ա 990-PF

Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note: The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2006

and ending For calendar year 2006, or tax year beginning Amended return G Check all that apply: Final return Address change Name change Initial return A Employer identification number Name of foundation Use the IRS label. 20-2068416 THE MASTER'S CRAFT FOUNDATION, Otherwise, Room/suite print Number and street (or P O box number if mail is not delivered to street address) B Telephone number or type. 7067 COUNTY ROAD 8780 417-268-2635 See Specific C If exemption application is pending, check here City or town, state, and ZIP code Instructions D 1. Foreign organizations, check here WEST PLAINS, 65775 Foreign organizations meeting the 85% test, check here and attach computation Section 501(c)(3) exempt private foundation H Check type of organization: Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated J Accounting method: Accrual under section 507(b)(1)(A), check here I Fair market value of all assets at end of year Other (specify) If the foundation is in a 60-month termination (from Part II, col. (c), line 16) 473,606. (Part I, column (d) must be on cash basis under section 507(b)(1)(B), check here ▶\$ Analysis of Revenue and Expenses (d) Disbursements Part I (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) income expenses per books income A COMPANY AND A Eddina Marketi Contributions, gifts, grants, etc., received 200,000 Chilenally in Marie 1944 1.54.200 小髓型,34.3 Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 374 STATEMENT 1 1,374 赞 建排物 Dividends and interest from securities Tale Harris 5a Gross rents SCANNED OCT 0 1 THE WAY THE WAY b Net rental income or (loss) 激烈性点的 的形形的 62 Net gain or (loss) from sale of assets not on line 10 . 45.84.55. Fit is Gross sales price for all assets on line 8a THE BURNEY WAS TO 7 Capital gain net income (from Part IV, line 2) 1,4,54,2,32,223 AM ないことなり、 - 美 Net short-term capital gain The state of the s To book and the second field with might Income modifications Gross sales less returns 10a and allowances . A RESTAURT CHA kalustija prostati 1.2 Arthur LARE MARKET b Less Cost of goods sold LANGER TO THE PROPERTY OF MEAN c Gross profit or (loss) 8,250 STATEMENT 2 8,250 11 Other income XXX 9,624 209,624 Total, Add lines 1 through 11 0 0 0. 13 Compensation of officers, directors, trustees, etc Other employee salaries and wages 15 Pension plans, employee benefits 1,012 0 0. STMT 3 16a Legal fees 0. 0 STMT 4 2,634 **b** Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion Ö 20 Occupancy ကွဲ 21 Travel, conferences, and meetings Printing and publications 0 0. 257 STMT 5 23 Other expenses 24 Total operating and administrative 3,903 expenses. Add lines 13 through 23 28,000. 28,000. in in 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 28,000 Add lines 24 and 25 9 (1) 47 (22) 44 2 (2) 42 (2) 44 27 Subtract line 26 from line 12: 721 2 Excess of revenue over expenses and disbursements French Paristra **、特數以為其於** b Net investment income (if negative, enter -0-) TALL THE THE N/Ac Adjusted net income (if negative, enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **990-PF** (2006)



Form 990-PF (2006) THE MASTER'S CRAFT FOL			2068416 Page 2
Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year (a) Book Value	(b) Book Value	of year (c) Fair Market Value
<u> </u>	148,135.		
1 Cash - non-interest-bearing	148,133.		
2 Savings and temporary cash investments	1 Tag (12 8 1 2 2 7 7 7 7 7 7 1	100,000.	100,000.
3 Accounts receivable ►		، حديث الأنتياء المنافعة المن	h had an amaka ang a sha dan ann da dan dan dan
Less: allowance for doubtful accounts ▶	ALT TO A NUMBER OF THE COMP	Lucia in the said on the first	5. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
4 Pledges receivable ►	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ASTREAM OF THE STATE OF THE STA	
Less: allowance for doubtful accounts			
5 Grants receivable .			
6 Receivables due from officers, directors, trustees, and other	İ	ĺ	
disqualified persons			
7 Other notes and loans receivable 147,750		1. 200 Billion 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	CONTRACTOR AND
Less: allowance for doubtful accounts	147,750.	147,750.	
9 Prepaid expenses and deferred charges			
10a Investments - U.S. and state government obligations			
b Investments - corporate stock		 	
c Investments - corporate bonds	Maria Company of the State of the second	This by A strates in a	
11 Investments - land, buildings, and equipment basis			Little Later - Later 18 This I
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other		V	Fay (7
14 Land, buildings, and equipment basis -		1 - 16	
Less accumulated depreciation			<u> </u>
15 Other assets (describe ►)		
16 Total assets (to be completed by all filers)	295,885.	473,606.	473,606.
17 Accounts payable and accrued expenses			Francis of the first transfer of the property
18 Grants payable			
20 Loans from officers, directors, trustees, and other disqualified persons			
Mortgages and other notes payable	\ 		
☐ 22 Other liabilities (describe ►	J	· · · · · · · · · · · · · · · · · · ·	
			The Control of the Co
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here	l		
and complete lines 24 through 26 and lines 30 and 31.			
g 24 Unrestricted .	295,885.	<u>473,606</u> .	
25 Temporarily restricted			
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund 29 Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds			
28 Paid-in or capital surplus, or land, bldg., and equipment fund			
Retained earnings, accumulated income, endowment, or other funds			
30 Total net assets or fund balances	295,885.	473,606.	
30 Total net assets or fund balances	2,5,005.	473,000	
	205 005	472 606	E. The second of
31 Total liabilities and net assets/fund balances	295,885.	473,606.	to the second of the second of the second
Part III Analysis of Changes in Net Assets or Fund	l Balances		
			· · · · · · · · · · · · · · · · · · ·
1 Total net assets or fund balances at beginning of year - Part II, column (a),	line 30		
(must agree with end-of-year figure reported on prior year's return)		. 1	295,885.
2 Enter amount from Part I, line 27a		2	177,721.
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3		4	473,606.
5 Decreases not included in line 2 (itemize)			0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part l	I, column (b), line 30	6	473,606.
	· · · · · · · · · · · · · · · · · · ·		Form 990-PF (2006)

