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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	311,120	22	313,614
23 Land and buildings	142,614	23	138,960
24 Other assets (describe in Schedule O)	8,381	24	4,858
25 Total assets	462,115	25	457,432
26 Total liabilities (describe in Schedule O)	183	26	339
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	461,932	27	457,093

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 NEGOCIATIONS, ADVANCEMENT OF PUBLIC EDUCATION & TRAINING CONFRNCES

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 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	0
29 SCHOLARSHIPS FOR OUTSTANDING & UNDER-PRIVILEGED STUDENTS (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	0
30 CONTRIBUTIONS TO A PAC FUND (Grants \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	0
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 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

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
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
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
39b Gross receipts, included on line 9, for public use of club facilities
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) 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
40c 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
40d Section 501(c)(3) and 501(c)(4) 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
42a The organization's books are in care of
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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?
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? 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	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	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 47-49b and 52.

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	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

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

48	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

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

49a	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No

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

49b	<input type="checkbox"/>	<input type="checkbox"/>
	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 "

(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

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

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	2013-07-09
***** Signature of officer	Date
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 <input checked="" type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00223947
	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 ▶ 77-0165080 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 GILLICK 20946 GERMAIN ST CHATSWORTH, CA 91311	PRESIDENT 7 00	7,800	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 ORANGWOOD 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
MARK SEINBERG 10051 FARRALONE AVE CHATSWORTH, CA 91311	TREASURER 1 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

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 10,500
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST EARNED 6,600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME TIM GUTIERREZ GRANTEE RELATIONSHIP NONE PROPERTY DESCRIPTION ` DATE OF GIFT 09/12/11 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME BYRON HAZELWOOD GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/20/11 AMOUNT GIVEN 325
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME JOSHUA GRAY GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/21/11 AMOUNT GIVEN 425
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME ZOE NISSEN GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/28/11 AMOUNT GIVEN 325
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME SEAN CORLEY GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/25/11 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME CHARLES COLLINS GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/10/11 AMOUNT GIVEN 325
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME THOMAS PETERSON GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/28/11 AMOUNT GIVEN 275
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME PARKER BLOUNT GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/29/11 AMOUNT GIVEN 200
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME SCOTT GEIRMAN GRANTEE RELATIONSHIP NONE DATE OF GIFT 11/30/11 AMOUNT GIVEN 175
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2011 SCHOLARSHIP WINNER GRANTEE NAME SIERRA SMITH GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/02/11 AMOUNT GIVEN 275
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 01/31/12 AMOUNT GIVEN 325
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SCHOLARSHIP WINNER GRANTEE NAME SEAN MADDIGAN GRANTEE RELATIONSHIP NONE DATE OF GIFT 06/15/12 AMOUNT GIVEN 900
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SCHOLARSHIP WINNER GRANTEE NAME JARED DINOWITZ GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/15/12 AMOUNT GIVEN 500 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,150
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION AWARDS & RECOGNITIONS AMOUNT 1,618 DESCRIPTION BANK CHARGES AMOUNT 3 DESCRIPTION BARGINNING SUPPORT & RELEASE TIME AMOUNT 64,186 DESCRIPTION COMMITTES, CONFERENCES & MEETINGS AMOUNT 22,893 DESCRIPTION CTA-AGENCY FEES AMOUNT 499 DESCRIPTION INSURANCE AMOUNT 750 DESCRIPTION OFFICE SUPPLIES AMOUNT 3,152 DESCRIPTION FILING FEES AMOUNT 47 DESCRIPTION PERSONAL PROPERTY TAXES AMOUNT 347 DESCRIPTION PAYROLL TAXES AMOUNT 915 DESCRIPTION DEPRECIATION AMOUNT 6,935 DESCRIPTION ASSOCIATION DUES AMOUNT 2,277 DESCRIPTION PROPERTY TAXES AMOUNT 1,479 DESCRIPTION UTILITIES AMOUNT 27 DESCRIPTION CLEANING & MAINTENANCE AMOUNT 2,595 TOTAL TO FORM 990-EZ, LINE 16 107,723
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 8,381 END OF YEAR AMOUNT 4,858
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 183 END OF YEAR AMOUNT 308 DESCRIPTION CREDIT CARD PAYABLE BEG OF YEAR AMOUNT 0 END OF YEAR AMOUNT 31

**TY 2011 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.