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Form **990-EZ**

Department of the Treasury Internal Revenue Service

DAA

For the 2009 calendar year, or tax year beginning

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)
Sponsonng organizations of donor advised funds and controlling organizations as defined in section
512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total
assets less than \$1,250,000 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

, and ending

OMB No 1545-1150

2009

Open to Public Inspection

В	Check If	applicable	Please	C Name of organization	ation					D	Emplo	yer identification number
	Address	change	use IRS label or									0441111
Ц	Name c	hange	print or		ards, Inc.				-			0441111
\exists	Initial rei Termina		type. See	Number and street (or 102 W Kem	r P O box, if mail is not delive	red to street addres	ss) 		Room/suite	E 		hone number -882-9955
	Amende	d return	Specific Instruc-	City or town, state or o	country, and ZIP + 4					F	Group	Exemption
	Applicat	ion pending	tions.	Watertown	<u></u>	SD 572	<u>01-</u>	<u>3540</u>			Numb	
	Sec	tion 501(c)(3)) organi:	zations and 4947(a)((1) nonexempt charitable	e trusts must at	tach		G Accountin	g meth	od	Cash X Accrual
_					(Form 990 or 990-EZ).				Other (specify)	7-1		
ı				lhs.org	2				H Check ► required to	X attacl	of the o	organization is not dule B (Form 990,
<u>J</u>		empt status (ch				4947(a)(1) o		527				
K	Check			_	ection 509(a)(3) supporting							re than \$25,000 A
_					out if the organization cho				tile a complete			273,264
_					ipts, if \$500,000 or more, file				oo the inetr		▶ \$	
	Part I			-	nanges in Net Asse	ts or Fund B	alanc	:es (5	ee me insur	<u>JCIIO</u>		r Part 1.)
9 07	1			its, and similar amounts						⊢	1	273,065
	2	-			nment fees and contracts	i				-	2	273,003
ಣ	3			nd assessments						\vdash	3 4	199
_	4 50	Investment in		ale of coasts other th	han investori	1	5a			 	4	
SEP	5a			sale of assets other the asis and sales expen	•		5b					
S	C			•	entory (Subtract line 5b from li	no 5a)	_ <u>JD </u>			\dashv	5c	
٠,	6				le parts of Schedule G) If any		mina c	heck hen	.		-	
뿕	a	Gross reven				ontributions	iiiiig, o	illook fich		'		
Z §	-	reported on I	•	Ticidating Ψ			6a					
SCANNED Revenue	b	•	•	s other than fundrais	ing expenses		6b			\dashv		
ă	C		•		and activities (Subtract lin	ا se 6b from line 6a			·	\neg	6c	
	7a			tory, less returns and	•		7 _a					
	b	Less cost of		•			7b			\neg		
	c		•		ory (Subtract line 7b from	line 7a)				\neg	7c	
	8	Other revenu			, (,				٦F	8	
	9			lines 1, 2, 3, 4, 5c, 6c	c, 7c, and 8					▶	9	273,264
	10	Grants and s	sımılarja	mounts paid (attach s	schedule)				Stmt 1	T	10	122,384
	11	Benefits paid	to or to	members ED	7					L	11	
ŵ	12	Salaries oth	er comp	ensation, and employ						L	12	111,911
xpenses	13	Professional	feeş ∕ ajrj	Cother payments to	pdependent contractors					L	13	2,124
be	. 14	Occupancy,	rent, util	ities, and maintenant	¥					L	14	16,990
Ω	15	Printing, pub	lications	postage, and shipp	ng					L	15	
	16	Other expen	see (0e:	See 3	tatement 2				·) <u>L</u>	16	50,364
_	17			lines 10 through 16							17	303,773
S	18	•	•	r the year (Subtract li	•					_	18	-30,509
Net Assets	19	Net assets o	r fund b	alances at beginning	of year (from line 27, coli	ımn (A)) (must a	gree w	rith			1	0.60 600
As		-	-	ported on prior year's	•						19	262,620
Set		_			nces (attach explanation)						20	020 111
	21				ir Combine lines 18 throu						21	232,111
	art II	Baland	ce She		on line 25, column (B) are	\$1,250,000 or r	nore, fi				1990-E	
				(See the instruction	ns for Part II.)		ŀ	(A)	Beginning of year			(B) End of year
		savings, and ir	nvestme	nts			ļ		130,94		22	109,126
		nd buildings		Coo Ctata	omont 3		. ∤		137,0		23	128,507
		issets (describ	pe ►	See State	ement 3		' <u> </u>		268,0		24	237,633
	Total a		anhe 🕨	Sec State	tement 1		ͺ}		5,38		25 26	5,522
		abilities (des				4)	—'⊦		262,62		26	232,111
					B) must agree with line 2 ce, see the separate ins				202,02		<u> </u>	Form 990-EZ (2009)
r Ol	LINGC.	y mui and rai	sei MOLK	TAGUILOU ACLINOU	ve, occ uic ocpaiaic ilib	., 4040113.						(2009)

