

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)

2005

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2005 calendar year, or tax year beginning _____, and ending _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return
 Amended return
 Application pending

C Name of organization
MISSIONARY CONNECTIONS INC
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
2920 PLAZA DR STE F
 City or town State or country ZIP + 4
INDIANAPOLIS IN 46268

D Employer identification number
20-2437210

E Telephone number
(317) 471-0156

F Accounting method: Cash Accrual
 Other (specify) _____

G Website: **www.missionaryconnection.org**

J Organization type (check only one) 501(c) (3) (insert no.) 4947(a)(1) or 527

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization chooses to file a return, be sure to file a complete return. Some states require a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **109,745**

H and **I** are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? Yes No
H(b) If "Yes," enter number of affiliates _____
H(c) Are all affiliates included? Yes No (If "No," attach a list. See instructions.)
H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No
I Group Exemption Number _____

M Check if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

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

		(A) Securities		(B) Other			
Revenue	1 Contributions, gifts, grants, and similar amounts received:						
	a Direct public support	1a				109,145	
	b Indirect public support	1b				0	
	c Government contributions (grants)	1c				0	
	d Total (add lines 1a through 1c) (cash \$ 16,560 noncash \$ 92,585)	1d					109,145
	2 Program service revenue including government fees and contracts (from Part VII, line 93)	2					0
	3 Membership dues and assessments	3					0
	4 Interest on savings and temporary cash investments	4					0
	5 Dividends and interest from securities	5					0
	6a Gross rents	6a				600	
	b Less: rental expenses	6b					
	c Net rental income or (loss) (subtract line 6b from line 6a)	6c					600
7 Other investment income (describe _____)	7					0	
Revenue	8a Gross amount from sales of assets other than inventory	8a				0	
	b Less: cost or other basis and sales expenses	8b				0	
	c Gain or (loss) (attach schedule)	8c				0	
	d Net gain or (loss) (combine line 8c, columns (A) and (B))	8d					0
Revenue	9 Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>						
	a Gross revenue (not including \$ 0 of contributions reported on line 1a)	9a				0	
	b Less: direct expenses other than fundraising expenses	9b				0	
c Net income or (loss) from special events (subtract line 9b from line 9a)	9c					0	
Revenue	10a Gross sales of inventory, less returns and allowances	10a				0	
	b Less: cost of goods sold	10b				0	
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)	10c					0
11 Other revenue (from Part VII, line 103)	11					0	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)	12					109,745	
Expenses	13 Program services (from line 44, column (B))	13				98,697	
	14 Management and general (from line 44, column (C))	14				5,826	
	15 Fundraising (from line 44, column (D))	15				0	
	16 Payments to affiliates (attach schedule)	16				0	
	17 Total expenses (add lines 16 and 44, column (A))	17					104,527
Net Assets	18 Excess or (deficit) for the year (subtract line 17 from line 12)	18				5,218	
	19 Net assets or fund balances at beginning of year (from line 73, column (A))	19				0	
	20 Other changes in net assets or fund balances (attach explanation)	20				0	
	21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)	21					5,218

Part II **Statement of Functional Expenses**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 Grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22	0	0	
23 Specific assistance to individuals (attach schedule)	23	0	0	
24 Benefits paid to or for members (attach schedule)	24	0		
25 Compensation of officers, directors, etc.	25	0		
26 Other salaries and wages	26	0		
27 Pension plan contributions	27	0		
28 Other employee benefits	28	0		
29 Payroll taxes	29	0		
30 Professional fundraising fees	30	0		
31 Accounting fees	31	0		
32 Legal fees	32	2,000	2,000	
33 Supplies	33	85	85	
34 Telephone	34	0		
35 Postage and shipping	35	4		
36 Occupancy	36	0		
37 Equipment rental and maintenance	37	0		
38 Printing and publications	38	0		
39 Travel	39	0		
40 Conferences, conventions, and meetings	40	31	31	
41 Interest	41	0		
42 Depreciation, depletion, etc. (attach schedule)	42	1,020	1,020	
43 Other expenses not covered above (itemize):				
a See attached statement	43a	101,387	98,697	2,690
b	43b	0	0	0
c	43c	0	0	0
d	43d	0	0	0
e	43e	0	0	0
f	43f	0	0	0
g	43g	0	0	0
44 Total functional expenses. Add lines 22 through 43. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	104,527	98,697	5,826

Joint Costs. Check if you are following SOP 98-2.

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? Yes No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0 ; (ii) the amount allocated to Program services \$; (iii) the amount allocated to Management and general \$; and (iv) the amount allocated to Fundraising \$

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose? ► SEE ATTACHED STATEMENT	Program Service Expenses
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
a DONATIONS MADE BY VARIOUS ORGANIZATIONS AND INDIVIDUALS SEE ATTACHED STATEMENT	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	98,697
b	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
c	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
d	
(Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
e Other program services (attach schedule) (Grants and allocations \$) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	98,697