <input type="checkbox"/> The Organization _____ Telephone no <input type="checkbox"/> (805) 526-5668 40 W Cochran St Ste106 Located at <input type="checkbox"/> SIMI VALLEY, CA _____ ZIP + 4 <input type="checkbox"/> 93065			
<b>b</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)?	<b>42b</b>	<b>Yes</b>	<b>No</b>
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.</b>			
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U S ?	<b>42c</b>		No
If "Yes," enter the name of the foreign country <input type="checkbox"/> _____			
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> <b>43</b> _____			
<b>44</b> Did the organization maintain any donor advised funds? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>44</b>	<b>Yes</b>	<b>No</b>
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? <i>If "Yes", Form 990 must be completed instead of Form 990-EZ.</i>	<b>45</b>		No

**Part VI Section 501(c)(3) organizations only.** All section 501(c)(3) organizations must answer questions 46-49 and

complete the tables for lines 50 and 51.

	Yes	No
<b>46</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<b>46</b>	
<b>47</b> Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<b>47</b>	
<b>48</b> Is the organization operating a school as described in section 170(b)(1)(A)(ii)? If "yes," complete Schedule E	<b>48</b>	
<b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?	<b>49a</b>	
<b>49b</b> If "Yes," was the related organization(s) a section 527 organization?	<b>49b</b>	

**50** Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are none, enter "None "

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Total number of other employees paid over \$100,000				

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

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Total number of other independent contractors receiving over \$100,000		

**Please Sign Here**

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: 2010-06-30

Dayle A Gillick, President  
Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: MICHAEL P FISCHER Date: \_\_\_\_\_ Check if self-employed:  Preparer's PTIN (See Gen Inst X): \_\_\_\_\_

Firm's name (or yours if self-employed), address, and ZIP + 4: MICHAEL P FISCHER CPA  
65 W EASY ST SUITE 205  
SIMI VALLEY, CA 930656202

EIN: \_\_\_\_\_ Phone no: (805) 522-3771

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No

**Additional Data****Software ID:****Software Version:****EIN:** 95-2315033**Name:** SIMI EDUCATORS ASSOCIATION**Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees**

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
Dayle A Gillick 20946 Germain St Chatsworth, CA 91311	President 7 00	4,800	0	0
Betsy Sanders 6108 Vera St Simi Valley, CA 93063	Vice President 2 00	0	0	0
Mark Sheinberg 22309 James Allen Cr Chatsworth, CA 91311	Secretary 1 00	0	0	0
Brad Swopes 2832 E Barnes St Simi Valley, CA 93065	Treasurer 1 00	0	0	0
Patti Myszkowski 308 Golden Moss Ct Simi Valley, CA 93065	Area Director #2 1 00	0	0	0
Rick Lebeck 2417 Avenida Otono Thousand Oaks, CA 91362	Area Director #4 1 00	0	0	0
Lauren DeWees 1090 Shoal Creek Ct Simi Valley, CA 93065	Area Director #5 1 00	0	0	0
Amanda Sweet 15444 Braun Ct Moorpark, CA 93021	Area Director #6 1 00	0	0	0
Margaret Acosta-Amato 4055 Belinda St Simi Valley, CA 93063	Area Director #7 1 00	0	0	0
Irene Zelman 2462 Orangewood Place Simi Valley, CA 93065	Area Director #8 1 00	0	0	0
Dan Sternberg 1610 Yosemite Ave 204 Simi Valley, CA 93063	Area Director #1 1 00	0	0	0

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2008

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Table with 3 columns: Name(s) shown on return, Business or activity to which this form relates, Identifying number.

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

Table with 5 rows for Section 179 election details, including maximum amount, total cost, and dollar limitation.

Table with 13 rows for listed property details, including description, cost, and elected cost.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property)

Table with 3 rows for special depreciation allowance and other depreciation.

Part III MACRS Depreciation (Do not include listed property.)

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2008.

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

Table with 7 columns: Classification, Month/year placed, Basis, Recovery period, Convention, Method, Depreciation deduction.

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system assets.

Part IV Summary (See instructions)

Table with 3 rows for summary of depreciation, including listed property and total amounts.

**Part V Listed Property** (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement.)

**Note:** For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete **only** 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

**Section A—Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)**

**24a** Do you have evidence to support the business/investment use claimed?  Yes  No **24b** If "Yes," is the evidence written?  Yes  No

Table with 9 columns: (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation/deduction, (i) Elected section 179 cost. Includes rows 25-29 for special depreciation and business use percentages.

**Section B—Information on Use of Vehicles**

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

Table with 6 main columns for vehicle types (a-f) and 12 sub-columns for personal use questions (Yes/No). Rows 30-36 cover total miles driven and personal use availability.

**Section C—Questions for Employers Who Provide Vehicles for Use by Their Employees**

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons (see instructions).

Table with 2 columns: Question (37-41) and Yes/No. Rows 37-41 cover policy statements and requirements for employer-provided vehicles.

**Part VI Amortization**

Table with 6 columns: (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44 for amortization calculations.