Form 990-EZ (2009) Good	Stewards, Inc.	46	-0441111			Page 2
Part III Statement of F	Program Service Accomplishmen	ts (See the instructi	ons for Part III	.)	Ex	penses
What is the organization's primary e		- · ·			(Required	for section
See Statement 5					501(c)(3) a	and 501(c)(4)
Describe what was achieved in carr	ying out the organization's exempt purposes	. In a clear and concise			organizatio	ons and section
manner, describe the services prov	ided, the number of persons benefited, or oth	her relevant information fo	or		4947(a)(1)	trusts, optional
each program title					for others)
28 Primarily to support	Great Plains Lutheran High School	L.				
100	304			~ .		285,649
	384) If this amount includes foreign grant	ts, check here	<u>P</u>	- 	28a	203,049
29 Support of various lo	cal Lutheran ministries.			Ì		
(Grants \$ 4,	000) If this amount includes foreign grant	ts check here	•	$\vdash \mid$	29a	4,000
	gional and international Lutheran			' 		
ministries.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-				
(Grants \$ 12,	000) If this amount includes foreign grant	ts, check here	<u> </u>		30a	12,000
31 Other program services (attach	schedule)					
(Grants \$) If this amount includes foreign grant	ts, check here			31a	
32 Total program service expens				•	32	301,649
Part IV List of Officers, D	irectors, Trustees, and Key Employees. Lis			he in:	structions for F Contributions to	Part IV) (e) Expense
(a) Name and address	(b) Title and average hours per week	(c) Compensation (If not paid,	emplo	yee benefit plans &	account and
	· · · · · · · · · · · · · · · · · · ·	devoted to position	enter -0)	defen	red compensation	other allowances
Karen Livingston	Watertown	President			0	0
102 W. Kemp	SD 57201	Vice Pres.	0	_		
Sandy Koenecke	Watertown SD 57201	1.00	o		0	o
102 W. Kemp Sharon Lendt	Watertown	Secretary				
102 W. Kemp	SD 57201	1.00	0		0	o
Liz Arndt	Watertown	Treasurer				
102 W. Kemp	SD 57201	1.00	1,800		0	o
Margaret Nordhus	Watertown	Director	,			
102 W. Kemp	SD 57201	1.00	о		0	0
Liz Begalka	Watertown	Director	_			
102 W. Kemp	SD 57201	1.00	0		0	0
Norma Kannas	Watertown	Director				
102 W. Kemp	SD 57201	1.00	. 0		0	0
Sandra Reitz	Watertown	Director				
102 W. Kemp	SD 57201	1.00	0	-	0	0
Robert Werner	Watertown	Director				
102 W. Kemp	SD 57201	1.00	0		0	0
		-				
•				1		
				-		
			 	-		
,						
		-			_	
			1			