Form 990-PF (2006) THE Part IV Capital Gains	MAS	TER'S CRAFT I	OUNDA	TION, IN	rc.		20-206	58 41 6 Page 3
(a) List and desc	ribe the k	and(s) of property sold (e.g., or common stock, 200 shs.	real estate,	Income	(b) How a	cquired (c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<u> </u>		01 001111011 31000, 200 3113.			D - Don	ation	(, day, y)	(, day, y)
b NC	NE				 			
C		·						
d								
е	,							
(e) Gross sales price	(f)	Depreciation allowed (or allowable)		t or other basis xpense of sale			(h) Gain or (los (e) plus (f) minus	
a								
b	 					 		
<u>c </u>								
d					-			
Complete only for assets shown	l dain in	column (h) and owned by th	a foundation	on 12/31/60		(1) (Counce (Col. (b) now	
Complete Only for assets shown		(j) Adjusted basis		cess of col. (I)			Gains (Col. (h) gaii k), but not less tha	
(i) F.M.V. as of 12/31/69		as of 12/31/69	over	col. (j), if any			Losses (from col.	(h))
<u>a</u>							 -	
<u>b</u>	ļ							
d	 							
e	 		<u></u>					
	4-11	/ If gain, also enter i	ın Part I, line	7 1				
Capital gain net income or (net ca	apitai ioss). (If (loss), enter -0-	ın Part İ, lıne	7 J	2	 		
Net short-term capital gain or (lo If gain, also enter in Part I, line 8,	, column (l (6):		}			
If (loss), enter -0- in Part I, line 8 Part V: Qualification U		Section 4940(a) for	Paducad	Tay on Not	Investr	pent Inco	me	
/as the foundation liable for the sec "Yes," the foundation does not qua Enter the appropriate amount in	lify under	section 4940(e). Do not con	nplete this pa	rt.				Yes X No
(a) Base period years Calendar year (or tax year beginn	ına in)	(b) Adjusted qualifying distr	ibutions	Net value of no	(c) encharitable	-use assets	Distr (col. (b) d	(d) bution ratio vided by col. (c))
2005	<u>u/</u>	152	2,237.		24	3,595.	(5,0)	.62495
2004			0.			7,750.		.00000
2003								
2002								
2001			l				ļ	
! Total of line 1, column (d)							2	.62495
Average distribution ratio for the the foundation has been in existe	•	•	n line 2 by 5,	or by the number	of years		3	.31248
		-	ne 5	•			4	285,958
4 Enter the net value of noncharitable-use assets for 2006 from Part X, line 5					89,356			
Multiply line 4 by line 3	,,,,	·					5	
Enter 1% of net investment incor	ne (1% of	r Part I, line 2/b)				٠	6	96
Add lines 5 and 6			•				7	89,452
Enter qualifying distributions from		•					8	56,000
If line 8 is equal to or greater that See the Part VI instructions.	n line 7, cl	heck the box in Part VI, line 1	lb, and comp	lete that part usin	g a 1% tax	rate. 	·	
23521/01-29-07							I	orm 990-PF (2006

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Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instruction	i				
1a Exempt operating foundations described in section 4940(d)(2), check here and enter N/A on line 1.					
Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)	100				
5.29 .66 .4 360	192.				
of Part I, line 27b					
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)					
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<u>0.</u> 192.				
o Add midd I und E					
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	$\frac{0.}{192.}$				
5 1 d d d d d d d d d d d d d d d d d d	194.				
6 Credits/Payments:	्वक्रीती दूर्पते । अक्षेत्रकार है				
a 2006 estimated tax payments and 2005 overpayment credited to 2006	1 (g)				
b Exempt foreign organizations - tax withheld at source 6b	-46.73				
c Tax paid with application for extension of time to file (Form 8868)					
d Backup withholding erroneously withheld 6d	0.				
7 Total credits and payments. Add lines 6a through 6d					
b Ellici ally pellarly for all compayment of communication and consortions	192.				
5 Tax ddc, if the total of miles a time of the miles at the control of the contro	<u> </u>				
Overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it also to the overpayment, it is also to the overp					
11 Enter the amount of line 10 to be: Credited to 2007 estimated tax ► Refunded ► 11 Part VII-A Statements Regarding Activities					
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	s No				
any political campaign?	X				
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? 1b	X				
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	1.75				
distributed by the foundation in connection with the activities	4				
c Did the foundation file Form 1120-POL for this year?	X				
bit the foundation me for the foundation of the	. 15 e 1				
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year. (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	4. 10 × 10 × 10 × 10 × 10 × 10 × 10 × 10				
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	× 200				
managers. \blacktriangleright \$ 0.					
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	X				
If "Yes," attach a detailed description of the activities.	3 th 54				
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or	可能过				
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	X				
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	Х				
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A 4b					
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	X				
If "Yes," attach the statement required by General Instruction T.	割於消				
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law					
remain in the governing instrument?	 				
7 Did the foundation have at least \$5,000 in assets at any time during the year?					
If "Yes," complete Part II, col. (c), and Part XV.					
8a Enter the states to which the foundation reports or with which it is registered (see instructions)					
MO					
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)					
of each state as required by General Instruction G? If "No," attach explanation					
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar					
year 2006 or the taxable year beginning in 2006 (see instructions for Part XIV)? If "Yes," complete Part XIV	X				
10 Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses STMT 6 10 X					

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4b

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

had not been removed from jeopardy before the first day of the tax year beginning in 2006?

