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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

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2012 calendar year, or tax year beginning 09-01-2012, and ending 08-31-2013

- 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: 40 WEST COCHRAN STREET NO 106. City or town: 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)

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

I Website: WWW.SIMIEDUCATORS.ORG

J Tax-exempt status: [] 501(c)(3) [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 or a section 527 organization and its gross receipts are normally not more than \$50,000

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. Total: \$ 196,947

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 2 columns. Rows 1-9: Revenue (Total: 196,947). Rows 10-17: Expenses (Total: 196,304). Rows 18-21: Net Assets (Total: 457,736).

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	313,614	22	320,077
23 Land and buildings	138,960	23	135,306
24 Other assets (describe in Schedule O)	4,858	24	2,649
25 Total assets	457,432	25	458,032
26 Total liabilities (describe in Schedule O)	339	26	296
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	457,093	27	457,736

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

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 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 NEGOTIATIONS, & GENERAL PROGRAM SERVICES (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	28a	65,929
29 SCHOLARSHIPS FOR OUTSTANDING & UNDER-PRIVILEGED STUDENTS (Grants \$ 5,425)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	5,425
30 CONTRIBUTIONS TO A PAC FUND (Grants \$ 0)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	8,000
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)		32	79,354

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
See Additional Data Table				

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
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 THE ORGANIZATION Telephone no (805) 526-5668 Located at 40 WEST COCHRAN STREET NO 106 SIMI VALLEY, CA ZIP + 4 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
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

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

48 Is the organization a school as 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?

b 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"

Table with 5 columns: (a) Name and title of each employee paid more than \$100,000; (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 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

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 (DAYLE A GILICK PRESIDENT) and Date (2014-07-08)

Paid Preparer Use Only: Preparer's name (MICHAEL P FISCHER), signature, date, firm's name, address, EIN, and phone number.

May the IRS discuss this return with the preparer shown above? See instructions

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 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
DAYLE GILICK PRESIDENT	7 00	7,200	0	0
BETSY SANDERS VICE PRESIDENT	2 00	0	0	0
AMANDA SWEET SECRETARY	1 00	0	0	0
NANCY MALONE AREA DIRECTOR #2	1 00	0	0	0
ALLISON CAMERON AREA DIRECTOR #4	1 00	0	0	0
KRISTEN RICE AREA DIRECTOR #5	1 00	0	0	0
JEANINE MILLER AREA DIRECTOR #6	1 00	0	0	0
MARGARET ACOSTA-AMATO AREA DIRECTOR #7	1 00	0	0	0
IRENE ZELMAN AREA DIRECTOR #8	1 00	0	0	0
LAURA SHEINBERG SPCL SERVICES DRCTR/STATE COUNCIL	1 00	0	0	0
BRAD SWOPES STATE COUNCIL DIRECTOR	1 00	0	0	0
MARK SHEINBERG TREASURER/STATE COUNCIL	1 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.**

2012

Open to Public Inspection

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 9,625
OTHER INVESTMENT INCOME	FORM 990-EZ, PART I, LINE 4	INTEREST EARNED 3,019
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	DESCRIPTION RETURN OF A PRIOR YEAR'S REPORTED SCHOLARSHIP AMOUNT 325
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SCHOLARSHIP WINNER GRANTEE NAME SARAH TAPP GRANTEE RELATIONSHIP NONE DATE OF GIFT 09/28/12 AMOUNT GIVEN 900
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SCHOLARSHIP WINNER GRANTEE NAME CURTIS HIXTON GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/02/12 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SCHOLARSHIP WINNER GRANTEE NAME ORENCIO ROBLES GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/08/12 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SCHOLARSHIP WINNER GRANTEE NAME RACHEL GOLDMAN GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/08/12 AMOUNT GIVEN 600
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SCHOLARSHIP WINNER GRANTEE NAME KELSEY WIKSELL GRANTEE RELATIONSHIP NONE DATE OF GIFT 10/23/12 AMOUNT GIVEN 500
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2012 SCHOLARSHIP WINNER GRANTEE NAME JOHN MCHALE GRANTEE RELATIONSHIP NONE DATE OF GIFT 12/21/12 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2013 SCHOLARSHIP WINNER GRANTEE NAME NATHAN WU GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/19/13 AMOUNT GIVEN 700
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2013 SCHOLARSHIP WINNER GRANTEE NAME CHEYENNE SMITH GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/19/13 AMOUNT GIVEN 250
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2013 SCHOLARSHIP WINNER GRANTEE NAME CASSIE MADDIGAN GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/19/13 AMOUNT GIVEN 425
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2013 SCHOLARSHIP WINNER GRANTEE NAME MADELINE HOLCOMBE GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/22/13 AMOUNT GIVEN 750
GRANTS AND SIMILAR AMOUNTS PAID	FORM 990-EZ, PART I, LINE 10	ACTIVITY CLASSIFICATION 2013 SCHOLARSHIP WINNER GRANTEE NAME ILANA AFFRONTI GRANTEE RELATIONSHIP NONE DATE OF GIFT 08/22/13 AMOUNT GIVEN 200 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 5,425
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	DESCRIPTION AWARDS & RECOGNITIONS AMOUNT 2,001 DESCRIPTION BANK CHARGES AMOUNT 31 DESCRIPTION BARGINNING SUPPORT & RELEASE TIME AMOUNT 65,930 DESCRIPTION COMMITTEES, CONFERENCES & MEETINGS AMOUNT 20,750 DESCRIPTION CTA-AGENCY FEES AMOUNT 1,283 DESCRIPTION INSURANCE AMOUNT 748 DESCRIPTION OFFICE SUPPLIES AMOUNT 1,965 DESCRIPTION FILING FEES AMOUNT 10 DESCRIPTION PERSONAL PROPERTY TAXES AMOUNT 350 DESCRIPTION PAYROLL TAXES AMOUNT 860 DESCRIPTION PAC CONTRIBUTIONS AMOUNT 8,000 DESCRIPTION DEPRECIATION AMOUNT 5,863 DESCRIPTION ASSOCIATION DUES AMOUNT 2,933 DESCRIPTION PROPERTY TAXES AMOUNT 1,518 TOTAL TO FORM 990-EZ, LINE 16 112,242
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	DESCRIPTION OTHER DEPRECIABLE ASSETS BEG OF YEAR AMOUNT 4,858 END OF YEAR AMOUNT 2,649
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	DESCRIPTION PAYROLL TAXES PAYABLE BEG OF YEAR AMOUNT 308 END OF YEAR AMOUNT 296 DESCRIPTION CREDIT CARD PAYABLE BEG OF YEAR AMOUNT 31 END OF YEAR AMOUNT 0

**TY 2012 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.