Pa	TY Other information (Note the statement requirements in the instructions for Part V.)		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed		162	. 110
J J	description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attached a conformed copy of			
.	the changes	34		X
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, attach a statement explaining why the organization did not report the income on Form 990-T See Statement 6		1	
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section			
-	6033(e) notice, reporting, and proxy tax requirements?	35a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
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	36		X
37a	Enter amount of political expenditures, direct or indirect, as described in the instr	_		
b	Did the organization file Form 1120-POL for this year?	37b		X
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 period covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	_		
39	Section 501(c)(7) organizations Enter			
а	Initiation fees and capital contributions included on line 9	_		
b	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 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit			Ī
	transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			1
	person in a prior year, and that the transaction has not been reported on any of the organization's prior			
	Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on			I
	organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958	-		1
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c			I
	reimbursed by the organization	-		Ī
8	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter			<u> </u>
	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed None	<u> </u>	<u> </u>	<u> </u>
42a	The organizations books are in care of P 2222223 112	05-88	6-0	0/2
	1118 17th St. NE	7001		
	Localculat V Madda do Mary	7201		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			Т
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No.
	account)? .	42b		X
	If "Yes," enter the name of the foreign country.	- [
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			1
	and Financial Accounts.			₩
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	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			
		I	V	I AL
		F	Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of	•	1	x
• •		44		
	Form 990-EZ	44		<u> </u>
45		44		x

Pa	rt VI	Section 501(c)(3) organizations and section	n 4947(a)(1)	nonexempt	charitable tru	sts only. All se	ction	
			zations and section 4947(a) e tables for lines 50 and 51.		pt charitabl	e trusts must a	inswer questio	ns 40 -4 5	
46	Did the o	organization engage in o	direct or indirect political campaign a	activities on beha	If of or in oppo	sition to	.	Yes	No
			res," complete Schedule C, Part I					46	X
47		•	obbying activities? If "Yes," complete	te Schedule C. P	art II			47	X
			chool as described in section 170(b			chedule F		48	X
48 40-						Chedule L		49a	X
49a		•	ransfers to an exempt non-chantable	ie relateu organia	auon			49b	+
b			ation a section 527 organization?		., .,			430	
50	-	-	nization's five highest compensated						
	employe	es) who each received	more than \$100,000 of compensation			(c) Compensation	(d) Contributions to	(e) Expe	2000
			ss of each employee paid more an \$100,000	1	Title and average hours per week evoted to position	(c) Compensation	employee benefit plans & deferred compensation		and
None	•								
					·-···				
				-				-	
					·				
f	Total nur	mber of other employee	s paid over \$100,000	<u> </u>	•	·			
51			nization's five highest compensated the organization. If there is none, e						
	(a) N	lame and address of each in	ndependent contractor paid more than \$10	00,000	(b)	Type of service	(c) C	ompensation	
No	ne				1				
				<u></u>	 				
						· ·			

	•								
d	Total nur	mber of other independent	ent contractors each receiving over	\$100,000	>			_	
Sigi Her	I	Under penalties of perjury and belief, it is true, correspond to the signature of officer Type or print name a	y, I declare that I have examined this return ct, and complete Declaration of preparer Lette Declaration of preparer Lette Declaration of preparer and title	(other than officer)	panying schedulers based on all inf	s and statements, and formation of which pre	to the best of my know parer has any knowled	vledge ge	
) na -	0.00		Date,	. Check if	Preparer's Iden	tifying Number	(See instr)
D.:	,	Preparer's	V DIN \ U. CE	PA	8/13	self-	'		,,
Paid		signature	- 1 10 on 2001, or			employed >			466=
	parer's	Firm's name (or yours	Hanson Vilhauer	& Raml	P.C.		EIN ► 4	6-041	<u>4067</u>
Use	Only	ıf self-employed),	P.O. Box 1267				Phone		
		address, and ZIP + 4		57201-62	67	-	no ▶ 605	-886-	8425
Mav	the IRS d		he preparer shown above? See inst					X Yes	No
			<u></u>			_		m 990-E	Z (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

aritable trust.

▶ See separate instructions.

OMB No 1545-0047 2009

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Good Stewards, Inc.

