

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)

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 2007 calendar year, or tax year beginning JUL 1, 2007 and ending JUN 30, 2008

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

Please use IRS label or print of type See Specific Instructions

C Name of organization: MISSION CITY COMMUNITY NETWORK, INC.
Number and street (or P.O. box if mail is not delivered to street address): 15206 PARTHENIA STREET
City or town, state or country, and ZIP + 4: NORTH HILLS, CA 91343

D Employer identification number: 95-4226189
E Telephone number: (818) 895-3100
F Accounting method: [] Cash [X] Accrual

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

H and I are not applicable to section 527 organizations.
H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter number of affiliates: N/A
H(c) Are all affiliates included? N/A [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No
I Group Exemption Number: N/A
M Check [X] if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

G Website: N/A

J Organization type (check only one): [X] 501(c) (03) (insert no) [] 4947(a)(1) or [] 527

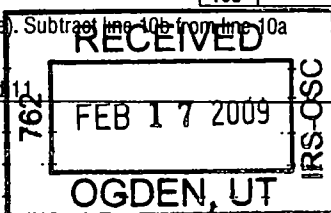
K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 6,806,290.

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

SCANNED MAR 09 2009 Revenue

Table with 21 rows and 3 columns: Description, Sub-rows, and Amount. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 6,806,290. Total expenses: 5,684,871. Net assets at end of year: 7,834,012.



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.

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
22a Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A	25a	546,612.	273,306.	273,306.
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b	0.	0.	0.
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26	1,403,918.	1,029,647.	374,271.
27 Pension plan contributions not included on lines 25a, b, and c	27			
28 Employee benefits not included on lines 25a - 27	28	562,597.	379,078.	183,519.
29 Payroll taxes	29	171,308.	114,656.	56,652.
30 Professional fundraising fees	30			
31 Accounting fees	31	26,726.	14,963.	11,763.
32 Legal fees	32	62,242.	61,064.	1,178.
33 Supplies	33			
34 Telephone	34			
35 Postage and shipping	35	9,454.	5,673.	3,781.
36 Occupancy	36			
37 Equipment rental and maintenance	37	38,953.	24,485.	14,468.
38 Printing and publications	38			
39 Travel	39	14,195.	11,631.	2,564.
40 Conferences, conventions, and meetings	40	6,699.	4,019.	2,680.
41 Interest	41			
42 Depreciation, depletion, etc. (attach schedule)	42	35,594.		35,594.
43 Other expenses not covered above (itemize):				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e _____	43e			
f _____	43f			
g SEE STATEMENT 1	43g	2,806,573.	2,619,778.	186,795.
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	5,684,871.	4,538,300.	1,146,571.

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 \$ N/A; (ii) the amount allocated to Program services \$ N/A; (iii) the amount allocated to Management and general \$ N/A; and (iv) the amount allocated to Fundraising \$ N/A

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 STATEMENT 2	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
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.)	
a MENTAL HEALTH: UNDER MEDI-CAL & MEDICARE PROGRAMS TO PROVIDE PSYCHIATRIC CARE TO PATIENTS OF POVERTY LEVEL RESIDENTS IN LOCAL COMMUNITIES. (Grants and allocations \$ <u>1,015,138.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	748,049.
b PUBLIC PRIVATE PARTNERSHIP PROGRAM: PROVIDE OUTPATIENTS PRIMARY CARE TO THOSE WHOSE NET FAMILY INCOME IS AT OR BELOW 133-1/3% OF THE FEDERAL PROVERTY LEVEL. (Grants and allocations \$ <u>1,101,255.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	997,875.
c MEDI-CAL PROGRAMS: PROVIDE PRIMARY CARE TO LOCAL RESIDENTS WHO ARE BELOW POVERTY LEVEL OR UNEMPLOYED AND ARE ELIGIBLE FOR ASSISTANCE FROM GOVERNMENT AGENCIES. (Grants and allocations \$ <u>1,965,642.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,529,331.
d BLACK INFANT HEALTH PROGRAM: AN EDUCATIONAL AND MEDIA CAMPAIGN DESIGNATED TO ENCOURAGE EARLY CONTINUOUS PRENATAL CARE DURING PREGNANCY AND TO EMPHASIZE THE IMPORTANCE OF MAINTAINING HEALTHY LIFE STYLES. (Grants and allocations \$ <u>244,748.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	219,602.
e Other program services (attach schedule) SEE STATEMENT 3 (Grants and allocations \$ <u>1,239,060.</u>) If this amount includes foreign grants, check here ► <input type="checkbox"/>	1,043,443.
f Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	4,538,300.

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year	(B) End of year
Assets	45 Cash - non-interest-bearing	173,007.	45 672,454.
	46 Savings and temporary cash investments	5,481,503.	46 4,938,713.
	47 a Accounts receivable	47a	
	b Less: allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less: allowance for doubtful accounts	48b	48c
	49 Grants receivable	701,851.	49 1,372,489.
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less: allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges	102,617.	53 89,318.
	54 a Investments - publicly-traded securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54a
	b Investments - other securities	<input type="checkbox"/> Cost <input type="checkbox"/> FMV	54b
	55 a Investments - land, buildings, and equipment: basis	55a	
	b Less: accumulated depreciation	55b	55c
56 Investments - other		56	
57 a Land, buildings, and equipment: basis	57a 1,729,472.		
b Less accumulated depreciation STMT 4	57b 368,599.	1,382,067.	57c 1,360,873.
58 Other assets, including program-related investments (describe ▶ DEPOSITS)		13,568.	58 21,413.
59 Total assets (must equal line 74). Add lines 45 through 58		7,854,613.	59 8,455,260.
Liabilities	60 Accounts payable and accrued expenses	1,142,020.	60 621,248.
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe ▶)		65
66 Total liabilities. Add lines 60 through 65		1,142,020.	66 621,248.
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	6,712,593.	67 7,834,012.
	68 Temporarily restricted		68
	69 Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		6,712,593.	73 7,834,012.
74 Total liabilities and net assets/fund balances. Add lines 66 and 73		7,854,613.	74 8,455,260.