THE MASTER'S CRAFT FOUNDARY Part VII-B Statements Regarding Activities for Which F	ATION, INC.		20-206841	. 6 Page 6
 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section influence the outcome of any specific public election (see section 4955); or any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes? Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)? Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instruction organizations relying on a current notice regarding disaster assistance check here. If the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant? "Yes," attach the statement required by Regulations section 53.4945. Did the foundation, during the year, receive any funds, directly or indirectly, to purpose the foundation, during the year, pay premiums, directly or indirectly, on a purpose of the foundation, during the year, pay premiums, directly or indirectly, on a purpose of the foundation in the foundation of the foundation of the foundation during the tax year, was the foundation a party to a prohibited tax significant in the foundation receive any proceeds or have any net income attributation. Information About Officers, Directors, Trusteento. 	4945(e))? to carry on, directly or indirectly or educational purposes, or for educational purposes, or for educational purposes, or for educational described in educations? ere on the tax because it maintations or indirectly	Ye Ye Ye Ye Ye Ye Ye Ye	S X No S X X No S X X No S X X No S X X No S X X No S X X No S X X X No S X X X X X X X X X X X X X	b X
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	(e) Expense account, other allowances
SEE STATEMENT 7		0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
(a) Name and address of each employee paid more than \$50,000 NONE	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Total number of other employees paid over \$50,000			Form 9	0 990-PF (2006)

Form 990-PF (2006) THE MASTER'S CRAFT FOUNDATION, INC. 20)-2068 <u>416</u> P	age 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors Continued	7 2000 110	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compens	sation
NONE		
Total number of others receiving over \$50,000 for professional services	>	0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N/A	Expenses	
3		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount	
1 INTEREST FREE LOAN MADE TO CAMPUS CRUSADE FOR CHRIST MISSIONARIES TO FUND AN ENGLISH CAMP FOR RUSSION HIGH SCHOOL STUDENTS	28,00	00
2	28,00	<u>00.</u>
All other program-related investments. See instructions. 3		
Total. Add lines 1 through 3	28,0	00.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ındatıons, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	i Mi	
a	Average monthly fair market value of securities	1a	
	Average of monthly cash balances	1b	142,563.
	Fair market value of all other assets	1c	147,750.
d	Total (add lines 1a, b, and c)	1đ	290,313.
е	Reduction claimed for blockage or other factors reported on lines 1a and	P	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	290,313.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	4,355.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	285,958.
6	Minimum investment return. Enter 5% of line 5	6	14,298.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	ind certain	
1	Minimum investment return from Part X, line 6	1	14,298.
2a	Tax on investment income for 2006 from Part VI, line 5	, Marine	· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2006. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	192.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	14,106.
4	Recoveries of amounts treated as qualifying distributions	4	28,000.
5	Add lines 3 and 4	5	42,106.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	42,106.
P	art:XII. Qualifying Distributions (see instructions)	-	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1.22	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	28,000.
þ	Program-related investments - total from Part IX-B	1b	28,000.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	24	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	56,000.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	56,000.
	Note: The amount of line Coull be used in Dort I/ only my (b) in out or out years when coloulating whether the	a faundation	avaletica for the continu

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

-	(a) Corpus	(b) Years prior to 2005	(c) 2005	(d) 2006
1 Distributable amount for 2006 from Part XI, line 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The state of the s	The control of the co	42,106.
2 Undistributed income, if any, as of the end of 2005 a Enter amount for 2005 only	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	toni	14,417.	
b Total for prior years:				A SAME AND A SAME AND
3 Excess distributions carryover, if any, to 2006: a From 2001	MANAGE TO SERVICE STATE OF THE		The second secon	
b From 2002	The second secon			
c From 2003				A STATE OF THE STA
d From 2004			The state of the s	
e From 2005 137,752.				
f Total of lines 3a through e	137,752.	The second secon	Tab T Be This shows two sets at a secul	Fig. Francis Francis Francis St.
4 Qualifying distributions for 2006 from		Article Control of the The state of the s		
Part XII, line 4: ► \$ 56,000.			1.1.4.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1	
a Applied to 2005, but not more than line 2a		\$	<u> </u>	3 1 3 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)	Car id if the mixture	Carrie Carried Francis (Street) (12)	Section of the Contract of the	
c Treated as distributions out of corpus	0.			
(Election required - see instructions)	Profession of the State of the	NAMES AND ASSOCIATION OF THE PARTY OF THE PA	STANSON SON SEEN SOURCE STANSON	41,583.
d Applied to 2006 distributable amount e Remaining amount distributed out of corpus	0.		A A A A A A A A A A A A A A A A A A A	
5 Excess distributions carryover applied to 2006	523.	*, 30	The same of the sa	523.
(If an amount appears in column (d), the same amount	AND THE PARTY OF T	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		197 July & January 198 1 1 1888 1973
must be shown in column (a).) 6 Enter the net total of each column as				The second secon
indicated below:	137.229.			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	With the large to		THE MAN AND THE PARTY OF THE PA	THE RESERVE THE PARTY OF THE PA
b Prior years' undistributed income. Subtract		0.		
line 4b from line 2b c Enter the amount of prior years'	*** - *** (**) **** (**) ** (**) ** (**)		144-21-14 1859 2754	
undistributed income for which a notice of deficiency has been issued, or on which				The state of the s
the section 4942(a) tax has been previously assessed	Single of the state 0.	Karangan dan kangan da		
d Subtract line 6c from line 6b. Taxable	The state of the s		4 () () () () () () () () () (TOTAL PROPERTY OF THE SECOND
amount - see instructions		0.		
e Undistributed income for 2005. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2006. Subtract	The state of the s			
lines 4d and 5 from line 1. This amount must be distributed in 2007				0.
7 Amounts treated as distributions out of	W 8- 8 88- 2 8 36 5 60 5 600 6 8			
corpus to satisfy requirements imposed by			7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	
section 170(b)(1)(E) or 4942(g)(3)	0.		TO SECURE AND THE PARTY OF THE	
8 Excess distributions carryover from 2001			**************************************	
not applied on line 5 or line 7	0.4			The state of the second
9 Excess distributions carryover to 2007.			A STATE OF THE STA	
Subtract lines 7 and 8 from line 6a	137,229	Maria - Al Dales		
10 Analysis of line 9:	THE STATE OF THE S			1 (Tann.) - 1 (1) 1 (
a Excess from 2002			The Age of the second of the s	建工工工程
b Excess from 2003				
c Excess from 2004				
d Excess from 2005 137,229.		1		
e Excess from 2006	The state of the s	1 - T 1 E MA - 3	1 82 - Mai to 28 8 8 8 8	Form 990-PF (2006)