Employer identification number

			Good Steward	s, inc.					40	-044.	<u> </u>
Pi	rt i	Reas	on for Public Charity	Status (All organizations	must co	omplete	this p	art.) S	ee ins	structio	ons.
he	orgar			e it is. (For lines 1 through 11, cho							
1	Ň			ciation of churches described in			A)(i).				
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)							
3	H			e organization described in secti	ion 170(b)(1)(A)(iii)	١.				
4	\sqcap	•		in conjunction with a hospital de	-)(A)(iii).	Enter t	he hosp	ital's name,
•	ш	city, and state								•	
5	П	•		f a college or university owned or	r operated	l by a gov	ernment	al unit d	escribe	d ın	
•			b)(1)(A)(iv). (Complete Part I		оролинос	, . g					
6				i·/ overnmental unit described in sec	tion 170/	/h)/1)/Δ)/\	٨				
6 7		-	•	ubstantial part of its support from				m the ac	neral n	ublic	
′	Ш	•			i a goven	inicinal di		in the ge	norui p	uoo	
	\Box		section 170(b)(1)(A)(vi). (Co		`						
8	H	•		70(b)(1)(A)(vi). (Complete Part II	-	antribution		hombin (fooe or	d aross	
9	Ш) more than 33 1/3 % of its suppo							
				pt functions—subject to certain e							
				d unrelated business taxable inco			i i lax) i	roili bus	messes	•	
			=), 1975 See section 509(a)(2). ((=)(4)				
10				exclusively to test for public safety							
11	X			exclusively for the benefit of, to pe						otion	
				d organizations described in sec						Ction	
				e type of supporting organization			. 6	_	··· e III–Ot	h	
	7	a Type		c X Type III-Functiona			d			ilei	
е	X			nization is not controlled directly						oction	
				and other than one or more publi	ciy suppo	rted organ	lizations	ueschu	eu in se	CUOII	
		, ,, ,	section 509(a)(2)		T 1 T.		Tuna III e				
f		-		mination from the IRS that it is a	Type I, I	ype II, or	i ype iii s	supporti	ıy		П
		•	check this box		· -						
g		_		on accepted any gift or contribut	ion irom a	iny or the					
		following per					- 4 4-3				Yes No
		• •	•	ntrols, either alone or together w	itn person	s describe	ea in (ii)				
		` '		the supported organization?							
		• •	member of a person describe	• •							
		` '	ontrolled entity of a person d								[11g(iii)] X
h			ollowing information about th		6.31.6		63.03		6.03	- tha	(uli) Amount of
(1)		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–9	1 ' '	organization sted in your	(v) Did y the organ	ou nousy uzation in	organizat	Is the tion in col	(vii) Amount of support
	org	anzaton		above or IRC section		document?	col (i)	of your	(i) organi	zed in the	
				(see instructions))				ort?		S?	
_		+ 51-1-	- 7 77	h Oshaal	Yes	No	Yes	No	Yes	No	-
G	cea	t Plain	s Lutheran Hig	T _			₹.		₩.		106 204
-1		- 1- 0	46-0353665	2		X	X		X	-	106,384
CI	ırı	st Our	King Lutheran				77		•		2 000
			02-0662965	1	 	X	X		X	 	3,000
Ma	irt	in Luth	er College						-		2 000
			41-0695520	2	ļ	X	X		X		2,000
W:	LSC	onsin I	utheran Semina								0.000
			39-0901950	2		X	X		X	 	2,000
Tı	cin	ity Lut	heran Church								4 500
			46-6040684	1	<u> </u>	Х	X		X	 _	1,500
					1	1					117 384
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For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009

Pa	## Support Schedule for Or (Complete only if you che				(1)(A)(IV) and 1	170(0)(1)(4)(VI)		
Sec	tion A. Public Support								
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9	(f) Total	_
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")								_
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf								_
3	The value of services or facilities furnished by a governmental unit to the organization without charge	_							
4	Total. Add lines 1 through 3					_			_
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							···	_
6	Public support. Subtract line 5 from line 4		<u> </u>				L		_
	tion B. Total Support		,	·	·				_
Cal	endar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 200	9 +	(f) Total	_
7	Amounts from line 4			 					_
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						$\frac{1}{1}$		_
9	Net income from unrelated business activities, whether or not the business is regularly carried on								_
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)		<u> </u>						_
11	Total support. Add lines 7 through 10	L	I	.1	1	<u> </u>	12		_
12 13	Gross receipts from related activities, etc. (First five years. If the Form 990 is for the		second third four	rth or fifth tay year	as a section 501(c))(3)	<u> </u>	 -	-
13	organization, check this box and stop here		Second, tillia, loui	itil, or murtax year	as a section of 1(0)	,(0)		▶ [-
Sec	tion C. Computation of Public Su		tage						_
14	Public support percentage for 2009 (line 6,			n (f))			14	%	
15	Public support percentage from 2008 Sche			.,,			15	%	
16a	33 1/3 % support test—2009. If the organi			13, and line 14 is 33	3 1/3 % or more, ch	eck this box		_	_
	and stop here. The organization qualifies a	as a publicly suppo	orted organization					▶	_
b	33 1/3 % support test-2008. If the organi	zation did not ched	ck a box on line 13	or 16a, and line 15	is 33 1/3 % or mo	re, check this	3		_
	box and stop here. The organization qualif							▶ [_
17a	10%-facts-and-circumstances test—2009								
	more, and if the organization meets the "fa-							. □	_
	organization meets the "facts-and-circumst						/		-
b	10%-facts-and-circumstances test—2008						o Or		
	more, and if the organization meets the "fa							▶ [-
10	organization meets the "facts-and-circumst Private foundation. If the organization did								-
18 ——	rivate ioundation, it the organization did	HOLOHECK A DUX O		, 11a, 01 11b, cnec	. and box and see				-