## TY 2008 Grants and Similar Amounts Paid Schedule

**Name:** SIMI EDUCATORS ASSOCIATION

**EIN:** 95-2315033

<b>Item No.</b>	1
<b>Class of Activity</b>	Scholarship Fund
<b>Donee's Name</b>	Brian Felber
<b>Donee's Address</b>	75 Third Ave TE-701D New York, NY 10003
<b>Amount (FMV)</b>	375
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	Check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-09

<b>Item No.</b>	2
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Timothy Koch
<b>Donee's Address</b>	151 Glenview Dr SE Grand Rapids, MI 495061943
<b>Amount (FMV)</b>	600
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	Check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-09

<b>Item No.</b>	3
<b>Class of Activity</b>	Scholarship Fund
<b>Donee's Name</b>	Mackenzey Fraklin
<b>Donee's Address</b>	5306 Placerita Dr Simi Valley, CA 93063
<b>Amount (FMV)</b>	375
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-09

<b>Item No.</b>	4
<b>Class of Activity</b>	Scholarship Fund
<b>Donee's Name</b>	Megan Greeley
<b>Donee's Address</b>	5794 Cherokee Circle Simi Valley, CA 93063
<b>Amount (FMV)</b>	250
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-09

<b>Item No.</b>	5
<b>Class of Activity</b>	Scholarship Fund
<b>Donee's Name</b>	Megan Zahnow
<b>Donee's Address</b>	2255 McDonald St Simi Valley, CA 93065
<b>Amount (FMV)</b>	375
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	Check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-09

<b>Item No.</b>	6
<b>Class of Activity</b>	Scholarship Fund
<b>Donee's Name</b>	David Busing
<b>Donee's Address</b>	652 Oldstone Place Simi Valley, CA 93065
<b>Amount (FMV)</b>	800
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	Check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-10

<b>Item No.</b>	7
<b>Class of Activity</b>	Scholarship Fund
<b>Donee's Name</b>	Valerie Gordon
<b>Donee's Address</b>	5477 Sunlight St Simi Valley, CA 93063
<b>Amount (FMV)</b>	600
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	Check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-10

<b>Item No.</b>	8
<b>Class of Activity</b>	Scholarship Fund
<b>Donee's Name</b>	Kelesy Kasten
<b>Donee's Address</b>	3617 Highbury Ct Simi Valley, CA 93063
<b>Amount (FMV)</b>	600
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-10

<b>Item No.</b>	9
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Zachery Neiman
<b>Donee's Address</b>	3404 Hazelnut Ct Simi Valley, CA 93065
<b>Amount (FMV)</b>	375
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-10

<b>Item No.</b>	10
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Allison Terpenney
<b>Donee's Address</b>	11414 Cree Trail Chatsworth, CA 91311
<b>Amount (FMV)</b>	250
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-11

<b>Item No.</b>	11
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Evan Hedrick
<b>Donee's Address</b>	5637 La Cumbre Rd Somis, CA 93066
<b>Amount (FMV)</b>	600
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	12
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Amy Schuster
<b>Donee's Address</b>	3027 Mineral Wells Dr Simi Valley, CA 93063
<b>Amount (FMV)</b>	100
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2008-12

<b>Item No.</b>	13
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Brooke Hubbard
<b>Donee's Address</b>	501 Periwinkle Ct Thousand Oaks, CA 91360
<b>Amount (FMV)</b>	300
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-07

<b>Item No.</b>	14
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Joshua Baynard
<b>Donee's Address</b>	5350 Edgeware Dr Calabasas, CA 91301
<b>Amount (FMV)</b>	300
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-08

<b>Item No.</b>	15
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Ryan Leeds
<b>Donee's Address</b>	522 Aspen View Ct Oak Park, CA 91377
<b>Amount (FMV)</b>	200
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-08

<b>Item No.</b>	16
<b>Class of Activity</b>	scholarship Fund
<b>Donee's Name</b>	Daniel Kuntz
<b>Donee's Address</b>	3173 Big Sky Dr Thousand Oaks, CA 91360
<b>Amount (FMV)</b>	300
<b>Purpose of Payment to Affiliate</b>	
<b>Relationship</b>	none
<b>Description</b>	check
<b>Book Value</b>	
<b>How BV Determined</b>	
<b>How FMV Determined</b>	
<b>Date of Gift</b>	2009-08

## TY 2008 Other Assets Schedule

**Name:** SIMI EDUCATORS ASSOCIATION

**EIN:** 95-2315033

Description	Beginning of Year Amount	End of Year Amount
Other Depreciable Assets	6,563	11,557

## TY 2008 Other Expenses Schedule

**Name:** SIMI EDUCATORS ASSOCIATION

**EIN:** 95-2315033

Description	Amount
Office Supplies	6,509
Committees, Conferences & Meetings	41,328
CTA Agency Fees	1,325
Insurance	853
Payroll taxes, Property taxes & filing Fees	837
Bargining Support & Release Time	61,692
Depreciation	6,667
Association Dues	2,276
Property TAXes	1,429
Cleaning & Maintenance	370
Commissions & Management Fees	774

**TY 2008 Other Liabilities Schedule**

**Name:** SIMI EDUCATORS ASSOCIATION

**EIN:** 95-2315033

Description	Beginning of Year Amount	End of Year Amount
Payroll Taxes Payable	184	206