	TER'S CRAFT				068 41 6 Page 10
Part XIV Private Operating F			II-A, question 9)	N/A	
1 a If the foundation has received a ruling of	r determination letter that	it is a private operating			
foundation, and the ruling is effective fo			> _		
b Check box to indicate whether the found		ng foundation described			1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0005	Prior 3 years		
income from Part I or the minimum	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
investment return from Part X for					
each year listed .			ļ		
b 85% of line 2a			ļ		
 Qualifying distributions from Part XII, 					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of			ļ		
exempt activities			ļ		ļ
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter			-		-
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public			-		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from			-		
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	te this part only	if the founda	ation had \$5,000 or n	nore in assets
at any time during t				, ,	
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			tributions received	by the foundation before the c	lose of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2).)			
NONE					
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large	e portion of the ownership of a	partnership or
NONE	-				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarchin etc. D	rograme:		
Check here 🕨 🔲 if the foundation of	only makes contributions	to preselected charitable	organizations and	does not accept unsolicited re	-
the foundation makes gifts, grants, etc.	· · · · · · · · · · · · · · · · · · · 			ons, complete items 2a, b, c, a	iu u.
a The name, address, and telephone num	ber of the person to who	m applications should be	e addressed:		
SEE STATEMENT 8					
b The form in which applications should t	e submitted and informa	tion and materials they s	should include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	al areas, charitable fields	, kınds of ınstitutioi	ns, or other factors:	<u>–</u>
, and on an analysis on an area	-, = 5 5 goog.apino		,	_,	
623801/01-29-07			 		Form 990-PF (2006)

Part XV Supplementary Information (continued) Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient or substantial contributor a Paid during the year THE KING'S COLLEGE, 350 OTHER TO SUPPORT FIFTH AVENUE, SUITE 1500, PUBLIC CHRISTIAN NEW YORK, NY 10118 CHARITY EDUCATION PROGRAMS 10,000. FAMILY THRU INTERNATIONAL OTHER TO FACILITATE ADOPTION, 400 BENTEE WES PUBLIC INTERNATIONAL COURT, EVANSVILLE, IN CHARITY ADOPTIONS 47715 18,000. 28,000. Total ▶ 3a b Approved for future payment NONE Total 0. **▶** 3b 623611/01-29-07 Form 990-PF (2006)

- in group amounts amount amount	se indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
4.0		(a) Business	(b) Amount	(c) Exclu- sion code	(d) Amount	Related or exempt
1 Program service revenue:	-	code		1000		
a	1			 		
0				 		
c				<u> </u>		
d			· · · · · · · · · · · · · · · · · · ·			
e						·
g Fees and contracts from gover	rnment agencies					
2 Membership dues and assessmen						-
3 Interest on savings and temporary						
investments	,			1		1,374
4 Dividends and interest from secui	rities					
5 Net rental income or (loss) from r				- ,, ** .,	为是少元第二指示范	
a Debt-financed property		*				
b Not debt-financed property						
6 Net rental income or (loss) from p	personal					
property	L		· ·	<u> </u>	<u> </u>	
7 Other investment income						8,250
8 Gain or (loss) from sales of assets	s other					
than inventory						
9 Net income or (loss) from special	events					
O Gross profit or (loss) from sales of	of inventory .			ļ		
1 Other revenue:						
a				ļ		
b				ļ		
c				ļ		
d						
e	<u></u>					
2 Subtotal. Add columns (b), (d), a	· \·/		0.	2447 247	0.	
3 Total. Add line 12, columns (b), (• • • •				13 _	9,624
See worksheet in line 13 instruction					 .	
Part XVI-B Relations	ship of Activities to	the Acc	omplishment of Ex	cemp	t Purposes	
		is reported	in column (e) of Part XVI-A	contri	buted importantly to the accor	mplishment of
Line No. Explain below how ea						
Line No. Explain below how ear the foundation's exer	mpt purposes (other than by	providing fu	nds for such purposes).	_	 	
Line No. Explain below how extra the foundation's exert THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB	providing fu BLISHE	nds for such purposes). D TO AWARD G	RAN	TS TO VARIOUS	
Line No. Explain below how extra foundation's exert THE FOUNDAT NONPROFIT C	mpt purposes (other than by ION WAS ESTAE HARITABLE ORG	providing fl BLISHE BANIZA	nds for such purposes). D TO AWARD G TIONS. THIS	RAN	JECTIVE IS TO) BE
Line No. Explain below how exthe foundation's exerging THE FOUNDAT NONPROFIT CACCOMPLISHE	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE	providing fu BLISHE BANIZA STMEN	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O	RAN OB	JECTIVE IS TO HE ORGANIZATI	BE ON.
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE 7 THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	D BE CON. TE TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO HE ORGANIZATI	D BE CON. TE TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	BE ON. E TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	BE ON. E TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	BE ON. E TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	BE ON. E TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	D BE CON. 'E TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	D BE CON. 'E TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	D BE CON. 'E TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	BE ON. E TO AID
Line No. Explain below how exthe foundation's exert NONPROFIT CONPLISHE THE FOUNDAT	mpt purposes (other than by ION WAS ESTAB HARITABLE ORG D BY THE INVE ION MADE A LO	providing fu BLISHE BANIZA STMEN DAN AT	nds for such purposes). D TO AWARD G TIONS. THIS T EARNINGS O A BELOW-MAR	RAN OB F T	JECTIVE IS TO 'HE ORGANIZATI 'INTEREST RAT	D BE CON. 'E TO AID