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 9 of Part I.)

Sec	tion A. Public Support	conca the box	011 11110 0 011 0		··········	 	
_	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include						
2	any "unusual grants.") Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the						
3	organization's tax-exempt purpose Gross receipts from activities that are not an						.
3	unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the				,		
	amount on line 13 for the year			-		 	
С	Add lines 7a and 7b			 			
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support		· · · · · · · · · · · · · · · · · · ·			1	
Ca	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9	Amounts from line 6						<u> </u>
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						-
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						<u>.</u>
13	Total support. (Add lines 9, 10c, 11,						
	and 12)			<u></u> ,			
14	First five years. If the Form 990 is for the organization, check this box and stop here		second, third, four	th, or fifth tax year	as a section 501(c)(3)	>
Sec	tion C. Computation of Public Su	pport Percent	tage	-			
15	Public support percentage for 2009 (line 8,	column (f) divided	by line 13, column	n (f))		15	%
16	Public support percentage from 2008 Sche				<u>. </u>	16	%
Sec	tion D. Computation of Investme					· · · · · · · · · · · · · · · · · · ·	
17	Investment income percentage for 2009 (lin			column (f))		17	<u>%</u>
18	Investment income percentage from 2008					18	%
19a	33 1/3 % support tests—2009. If the organ						. ┌
	17 is not more than 33 1/3 %, check this bo						▶ [_
þ	33 1/3 % support tests—2008. If the organ						. ┌
	line 18 is not more than 33 1/3 %, check th						
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 1	9b, check this box	and see instruction	ns	·····

Schedule A (Form 990 or 990-EZ) 2009 Good Stewards, Inc.

46-0441111

Page 4

Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

Part I, Line 11h - List of Supported Organizations Continued

Name and EIN Type In Gov Doc Org Notified Org in U.S.

Amount

Prince of Peace Lutheran Church

91-1776464

1

X

X

Ś

2,500

Department of the Treasury Internal Revenue Service (99)

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

OMB No 1545-0172

Name(s) shown on return

Good Stewards, Inc.

► See separate instructions.

