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Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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 of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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
2009
Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 09-01-2009, and ending 08-31-2010

- B** Check if applicable:
 Address change
 Name change
 Initial return
 Terminated
 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:

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.simeducators.org

J Tax-Exempt status (check only one) - 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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 222,410

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

Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	10	Grants and similar amounts paid (attach schedule)	18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	11	Benefits paid to or for members	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)
3	Membership dues and assessments	12	Salaries, other compensation, and employee benefits	20	Other changes in net assets or fund balances (attach explanation)
4	Investment income	13	Professional fees and other payments to independent contractors	21	Net assets or fund balances at end of year. Combine lines 18 through 20
5a	Gross amount from sale of assets other than inventory	14	Occupancy, rent, utilities, and maintenance		
5b	Less cost or other basis and sales expenses	15	Printing, publications, postage, and shipping		
5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	16	Other expenses (describe)		
6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>	17	Total expenses. Add lines 10 through 16		
6a	Gross revenue (not including \$ of contributions reported on line 1)				
6b	Less direct expenses other than fundraising expenses				
6c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)				
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)				
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8				

Part II Balance Sheets—If total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II.)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	321,983	22 324,575
23 Land and buildings	149,922	23 146,268
24 Other assets (describe)	11,557	24 14,988
25 Total assets	483,462	25 485,831
26 Total liabilities (describe)	206	26 280
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	483,256	27 485,551

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses	
What is the organization's primary exempt purpose? LABOR NEGOCIATIONS, ADVANCEMENT OF PUBLIC EDUCATION & TRAINING CONFERNCES		(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)	
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, and other relevant information for each program title			
28 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"/>	28a	62,894
29 SCHOLARSHIPS FOR OUTSTANDING & UNDER-PRIVILEGED STUDENTS (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	6,550
30 Contributions to a PAC Fund (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	9,900
31 Other program services (attach schedule) (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	79,344

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

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

		Yes	No
33 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		No
34 Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		No
35 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 why the organization did not report the income on Form 990-T			
a Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033 (e) notice, reporting, and proxy tax requirements?	35a		No
b If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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		No
37a Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> _____ 37a _____ 9,900			
b Did the organization file Form 1120-POL for this year?	37b		
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 period covered by this return?	38a		No
b If "Yes," complete Schedule L, Part II and enter the total amount involved	38b		
39 <i>Section 501(c)(7) organizations.</i> Enter			
a Initiation fees and capital contributions included on line 9	39a		
b Gross receipts, included on line 9, for public use of club facilities	39b		
40a <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 <i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		
c <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____			
d <i>Section 501(c)(3) and 501(c)(4) organizations</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____			
e <i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41 List the states with which a copy of this return is filed <input type="checkbox"/> CA			
42a The organization's 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 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 <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	Yes	No
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 <input type="checkbox"/> _____	42c		No
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____			
44 Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes", Form 990 must be completed instead of Form 990-EZ.	45		No

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46-49b and complete the tables for lines 50 and 51.

	Yes	No
46 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		
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II		
48 Is the organization a school 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?		
49b 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 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

50(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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

51(d) Total number of other independent contractors each 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: 2011-06-23

Type or print name and title: Dayle A Gillick, President

Paid Preparer's Use Only

Preparer's signature: MICHAEL P FISCHER Date: _____ Check if self-employed:

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

Preparer's identifying number (See instructions): _____

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

(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
Dayle A Gillick 20946 Germain St Chatsworth, CA 91311	President 7 00	7,200	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
Nicole Barr 40 W Cochran Street 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 Zellman 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

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2009

Department of the Treasury Internal Revenue Service

See separate instructions. Attach to your tax return.

Attachment Sequence No 67

Name(s) shown on return SIMI EDUCATORS ASSOCIATION

Business or activity to which this form relates

Identifying number

Form 990-EZ Page 1

95-2315033

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 property details, including description, cost, elected cost, and depreciation calculations.

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) (See instructions)

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

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

Section A

Table with 2 rows for MACRS deductions for assets placed in service before 2009.

Section B—Assets Placed in Service During 2009 Tax Year Using the General Depreciation System

Table with 7 columns (a-g) for general depreciation system assets, including classification, month placed in service, basis, recovery period, convention, method, and deduction.

Section C—Assets Placed in Service During 2009 Tax Year Using the Alternative Depreciation System

Table with 5 rows for alternative depreciation system assets, including class life, recovery period, convention, and method.

Part IV Summary (see instructions)

Table with 3 rows for summary of listed property, total depreciation, and section 263A costs.

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.

25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use (see instructions) 25

26 Property used more than 50% in a qualified business use. Table with 9 columns for percentage.

27 Property used 50% or less in a qualified business use. Table with 9 columns for percentage and S/L.

28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1. 28

29 Add amounts in column (i), line 26. Enter here and on line 7, page 1. 29

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 for Section B with 6 main columns (a-f) for Vehicle 1-6. Rows include 30-33 (miles driven) and 34-36 (availability and use).

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 for Section C with 2 columns: Yes, No. Rows include 37-41 (policy statements and requirements).

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table for Part VI 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. Rows include 42, 43, and 44.

TY 2009 Grants and Similar Amounts Paid Schedule

Name: SIMI EDUCATORS ASSOCIATION

EIN: 95-2315033

Item No.	1
Class of Activity	Scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	Check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	2
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	Check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-09

Item No.	3
Class of Activity	Scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-05

Item No.	4
Class of Activity	Scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	5
Class of Activity	Scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	599
Purpose of Payment to Affiliate	
Relationship	none
Description	Check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	6
Class of Activity	Scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	none
Description	Check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	7
Class of Activity	Scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	none
Description	Check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	8
Class of Activity	Scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	599
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-10

Item No.	9
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	599
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-11

Item No.	10
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-11

Item No.	11
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-11

Item No.	12
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	0
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	

Item No.	13
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	204
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-01

Item No.	14
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	599
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-03

Item No.	15
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	300
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	16
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	400
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	17
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	200
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	18
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

Item No.	19
Class of Activity	scholarship Fund
Donee's Name	
Donee's Address	
Amount (FMV)	250
Purpose of Payment to Affiliate	
Relationship	none
Description	check
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2010-08

TY 2009 Other Assets Schedule

Name: SIMI EDUCATORS ASSOCIATION

EIN: 95-2315033

Description	Beginning of Year Amount	End of Year Amount
Overpaid Credit Card	0	1,275
Other Depreciable Assets	11,557	13,713

TY 2009 Other Expenses Schedule

Name: SIMI EDUCATORS ASSOCIATION

EIN: 95-2315033

Description	Amount
Office Supplies	3,384
Committees, Conferences & Meetings	30,123
CTA Agency Fees	1,138
Insurance	700
Payroll taxes, Personal Property Taxes & filing Fees	1,122
Bargining Support & Release Time	62,894
Association Dues-Rental Property	2,776
Property Taxes-Rental Property	1,460
Repairs & Maintenance-Rental Property	1,090
Commissions & Management Fees	
Bank Charges	19
PAC Contributions	9,900
Depreciation	10,539

TY 2009 Other Liabilities Schedule

Name: SIMI EDUCATORS ASSOCIATION

EIN: 95-2315033

Description	Beginning of Year Amount	End of Year Amount
Payroll Taxes Payable	206	280

**TY 2009 Transfers Personal Benefits
Contracts Declaration**

Name: SIMI EDUCATORS ASSOCIATION

EIN: 95-2315033

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.