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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 of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$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

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 09-01-2010, and ending 08-31-2011

- 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 STREET NO 106. City or town, state or country, and ZIP + 4: SIMI VALLEY, CA 930652057

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

G Accounting method: [X] Cash [] Accrual [] Other (specify). I Website: WWW.SIMIEDUCATORS.ORG. J Tax-Exempt status: [] 501(c)(3) [X] 501(c)(5) (insert no) [] 4947(a)(1) or [] 527

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

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 192,030

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 and 3 columns. Rows 1-9: Revenue (Total 192,030). Rows 10-17: Expenses (Total 215,649). Rows 18-21: Net Assets (Total 461,932).

Part II Balance Sheets

Check if the organization used Schedule O to respond to any question in this Part II

(See the instructions for Part II)

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	324,575	22	311,120
23 Land and buildings	146,268	23	142,614
24 Other assets (describe in Schedule O)	14,988	24	8,381
25 Total assets	485,831	25	462,115
26 Total liabilities (describe in Schedule O)	280	26	183
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	485,551	27	461,932

Part III Statement of Program Service Accomplishments

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose?

LABOR NEGOTIATIONS, 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, and other relevant information for each program title

28 MEMBERSHIP DUES RECEIVED FOR PREPAID LEGAL FEES, COMPENSATION NEGOCIATIONS, & GENERAL PROGRAM SERVICES (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	60,655
29 SCHOLARSHIPS FOR OUTSTANDING & UNDER-PRIVILEGED STUDENTS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	6,925
30 CONTRIBUTIONS TO A PAC FUND (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	19,800
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	87,380

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 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 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 activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
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)		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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="text" value="0"/> 37a		
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?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		
39b	Gross receipts, included on line 9, for public use of club facilities		
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="text"/> , section 4912 <input type="text"/> , section 4955 <input type="text"/>		
40b	<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 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	<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		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization		
40e	<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		No
41	List the states with which a copy of this return is filed <input type="text" value="CA"/>		
42a	The organization's books are in care of <input type="text" value="THE ORGANIZATION"/> Telephone no <input type="text" value="(805) 526-5668"/> 40 W COCHRAN STREET NO 106 Located at <input type="text" value="SIMI VALLEY, CA"/> ZIP + 4 <input type="text" value="930652057"/>		
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 <input type="text"/>	Yes	No
42c	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="text"/>		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="text" value="43"/>		

		Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.		No
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		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
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		

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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 47-49b and 52.

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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 address, (b) Title and average hours, (c) Compensation, (d) Contributions to benefit plans, (e) Expense account.

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"

Table with 3 columns: (a) Name and address, (b) Type of service, (c) Compensation.

51(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.

Sign Here section with fields for Signature of officer (*****), Date (2012-07-12), and Type or print name and title (DAYLE A GILICK PRESIDENT).

Paid Preparer's Use Only section with fields for Preparer's signature (MICHAEL P FISCHER), Date, Check if self-employed (checked), Preparer's taxpayer identification number, Firm's name (MICHAEL P FISCHER CPA), address (65 W EASY ST SUITE 205, SIMI VALLEY, CA 930656202), EIN, and Phone no ((805) 522-3771).

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

2010

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization
SIMI EDUCATORS ASSOCIATION

Employer identification number

95-2315033

Identifier	Return Reference	Explanation
RENTAL INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	RENTAL - KIND AND LOCATION OF PROPERTY COMMERCIAL RENTAL PROPERTY-1975 ROYAL AVE, SIMI VALLEY, CA 93065 AMOUNT 5,750

Identifier	Return Reference	Explanation
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	4,406

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME STACEY JOHNSON GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION ` DATE OF GIFT 09/15/10 AMOUNT GIVEN 250

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME KATELYN ATKIN GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/15/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME SARAH DE LA GARRIGUE GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/29/10 AMOUNT GIVEN 400

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME SAMEUL J DACANAY GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/29/10 AMOUNT GIVEN 400

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME KEVIN CALLAWAY GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/16/10 AMOUNT GIVEN 500

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME LYLE DIETZ GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/30/10 AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME CHRIS TREMONTI GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/30/10 AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME COLIN KEANE GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/30/10 AMOUNT GIVEN 400

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME COLIN KEANE GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/14/11 AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME OLIVIA KNIZEK GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/01/10 AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME JARED HATLAND GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/05/11 AMOUNT GIVEN 300

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2010 SCHOLARSHIP WINNER GRANTEE NAME KELSEY ALBAN GRANTEE RELATIONSHIP NONE DATE OF GIFT 01/14/11 AMOUNT GIVEN 350

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME REBECCA LEPORE GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/10/11 AMOUNT GIVEN 600

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME JENNIFER ROBINSON GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/10/11 AMOUNT GIVEN 425