Identifying number 46-0441111

	ess or activity to which this form relates		- 			·			
	ndirect Depreciat								
Pa	rt I Election To Expe						1		
	Note: If you have			•	ı com	plete Pa	art I.		250 000
1	Maximum amount See the instru	-		ses				1	250,000
2	Total cost of section 179 property	•						2	800,000
3	Threshold cost of section 179 pro	• •	•	structions)				3	
4	Reduction in limitation Subtract li			161				5	 -
5	Dollar limitation for tax year Subtract lin		ess, enter -U- it mam	d filing separately, see			Elected cost		·
6	(a) Description	on of property		(b) Cost (business use	; OF HY)	(0)	lected tost		
				-			···		
					7				
7	Listed property Enter the amount		(a) !	6 4 7				8	
8	Total elected cost of section 179		-	s o anu <i>i</i>				9	
9	Tentative deduction Enter the sm							10	
10	Carryover of disallowed deduction			than mara) or line E /	/000 ino	tructions)		11	
11	Business income limitation Enter		•	•	(566 1112	urucuons)		12	
12	Section 179 expense deduction /				13			12_	
13 Note:	Carryover of disallowed deduction Do not use Part II or Part III below				13				
	rt ii Special Deprecia			eciation (Do no	t incl	ıda lista	d prope	rty)	(See instr.)
<u></u>	Special depreciation allowance for					200 11010	а ріоро	1.7.7	000 11101117
14	during the tax year (see instruction		ner man iisted prop	erty) placed in servi	00			14	
15	Property subject to section 168(f)							15	
16	Other depreciation (including ACF	` '						16	1,015
	ert III MACRS Deprecia		ide listed propi	erty) (See instru	uction	s)			
1.0	it iii MAONO Deprecia	tion (bo not more	Secti			<u> </u>			
17	MACRS deductions for assets pla	aced in service in tax vi	ears beginning befo	ore 2009				17	3,585
18	If you are electing to group any assets p	•			ounts, che	eck here >			
		-Assets Placed in Se					iation Sy	stem	
-	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depre (business/investme only-see instruct	ciation (d) Recovery		onvention	(f) Met		(g) Depreciation deduction
19a	3-year property								
b	5-year property								
С	7-year property				<u> </u>				
d	10-year property								
е	15-year property								
f	20-year property								
	25-year property		-	25 yrs	<u> </u>		S/L		
h	Residential rental			27.5 yrs		MM	S/L		
	property			27.5 yrs		MM	S/L		
i	Nonresidential real			39 yrs.		ММ	S/L		
	property					MM	S/L		
	Section C—	Assets Placed in Sen	vice During 2009 T	ax Year Using the	Alterna	tive Depr	eciation S	ystem	
20a	Class life						S/L		
b	12-year			12 yrs			S/L	·	
С	40-year	<u> </u>		40 yrs _		MM	S/L		
_Pa	et IV Summary (See in	structions.)							
21	Listed property Enter amount from	m line 28						21	
22	Total. Add amounts from line 12,	lines 14 through 17, lir	nes 19 and 20 in co	lumn (g), and line 2	1. Enter	here			
	and on the appropriate lines of yo	our return. Partnerships	and S corporation	s—see instructions				22	4,600
23	For assets shown above and place	ced in service during th	e current year, ent	er the					
	portion of the basis attributable to	section 263A costs			23				<u> </u>
	Secondary Bodystian Act Notice	coo constato instruc	tiono						Form 4562 (2009

		Federal Statements	ements			
State	Statement 1 - Form 990-EZ,	Z, Part I, Line 10 - Grants and Similar Amounts Paid to	Grants and Simi	lar Amounts Pa	d to	
Name and		Class of	2			
Date of Gift	Description of Property	Cash	Noncash Contribution	Book Value	Book Value Explanation	FMV Explanation
Great Plains Lutheran H.S. 12/31/09 1200 Luther Lane NE		106,384				
1						
Various other Lutheran ministries 3/31/09	stries	12,000				
Total						
		118,384				

Federal Statements

Statement 2 - Form 990-EZ, Part I, Line 16 - Other Expenses

Description	Amount
Expenses	\$
Taxes	20,210
Insurance	19,709
Advertising	4,376
Office Supplies	3,984
Bank & Credit Card Fees	604
Dues	214
Miscellaneous	1,267
Total	\$ 50,364

Statement 3 - Form 990-EZ, Part II, Line 24 - Other Assets

Description	 Beginning of Year		End of Year
Prepaid Expenses and Deferred Charges Land, Buildings and Equipment Less Accumulated Depreciation	\$ 3,950 162,638 29,532	\$	162,638 34,131
	 137,056	=	128,507

Statement 4 - Form 990-EZ, Part II, Line 26 - Total Liabilities

Description	B	eginning of Year	 End of Year
Accounts Payable and Accrued Expenses	\$	5,383	\$ 5,522
		5,383	 5,522

46-0441111

Federal Statements

Statement 5 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose

Description

The organization makes grants to receiving organizations based on requests for funds to support religious programs and projects of the recipient organization. In addition, grants are allocated to support religious education in the form of various outreach and student endowment programs based on need as determined by the board of directors.

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46-	04	44	1	1	1	1

Federal Statements

Statement 6 - Form 990-EZ, Part V, Line 35 - Income From Business Activities not Reported on Form 990-T

Description

All income of the organization is generated through the sale of donated items. Accordingly, there is no requirement to file Form 990-T.