Form **990-PF** (2006)

•				
nrm	990	-PF	(2006)	

				FOUNDATION, IN		<u>068416</u>	Pa	age 13
Pa	art X	VII Information Ro Exempt Organ		To and Transactions ar	nd Relationships With Nonc			
1	Did th	e organization directly or indi	rectly engage in any of the foll	owing with any other organization	n described in section 501(c) of	314 1- -1	Yes	No
	the C	ode (other than section 501(c	c)(3) organizations) or in section	on 527, relating to political organiz	zations?		<u></u>	
а	Trans	fers from the reporting found	lation to a noncharitable exem	pt organization of:		14.2		
	(1) (Cash				1a(1)		X
		Other assets				1a(2)		X
b	Other	transactions:				TAX TAX Imm AX	, , , , , , , , , , , , , , , , , , ,	,E
	(1) 5	Sales of assets to a noncharita	able exempt organization			1b(1)		X
			oncharitable exempt organizati	on		1b(2)		X
		Rental of facilities, equipment,				1b(3)		X
		Reimbursement arrangements				1b(4)		X
	(5) L	oans or loan guarantees				1b(5)		Х
	(6) F	Performance of services or me	embership or fundraising solic	itations		1b(6)		Х
С			ailing lists, other assets, or pai			10		Х
ď					ays show the fair market value of the goo	ds, other ass	ets.	
Ī	or se	vices given by the reporting f		eceived less than fair market value	e in any transaction or sharing arrangeme		,	
(a)	ine no	(b) Amount involved		itable exempt organization	(d) Description of transfers, transactions,	and sharing an	angeme	ents
(4).		(b) ranount involved	N/		(2) 2000 (310) (20) (30)	and analong an	ango.	J. 11.5
		<u> </u>	147	A				
-				· · · · · · · · · · · · · · · · · · ·				
			 	· · · · · · · · · · · · · · · · · · ·	 			
					 			
—								
					 			
					-			
								
					·			
			 					
			·					
								
								
2a		•	· ·	, one or more tax-exempt organiza	ations described			
<u> </u>		s," complete the following sch				Yes	<u> </u>	□ No
		(a) Name of org	ganization	(b) Type of organization	(c) Description of relat	ionship		
		N/A						
								
ł				accompanying schedules and stateme ed on all information of which preparer h	ents, and to the best of my knowledge and belief	, it is true, corre	ct,	
	and con	riplete Declaration of preparer (oth	er than taxbayer or bouclaryyts basi	ed on an information of which preparer is	as any knowledge			
	M	Will El	MANAT	· \ \ \ 9				
ere	S	gnature of officer or trustee		Da				
듼		Preparer's	6/1/1					
Sign Here	age ⊒ğı	signature August	1 Ulles					

623622 01-29-07

Firm's name (or yours / ıf self-employed), address, and ZIP code

KIRKPATRICK, PHILLIPS & 2003 EAST SUNSHINE SPRINGFIELD, MISSOURI

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service Schedule of Contributors

Supplementary Information for line 1 of Form 990, 990-EZ, and 990-PF (see instructions)

OMB No 1545-0047

2006

Name of organization

Employer identification number

	TH	E MASTER'S CRAFT FOUNDATION, INC.	20-2068416					
Organiz	ation type (check o	ne)·						
Filers of	f:	Section:						
Form 99	0 or 990-EZ	501(c)() (enter number) organization						
		4947(a)(1) nonexempt chantable trust not treated as a private foundation						
		527 political organization						
Form 990-PF		X 501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private foundation						
		501(c)(3) taxable private foundation						
		s covered by the General Rule or a Special Rule. (Note: Only a section 501(c)(7), (8), on a Special Rule-see instructions.)	r (10) organization can check boxes					
Genera	l Rule-							
X	-	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in mo plete Parts I and II.)	ney or property) from any one					
Special	Rules-							
	For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of \$5,000 or 2% of the amount on line 1 of these forms. (Complete Parts I and II.)							
	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals (Complete Parts I, II, and III.)							
	For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. (If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the Parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)							
they mu	ust check the box in	t are not covered by the General Rule and/or the Special Rules do not file Schedule B (I the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certil 3 (Form 990, 990-EZ, or 990-PF).						

Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

LHA For Paperwork Reduction Act Notice, see the Instructions

for Form 990, Form 990-EZ, and Form 990-PF.

	(Form 990, 990-EZ, or 990-PF) (2008) Irganization	Empl	Page 1 of 1 of Part I oyer identification number
	MASTER'S CRAFT FOUNDATION, INC.		0-2068416
	Contributors (See Specific Instructions)		<u> </u>
(a)	(ь)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	Type of contribution
1	MASTER'S CRAFT CORPORATION		Person X Payroll
	1383 SOUTH HIGHWAY 63	\$ <u>200,000</u> .	- I
	WEST PLAINS, MO 65775		(Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution
(a)	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II if there is a noncash contribution
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution.
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there

823452 01-18-07

s a noncash contribution)
Schedule B (Form 990, 990-EZ, or 990-PF) (2006)

<u> </u>					
FORM 990-PF INTEREST ON SAV	INGS AND TE	MPORARY CASH	INVESTMENTS	STATEMENT	1
SOURCE				AMOUNT	
HOWELL COUNTY BANK			_	1,3	74.
TOTAL TO FORM 990-PF, PART I	, LINE 3, C	OLUMN A	=	1,3	74.
FORM 990-PF	OTHER	INCOME		STATEMENT	2
DESCRIPTION			(B) NET INVEST- MENT INCOME	ADJUSTE	
INTEREST INCOME ON NOTE RECE	- IVABLE	8,250.	8,250		·
TOTAL TO FORM 990-PF, PART I	, LINE 11 =	8,250.	8,250.		
FORM 990-PF	LEGA	L FEES		STATEMENT	3
DESCRIPTION		(B) NET INVEST- MENT INCOME		CHARITA	
LEGAL FEES	1,012	. 0	•		0.
TO FM 990-PF, PG 1, LN 16A	1,012	0	•		0.
FORM 990-PF	ACCOUNT	'ING FEES		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITA PURPOS	
ACCOUNTING FEES	2,634	. 0	•		0.
TO FORM 990-PF, PG 1, LN 16B	2,634	. 0	•		0.

FORM 990-PF	OTHER E	XPENSES	STATEMENT !				
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES			
MISCELLANEOUS EXPENSES TAXES AND LICENSES FOREIGN CURRENCY LOSS	120. 13. 124.	0. 0. 0.		0. 0. 0.			
TO FORM 990-PF, PG 1, LN 23	257.	0.		0.			
	PART VII-A,		S S	STATEMENT 6			
NAME OF CONTRIBUTOR	ADDR	ESS 					
MASTER'S CRAFT CORPORATION	1383 6577	SOUTH HIGHWAY	Y 63, WEST PI	AINS,MO			

	PART VIII - LIST OF OFFICERS, DIRECTORS TRUSTEES AND FOUNDATION MANAGERS					
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE		
CLYDE ELBRECHT 7067 COUNTY ROAD 8780 WEST PLAINS, MO 65775	DIRECTOR/PRESI	DENT 0.	0.	0.		
PATRICIA ELBRECHT 7067 COUNTY ROAD 8780 WEST PLAINS, MO 65775	DIRECTOR/SECRE 0.00	ETARY 0.	0.	0.		
RACHEL ELBRECHT COBB 612 W. HILL STREET OKLAHOMA CITY, OK 73118	DIRECTOR 0.00	0.	0.	0.		
NATHANAEL ELBRECHT 7067 COUNTY ROAD 8780 WEST PLAINS, MO 65775	DIRECTOR 0.00	0.	0.	0.		
MARTHA ELBRECHT 7067 COUNTY ROAD 8780 WEST PLAINS, MO 65775	DIRECTOR 0.00	0.	0.	0.		
DANIEL ELBRECHT 7067 COUNTY ROAD 8780 WEST PLAINS, MO 65775	DIRECTOR 0.00	0.	0.	0.		
TOTALS INCLUDED ON 990-PF, PAG	GE 6, PART VIII	0.	0.	0.		

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION STATEMENT PART XV, LINES 2A THROUGH 2D

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

CLYDE ELBRECHT 7067 COUNTY LINE ROAD 8780 WEST PLAINS, MO 65775

TELEPHONE NUMBER

FORM AND CONTENT OF APPLICATIONS

LETTER RECITING REASON FOR REQUEST, APPLICABLE INFORMATION ABOUT ORGANIZATION REQUESTING FUNDS, AND SPECIFICS OF REQUEST.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE

· Form •

Underpayment of Estimated Tax by Corporations

	>	See	sej	ara	te i	nstri	uct	ions	3.	
-	Attach	to '	the	COL	DOTA	itior	ı's	tax	retu	IFN

OMB No 1545-0142

Department of the Treasury Internal Revenue Service Name

2006

Employer identification number

THE MASTER'S CRAFT FOUNDATION, INC.		<u> 20-2068</u>	416
Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, elepenalty line of the corporation's income tax return, but do not attach Form 2220.			
Part I Required Annual Payment			
1 Total tax (see instructions)		1 1 1 2 1 1 1 1 1 1 1 1	19
2 a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1 b Look-back interest included on line 1 under section 460(b)(2) for completed long-term		- 1 12R 2 TR	
contracts or of section 167(g) for depreciation under the income forecast method	2b		
c Credit for Federal tax paid on fuels (see instructions)	2c	in Ant	
d Total. Add lines 2a through 2c		2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The does not owe the penalty	ne corporation	3	19
4 Enter the tax shown on the corporation's 2005 income tax return (see instructions). Caution: I or the tax year was for less than 12 months, skip this line and enter the amount from line 3		4	
of the tax job. The for fore and the months of the time and the and the annual forest			