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME TIFFANY TRAXLER GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/10/11 AMOUNT GIVEN 275

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME SARAH MOFFETT GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/10/11 AMOUNT GIVEN 425

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME SHANNON CARMONA GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/10/11 AMOUNT GIVEN 325

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME NICHOLAS HERNANDEZ GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/22/11 AMOUNT GIVEN 325

Identifier	Return Reference	Explanation
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME BRYAN REDE GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/25/11 AMOUNT GIVEN 200 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 6,925

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION AWARDS & RECOGNITIONS AMOUNT 1,539 DESCRIPTION BANK CHARGES AMOUNT 97 DESCRIPTION BARGINNING SUPPORT & RELEASE TIME AMOUNT 60,655 DESCRIPTION COMMITTEES, CONFERENCES & MEETINGS AMOUNT 23,574 DESCRIPTION CTA-AGENCY FEES AMOUNT 2,080 DESCRIPTION INSURANCE AMOUNT 773 DESCRIPTION OFFICE SUPPLIES AMOUNT 4,757 DESCRIPTION FILING FEES AMOUNT 10 DESCRIPTION PERSONAL PROPERTY TAXES AMOUNT 347 DESCRIPTION PAYROLL TAXES AMOUNT 744 DESCRIPTION PAC CONTRIBUTIONS AMOUNT 19,800 DESCRIPTION DEPRECIATION AMOUNT 9,527 DESCRIPTION ASSOCIATION DUES AMOUNT 2,845 DESCRIPTION PROPERTY TAXES AMOUNT 1,464 DESCRIPTION UTILITIES AMOUNT 300 DESCRIPTION CLEANING & MAINTENANCE AMOUNT 295 DESCRIPTION COMMISSIONS & MANAGEMENT FEES AMOUNT 1,150 TOTAL TO FORM 990-EZ, LINE 16 129,957

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OVERPAID CREDIT CARD BEG OF YEAR AMOUNT 1,275 END OF YEAR AMOUNT 0 DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 13,713 END OF YEAR AMOUNT 8,381

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 280 END OF YEAR AMOUNT 183

Form 4562

Depreciation and Amortization (Including Information on Listed Property)

OMB No 1545-0172

2010

Attachment Sequence No 67

See separate instructions. Attach to your tax return.

Name(s) shown on return SIMI EDUCATORS ASSOCIATION

Business or activity to which this form relates FORM 990-EZ PAGE 1

Identifying number 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, 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) (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 2010.

Section B—Assets Placed in Service During 2010 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 2010 Tax Year Using the Alternative Depreciation System

Table with 3 rows for alternative depreciation system assets, including class life, recovery period, 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, 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

27 Property used 50% or less in a qualified business use

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 columns (a) through (f) for Vehicle 1 through 6. Rows include 30-33 (miles driven) and 34-36 (availability and use questions).

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 columns Yes/No. Rows include 37-41 (policy and use questions).

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 Section VI with 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.

42 Amortization of costs that begins during your 2010 tax year (see instructions)

43 Amortization of costs that began before your 2010 tax year **43**

44 Total. Add amounts in column (f) See the instructions for where to report **44**

**TY 2010 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.

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 GILLICK 20946 GERMAIN ST CHATSWORTH, CA 91311	PRESIDENT 7 00	6,600	0	0
BETSY SANDERS 6108 VERA ST SIMI VALLEY, CA 93063	VICE PRESIDENT 2 00	0	0	0
AMANDA SWEET 15444 BRAUN CT MOORPARK, CA 93021	SECRETARY 1 00	0	0	0
NICOLE BARR 2731 ERRINGER RD80 SIMI VALLEY, CA 93065	AREA DIRECTOR #2 1 00	0	0	0
RICK LEBEC 2417 AVENIDA OTONO THOUSAND OAKS, CA 91362	AREA DIRECTOR #4 1 00	0	0	0
MARGARET ACOSTA-AMATO 4055 BELINDA ST SIMI VALLEY, CA 93063	AREA DIRECTOR #5 1 00	0	0	0
JEANINE MILLER 2506 ABBEYWOOD CT SIMI VALLEY, CA 93063	AREA DIRECTOR #6 1 00	0	0	0
DIANNE LEIGH 2293 RUDOLPH DR SIMI VALLEY, CA 93065	AREA DIRECTOR #7 1 00	0	0	0
IRENE ZELMAN 2462 ORANGEWOOD PL SIMI VALLEY, CA 93065	AREA DIRECTOR #8 1 00	0	0	0
LAURA SHEINBERG 10051 FARRALONE AVE CHATSWORTH, CA 91311	SPECIAL SERVICES DIRECTOR 1 00	0	0	0
BRAD SWOPES 2832 E BARNES ST SIMI VALLEY, CA 93065	STATE COUNCIL DIRECTOR 1 00	0	0	0