

Form **990EZ**
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 private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Go to www.irs.gov/Form990EZ for the latest information.

OMB No. 1545-1150
2018
Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 09-01-2018, and ending 08-31-2019

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

City or town, state or province, country, and ZIP or foreign postal code
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.simieducators.org

J Tax-exempt status (check only one) - 501(c)(3) 501(c)(5) ◀ (insert no.) 4947(a)(1) or 527

K Form of organization: Corporation Trust Association Other

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, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ 190,074

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

		Revenue		Expenses		Net Assets	
1	Contributions, gifts, grants, and similar amounts received	1				18	Excess or (deficit) for the year (Subtract line 17 from line 9)
2	Program service revenue including government fees and contracts	2				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	3	180,252			20	Other changes in net assets or fund balances (explain in Schedule O)
4	Investment income	4	9,822			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	5a					
b	Less: cost or other basis and sales expenses	5b	0				
c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c					
6	Gaming and fundraising events						
a	Gross income from gaming (attach Schedule G if greater than \$15,000)	6a					
b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	6b	0				
c	Less: direct expenses from gaming and fundraising events	6c	0				
d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	6d					
7a	Gross sales of inventory, less returns and allowances	7a					
b	Less: cost of goods sold	7b	0				
c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c					
8	Other revenue (describe in Schedule O)	8					
9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	190,074				
10	Grants and similar amounts paid (list in Schedule O)	10		5,575			
11	Benefits paid to or for members	11					
12	Salaries, other compensation, and employee benefits	12		15,361			
13	Professional fees and other payments to independent contractors	13		3,420			
14	Occupancy, rent, utilities, and maintenance	14		23,572			
15	Printing, publications, postage, and shipping	15		1,575			
16	Other expenses (describe in Schedule O)	16		120,717			
17	Total expenses. Add lines 10 through 16 ▶	17		170,220			
18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18					19,854
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)	19					439,382
20	Other changes in net assets or fund balances (explain in Schedule O)	20					
21	Net assets or fund balances at end of year. Combine lines 18 through 20	21					459,236

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

Table with 3 columns: Question, Yes, No. Rows include 33-39e, 40a-e, 41, 42a. Questions cover significant activities, changes to documents, unrelated business income, political expenditures, borrowing, and tax shelter transactions.

42a The organization's books are in care of Amanda Hogan Telephone no. (805) 526-5668 Located at 40 W Cochran St 106 Simi Valley, CA ZIP + 4 93065

Table with 3 columns: Question, Yes, No. Rows include 42b, 42c. Questions about foreign financial accounts and offices.

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 43

Table with 3 columns: Question, Yes, No. Rows include 44a-d, 45a-b. Questions about donor advised funds, hospital facilities, tanning services, and controlled entities.

	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	No

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	47	
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	
b If "Yes," was the related organization a section 527 organization?	49b	

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 title of each employee	(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
NONE				

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 business address of each independent contractor	(b) Type of service	(c) Compensation
NONE		

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 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 ***** Signature of officer	2020-05-26 Date
Amanda Hogan President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Gary W Janke	Preparer's signature	Date	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01395073
	Firm's name ► GARY W JANKE	Firm's EIN ► 95-3944763			
	Firm's address ► 17024 LASSEN ST NORTHRIDGE, CA 913251941	Phone no. (818) 700-1099			

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

Additional Data

Software ID: 18007218
Software Version: 2018v3.1
EIN: 95-2315033
Name: SIMI EDUCATORS ASSOCIATION

Form 990EZ, Part III - Statement of Program Service Accomplishments

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.	Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)	
28 Encouraging young people to pursue goals of higher education and consider teaching as a career. (10 students benefited.) (Grants \$ 5,575) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	5,575

Form 990EZ, Part III - Statement of Program Service Accomplishments

<p>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.</p>	<p>Expenses (Required for section 501(c)(3) and 501(c)(4) organizations; optional for others.)</p>	
<p>29 Representation of teachers in the Simi Valley Unified School District and negotiation of a contract on their behalf. (Approximately 800 teachers benefit) (Grants \$ 159,126) If this amount includes foreign grants, check here . . . <input type="checkbox"/></p>	<p>29a</p>	

Form 990EZ, 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
Amanda Hogan President	40.00	7,200		
Laura Sheinberg Vice President	3.00	0		
Cherise Bonsell Secretary	2.00	0		
Dan Ham Treasurer	3.00	0		
Janet Payne Director	2.00	0		
Jennifer Johnston Director	2.00	0		
David Dingman Director	2.00	0		
Maureen Van Keulen Director	2.00	0		
Sarah Todd Director	2.00	0		
Nicole Malone Director	2.00	0		
Margaret Acosta Director	2.00	0		
Gena Wolfson Director	2.00	0		
Andrea Genchi Director	2.00	0		

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Open to Public Inspection

Department of the Treasury

Name of the organization
SIMI EDUCATORS ASSOCIATION

Employer identification number

95-2315033

990 Schedule O, Supplemental Information

Return Reference	Explanation
Grants and Similar Amounts Paid In Excess of \$5,000.1	Class of Activity: Scholarships Donee's Name: High School Seniors (10) Donee's Address : 40 W Cochran St Simi Valley CA 93065 Relationship of Donee: None Cash Amount Given: \$5575

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1002	Office Expenses \$1456

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1007	Conferences, Conventions, and Meetings \$21888

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses. 1009	Depreciation \$1219

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1012	Insurance \$1020

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.1	Officer release time costs \$65854

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.2	Public education advocacy \$9000

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.3	Member recognition \$6215

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.4	New teacher meeting \$3455

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.5	Community relations \$3169

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.6	Telephone \$2331

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.7	Transportation, mileage \$1984

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.8	Meeting costs \$1929

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.10	Copier costs \$844

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.11	Personal property taxes \$274

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Expenses.13	Filing fees \$79

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1002	Furniture and Fixtures - Beginning \$2236 Furniture and Fixtures - Ending \$1452

990 Schedule O, Supplemental Information

Return Reference	Explanation
Other Assets.1009	Notes and Loans Receivable - Beginning \$97326 Notes and Loans Receivable - Ending \$91893

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities. 1002	Grants Payable - Beginning \$956 Grants Payable - Ending \$0

990 Schedule O, Supplemental Information

Return Reference	Explanation
Total Liabilities.1	Payroll taxes payable - Beginning \$186 Payroll taxes payable - Ending \$209