(l Total. Add lines 2a through 2c					2d	
3	Subtract line 2d from line 1. If the result is less than \$500, do	not	complete or file this form.	The corporation			
	does not owe the penalty .	3	<u> 192.</u>				
4	Enter the tax shown on the corporation's 2005 income tax retu	ırn (see instructions). Cautio	n: If the tax is zero			
	or the tax year was for less than 12 months, skip this line ar	ıd e	nter the amount from line	e 3 on line 5		4	
5	Required annual payment. Enter the smaller of line 3 or line	4. If	the corporation is require	d to skip line 4,			
	enter the amount from line 3					5	
Ì	Part II Reasons for Filing - Check the boxes belo	w th	at apply. If any boxes are	checked, the corporation	n must file Form 2	220	
	even if it does not owe a penalty (see instructions).						
6	The corporation is using the adjusted seasonal installr	nent	method.				
7	The corporation is using the annualized income install						
8	The corporation is a "large corporation" figuring its firs	t rec	uired installment based o	on the prior year's tax.			
<u>, </u>	Part III Figuring the Underpayment						
	1		(a)	(b)	(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year	9					
10	Required installments. If the box on line 6 and/or line 7	<u> </u>					
10	above is checked, enter the amounts from Sch A, line 38. If						
	the box on line 8 (but not 6 or 7) is checked, see instructions				ļ		
	for the amounts to enter. If none of these boxes are checked,					1	
	enter 25% of line 5 above in each col. Special rules apply to						
	corporations with assets of \$1 billion or more (see instr)	10					
11	Estimated tax paid or credited for each period (see						
•	instructions). For column (a) only, enter the amount						
	from line 11 on line 15	11					
	Complete lines 12 through 18 of one column before	- 1					
	going to the next column.						

12 Enter amount, if any, from line 18 of the preceding column

13 Add lines 11 and 12

14 Add amounts on lines 16 and 17 of the preceding column

15 Subtract line 14 from line 13. If zero or less, enter -0-

16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-

17 Underpayment, If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18

18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column

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d,				
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	10			
	11			
	12			
	13	The state of the s		
	14	UNA HEALT TO THE STATE STATE OF THE		
	15	2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		 Pagendy Dev C & T and Page Page
	16			Control of the second of the s
	17			
)	1			

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17 - no penalty is owed.

JWA For Paperwork Reduction Act Notice, see separate instructions. Form 2220 (2006)

Form 2220 (2006)

Part IV	Figuring	the	Penalty
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aft.	ter the date of payment or the 15th day of the 3rd month ter the close of the tax year, whichever is earlier (see structions). (Form 990-PF and Form 990-T filers: Use 5th bonth instead of 3rd month.)					
ıns	structions). (Form 990-PF and Form 990-T filers: Use 5th				1	
		ļ				
mo	onth instead of 3rd month.)			1]
		19				
20 Nu	imber of days from due date of installment on line 9 to the					
dat	te shown on line 19	20	·		<u> </u>	
21 Nu	mber of days on line 20 after 4/15/2006 and before 7/1/2006	21				
22 Uni	derpayment on line 17 x Number of days on line 21 x 7%	22	\$	\$	\$	\$
23 Nu	imber of days on line 20 after 6/30/2006 and before 4/1/2007	23				
24 Und	derpayment on line 17 x Number of days on line 23 x 8%	24	\$	\$	\$	\$
25 Nui	303 mber of days on line 20 after 3/31/2007 and before 7/1/2007	25	· · · · · · · · · · · · · · · · · · ·			
26 Und	derpayment on line 17 x Number of days on line 25 X *%	26	\$	\$	\$	\$
27 Nur	385 rmber of days on line 20 after 6/30/2007 and before 10/1/2007	27				
28 Uni	iderpayment on line 17 x Number of days on line 27 x *96	28	\$	\$	\$	\$
29 Nui	mber of days on line 20 after 9/30/2007 and before 1/1/2008	29				
30 Uni	derpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31 אטו	mber of days on line 20 after 12/31/2007 and before 2/16/2008	31				
32 Uni	iderpayment on line 17 x Number of days on line 31 x %	32	\$	\$	\$	\$
33 Add	id lines 22, 24, 28, 28, 30, and 32	33	\$	\$	\$	\$
34 Pe	enalty. Add columns (a) through (d), of line 33. Enter the to	otaí h	ere and on Form 1120: I	ine 33.		
	orm 1120-A, line 29; or the comparable line for other income				34	s 0.

JWA

Form **2220** (2006)

^{*} For underpayments paid after March 31, 2007: For lines 26, 28, 30, and 32, use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **8868**

(Rev. December 2006)

