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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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$1,000,000 and total assets less than \$2,500,000 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

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 09-01-2008, and ending 08-31-2009

- Check if applicable: Address change, Name change, Initial return, Termination, Amended return, Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: GROSSE POINTE - EA. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite: 20861 MACK AVE SUITE 5. City or town, state or country, and ZIP + 4: GROSSE POINTE WOODS, MI 48236

D Employer identification number: 51-0147226. E Telephone number: (313) 882-9119. F Group Exemption Number: [blank]

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Accounting method: [X] Cash [] Accrual. Other (specify): [blank]

I Website: N/A

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

J Organization type (check only one): [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 and its gross receipts are normally not more than \$25,000. A 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 \$1,000,000 or more, file Form 990 instead of Form 990-EZ. \$ 204,038

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

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for special events and inventory sales.

Part II Balance Sheets—If Total assets on line 25, column (B) are \$2,500,000 or more, file Form 990 instead of Form 990-EZ

(See the instructions for Part II)

(A) Beginning of year (B) End of year

Table with 3 columns: Description, (A) Beginning of year, (B) End of year. Rows include Cash, Land and buildings, Other assets, Total assets, Total liabilities, and Net assets or fund balances.

Part III Statement of Program Service Accomplishments (See the instructions for Part III)		Expenses (Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others)	
What is the organization's primary exempt purpose? TO PROMOTE THE ART AND SCIENCE OF TEACHING TO WORK FOR THE IMPROVEMENT OF WORKING CONDITIONS AND COMPENSATION OF TEACHERS 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, or other relevant information for each program title.			
28 TO PROMOTE THE ART AND SCIENCE OF TEACHING TO WORK FOR THE IMPROVEMENT OF WORKING CONDITIONS AND COMPENSATION OF TEACHERS THE ASSOCIATION HAS APPROX 622 MEMBERS (Grants \$ 0)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	0
29 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	
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	

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for 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 VI Section 501(c)(3) organizations only. All section 501(c)(3) organizations must answer questions 46-49 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 operating 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?		
49b If "Yes," was the related organization(s) a section 527 organization?		

50 Complete this table for the five highest compensated employees (other than officers, directors, trustees, and key employees) who received more than \$100,000 of compensation from the organization. If there are 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
NONE				
Total number of other employees paid over \$100,000	0			

51 Complete this table for the five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there are none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		
Total number of other independent contractors receiving over \$100,000	0	

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: 2009-12-16

RANAE BEYERLEIN PRESIDENT
Type or print name and title

Paid Preparer's Use Only

Preparer's signature: James E Nyquist CPA Date: _____ Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: Maner Costersan PC
2425 E Grand River Suite 1
Lansing, MI 489123291

Preparer's PTIN (See Gen Inst X): _____
EIN: _____
Phone no: (517) 323-7500

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

Additional Data

Software ID:
Software Version:
EIN: 51-0147226
Name: GROSSE POINTE - EA

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
RANAE BEYERLEIN 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	PRESIDENT 45 00	111,713	0	0
SUZANNE JABARA 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	VICE PRESIDENT, PR&R 2 00	0	0	635
PAUL BOOKER 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	VICE PRESIDENT, NEGOTIATIONS 2 00	0	0	455
BARRY MULSO 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	HIGH SCHOOL LIAISON 2 00	0	0	0
BONNIE MIDDELDORF 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	MIDDLE SCHOOL LIAISON 2 00	0	0	0
TRICIA GOUT 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	ELEMENTARY SCHOOL LIAISON 2 00	0	0	0
ANNE SPEICHER 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	SECRETARY 2 00	0	0	0
GREG JOHNSON 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	TREASURER 2 00	0	0	355
MARK DAVIDS 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	R A DELEGATE 2 00	0	0	0
DAN QUINN 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	R A DELEGATE 2 00	0	0	0
DOROTHY HEITJAN 20861 MACK AVE SUITE 5 GROSSE POINTE, MI 48236	SPECIAL EDUCATION LIAISON 2 00	0	0	0

Form **4562**
 Department of the Treasury
 Internal Revenue Service

Depreciation and Amortization
(Including Information on Listed Property)

OMB No 1545-0172
2008
 Attachment Sequence No **67**

▶ See separate instructions. ▶ Attach to your tax return.

Name(s) shown on return GROSSE POINTE - EA	Business or activity to which this form relates Form 990-EZ Page 1	Identifying number 51-0147226
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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.

1 Maximum amount See the instructions for a higher limit for certain businesses	1	250,000
2 Total cost of section 179 property placed in service (see instructions)	2	
3 Threshold cost of section 179 property before reduction in limitation (see instructions)	3	800,000
4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0-	4	
5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions	5	

(a) Description of property	(b) Cost (business use only)	(c) Elected cost
6		
7 Listed property Enter the amount from line 29	7	
8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7	8	
9 Tentative deduction Enter the smaller of line 5 or line 8	9	
10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562	10	
11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions)	11	
12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11	12	
13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12 .▶	13	

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)

14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions)	14	
15 Property subject to section 168(f)(1) election	15	
16 Other depreciation (including ACRS)	16	

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

Section A

17 MACRS deductions for assets placed in service in tax years beginning before 2008	17	694
18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here	<input type="checkbox"/>	

Section B—Assets Placed in Service During 2008 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs		S/L	
h Residential rental property			27 5 yrs	MM	S/L	
			27 5 yrs	MM	S/L	
i Nonresidential real property			39 yrs	MM	S/L	
				MM	S/L	

Section C—Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System

20a Class life				S/L	
b 12-year			12 yrs	S/L	
c 40-year			40 yrs	MM	S/L

Part IV Summary (See instructions)

21 Listed property Enter amount from line 28	21	
22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter here and on the appropriate lines of your return Partnerships and S corporations—see instr	22	694
23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

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. Includes rows 25-29 for special depreciation and business use percentages.

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 with 6 main columns for vehicle types (a-f) and 12 sub-columns for personal use questions (Yes/No). Rows 30-36 cover total miles and personal use availability.

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 with 2 columns: Question (37-41) and Yes/No response. Questions 37-41 relate to written policies and requirements for employer-provided vehicles.

Part VI Amortization

Table 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. Includes rows 42-44 for amortization calculations.

TY 2008 Grants and Similar Amounts Paid Schedule

Name: GROSSE POINTE - EA

EIN: 51-0147226

Item No.	1
Class of Activity	GPEA SCHOLARSHIP
Donee's Name	ADAM BREWSTER
Donee's Address	1387 YORKSHIRE GROSSE POINTE PARK, MI 48230
Amount (FMV)	500
Purpose of Payment to Affiliate	
Relationship	SON OF MEMBER
Description	
Book Value	
How BV Determined	
How FMV Determined	
Date of Gift	2009-05

TY 2008 Other Assets Schedule

Name: GROSSE POINTE - EA

EIN: 51-0147226

Description	Beginning of Year Amount	End of Year Amount
RENT DEPOSIT	2,000	2,000

TY 2008 Other Expenses Schedule**Name:** GROSSE POINTE - EA**EIN:** 51-0147226

Description	Amount
OFFICE SUPPLIES	1,201
INSURANCE	683
DUES	463
MISCELLANEOUS	1,294
MEETINGS	7,493
PUBLIC RELATIONS	3,248
NEGOTIATIONS	3,746
OTHER OFFICERS EXPENSE	15,053

TY 2008 Other Liabilities Schedule

Name: GROSSE POINTE - EA

EIN: 51-0147226

Description	Beginning of Year Amount	End of Year Amount
PAYROLL TAXES PAYABLE	86	257