Department of the √reasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

Internal Rev	enue Service File a separate application for each return.			
• If you	are filing for an Automatic 3-Month Extension, complete only Part I and check this box			. X
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).			
Section 5	601(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check plete Part I only			. ▶ □
Electron noted be the addit 990-T. In:	ome tax returns. ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Formal (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a costead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on this gov/efile and click on e-file for Charities & Nonprofits.	m 886 mpos	8 electronically ite or consolida	of (1) you want ated Form
Type or	Name of Exempt Organization	Emp	loyer identific	ation number
print	THE MASTER'S CRAFT FOUNDATION, INC.	2	0-20684	16
File by the due date for filing your	Number street and from or suite no life B.O. have not instructions			
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST PLAINS, MO 65775	_		
Check ty	pe of return to be filed (file a separate application for each return):			
For	m 990	27 169		
If the	rone No. ► 417-882-4300 FAX No. ► 417-882-9418 organization does not have an office or place of business in the United States, check this box	 s is fo	_	•
1 fre	quest an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extends a sufficient of the organization of			
_	or the organization's return for: X calendar year 2006 or			
>	tax year beginning, and ending			
2 If th	nis tax year is for less than 12 months, check reason: Initial return Final return		Change in acc	ounting period
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any prefundable credits. See instructions.	3a	\$	0.
	his application is for Form 990-PF or 990-T, enter any refundable credits and estimated			
	payments made, include any prior year overpayment allowed as a credit.	3b	\$	0.
dep	ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, posit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).			^
	e instructions.	_3c	\$	0.
	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-		
LHA F	or Privacy Act and Paperwork Reduction Act Notice, see instructions.		Form 8868	(Rev 12-2006)
	KIRKPATRICK, PHILLIPS & MILLER, CPAs, PC 2003 E. SUNSHINE, SPRINGFIELD, MO 65804 43-1109768			IE

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	•				
	8 (Rev. 4-2007)				Page 2
	are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and che				ightharpoons
	nly complete Part II if you have already been granted an automatic 3-month extension on a previous	ousty filed F	om 8	868.	
Part 1	are filing for an Automatic 3-Month Extension, complete only Part I (on page 1). Additional (not automatic) 3-Month Extension of Time. You must file on	and and a			
सन्दर्भा दिना	19 E N. 17	Action Conserve and			
Туре ог	Name of Exempt Organization	AN ENGINEER EN	Empic	yer identinc	ation number
print	THE MASTER'S CRAFT FOUNDATION, INC.		20	-20684	16
File by the extended	Number, street, and room or suite no. If a P.O. box, see instructions.			S use only	
due date fo	T PROPERTY OF THE PROPERTY OF				
filing the return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WEST PLAINS, MO 65775	STREET THE CONTROL OF	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The fall of the same	A STATE OF THE STA
Check t	ype of return to be filed (File a separate application for each return):	4X.1-14X	EYE.CA	11-12 2 14-14-14-14-14-14-14-14-14-14-14-14-14-1	All Man - By Speed and addition of
$\overline{}$	rm 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 10	041·A	☐ For	m 5227	Form 8870
☐ Fo	rm 990-BL X Form 990-PF Form 990-T (trust other than above) Form 47	720	For	m 6069	
STOP!	o not complete Part II if you were not already granted an automatic 3-month extension on	a previous	ly filed	1 Form 8868.	
• The b	ooks are in the care of ► CLYDE ELBRECHT				
Telep	hone No. ► 417-882-4300 FAX No. ► 417-882	-9418			
• If the	organization does not have an office or place of business in the United States, check this box			·	>
• If this	is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)			_	oup, check this
box 🕨	. If it is for part of the group, check this box and attach a list with the names and	EINs of all r	nembe	ers the extens	ion is for.
	equest an additional 3-month extension of time until <u>NOVEMBER 15, 2007</u> .				
	· ——· · · · · · · · · · · · · · · · · ·	d ending			·
	this tax year is for less than 12 months, check reason: Initial return Final ref	turn		change in acc	counting period
	ate in detail why you need the extension	O BIL		COMPLE	ME AM
	DDITIONAL TIME IS NEEDED TO GATHER INFORMATION TO COURATE TAX RETURN. INTERNAL REVENUE SERVE		L, A	COMPLE	TE AND
8a If	CCURATE TAX RETURN. INTERNAL REVENUE SERVI	<u>, </u>	$\neg \neg$		
	onrefundable credits. See instructions. SPRINGFIELD, MO 65807	^y	8a	\$	96.
	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable creates and estim	ated	* M. S.	Ψ	
	x payments made. Include any prior year overpayment allowed as a creek and any amount paid				
	reviously with Form 8868.		8b	\$	0.
c B	alance Due. Subtract line 8b from line 8a. include your payment with an subject of frequired, de	posit			
	ith FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Parises Seem). See ins	structions.	8c	\$	96.
	Signature and Verification				
Under pe	enalties of perjury, I declare that I have examined this form, including accompanying schedules and statement correct, and complete, and that I am an increase to prepare this form.	s, and to the		•	•
Signatur			Date	▶ 8-7-	· フ
Orginatur	Notice to Applicant. (To Be Completed by the I	IRS)	Date		
□ w	e have approved this application. Please attach this form to the organization's return.	•			
	e have not approved this application. However, we have granted a 10-day grace period from the	ater of the	date:	shown below	or the due
d	ate of the organization's return (including any prior extensions). This grace penod is considered to	o be a valid	exten	sion of time f	or elections
01	therwise required to be made on a timely return. Please attach this form to the organization's return	ım.			
v	e have not approved this application. After considering the reasons stated in item 7, we cannot	grant your	reques	st for an exter	nsion of time to
	e. We are not granting a 10-day grace period.				
	e cannot consider this application because it was filed after the extended due date of the return	n for which	an ext	ension was re	equested.
	ther				·
	By:				
Director	by			Date	
	te Mailing Address. Enter the address if you want the copy of this application for an additional of than the one entered above.	3-month ext	ension	returned to	an address
	Name			·	
T	KIRKPATRICK, PHILLIPS & MILLER, CPAS, PC				
Type or print	Number and street (include suite, room, or apt. no.) or a P.O. box number 2003 EAST SUNSHINE				
623832 05-01-07	City or town, province or state, and country (including postal or ZIP code) SPRINGFIELD, MISSOURI 65804				

Form **8868** (Rev. 4-2007)