Part VI Other Information (continued)		Yes	No
82 a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value? b If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III.)		X
	82b N/A		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		N/A
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85 a	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.		N/A
c	Dues, assessments, and similar amounts from members	85c	N/A
d	Section 162(e) lobbying and political expenditures	85d	N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12	86a	N/A
b	Gross receipts, included on line 12, for public use of club facilities	86b	N/A
87	501(c)(12) organizations. Enter: a Gross income from members or shareholders	87a	N/A
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b	N/A
88 a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a	X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b	X
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 <u>0.</u> ; section 4912 <u>0.</u> ; section 4955 <u>0.</u>		
b	501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b	X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <u>0.</u>		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization <u>0.</u>		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e	X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f	X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g	X
90 a	List the states with which a copy of this return is filed <u>CA</u>		
b	Number of employees employed in the pay period that includes March 12, 2007	90b	59
91 a	The books are in care of <u>NIK GUPTA, CEO/CFO</u> Telephone no. <u>(818) 895-3100</u> Located at <u>15206 PARTHENIA STREET, NORTH HILLS, CA</u> ZIP + 4 <u>91343</u>		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <u>N/A</u> See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts	91b	X

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c

Yes No

If "Yes," enter the name of the foreign country **N/A**

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year **92**

N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue:					
a SEE STATEMENT 6					5,521,022.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	224,629.	
96 Dividends and interest from securities			14	5,862.	
97 Net rental income or (loss) from real estate:					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a SEE STATEMENT 7					1,054,777.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		230,491.	6,575,799.
105 Total (add line 104, columns (B), (D), and (E))					6,806,290.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).

SEE STATEMENT 8

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes No

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13). **N/A**

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	-----			
b	-----			
c	-----			
Totals				

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Please Sign Here: Signature of officer *NIK GUPTA* Date 1/22/09

Type or print name and title: **NIK GUPTA, CEO/CFO**

Paid Preparer's Use Only: Preparer's signature *Robert B. Pasquid* Date **JAN 21 2009** Check if self-employed Preparer's SSN or PTIN (See Gen Inst X)

Firm's name (or yours if self-employed), address, and ZIP + 4: **COOPER, MOSS, RESNICK, KLEIN & CO., LLP** EIN **15400 SHERMAN WAY, SUITE 380 VAN NUYS, CA 91406-4235** Phone no. **(818) 988-4053**

SCHEDULE A
(Form 990 or 990-EZ)

Organization Exempt Under Section 501(c)(3)

OMB No 1545-0047

(Except Private Foundation) and Section 501(e), 501(f), 501(k),
501(n), or 4947(a)(1) Nonexempt Charitable Trust

2007

Department of the Treasury
Internal Revenue Service

Supplementary Information-(See separate instructions.)

▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

MISSION CITY COMMUNITY NETWORK, INC.

Employer identification number

95 4226189

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
MAHAMAYA SHENOY 15206 PARTHENIA STREET, NORTH HILLS,	PHYSICIAN 40.00	170,565.	7,671.	
JACQUELINE GUINN 15206 PARTHENIA STREET, NORTH HILLS,	PHYSICIAN 32.00	122,367.	75.	
YODIT ABHRA 15206 PARTHENIA STREET, NORTH HILLS,	PROJECT MGR 40.00	64,322.	0.	
LAURA VALENZUELA 15206 PARTHENIA STREET, NORTH HILLS,	OPERATIONS MGR 40.00	71,068.	7,671.	
FELICIA ADEYEMO 15206 PARTHENIA STREET, NORTH HILLS,	 40.00	54,513.	3,459.	
Total number of other employees paid over \$50,000 ▶	0			

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
ELLIOT GOLDSTEIN, PH D 18663 VENTURA BLVD., SUITE 301, TARZANA, CA 91356	PSYCHOLOGIST	1,604,343.
ARAKEL DAVTIAN 1016 OLD PHILLIPS RD., GLENDALE, CA 91207	PSYCHIATRIST	140,840.
PAUL MALABANAN 710 E. GLENDALE BLVD., GLENDALE, CA 91207	PHYSICIAN	119,272.
LIGHTHOUSE STAFFING, INC. P.O. BOX 127, CENTER BARNSTEAD, NH 03225	PROFESSIONAL AGENCY	103,721.
SHEELAH MUHAMMAD 1082 A BLOOMFIELD STREET, #307, TOLUCA LAKE, CA	PHYSICIAN ASSISTANT	100,632.
Total number of others receiving over \$50,000 for professional services ▶	5	

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services

(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
MEDICAL SCIENCE LAB., INC. P.O. BOX 4662, ANAHEIM, CA 92803	DIAGNOSTIC SERVICES	79,445.
HERTZ INVESTMENT CO., LLC 18909 SHERMAN WAY, SUITE B, RESEDA, CA 91335	RENTAL	68,118.
GEORGE MOSS 6345 BALBOA BLVD., ENCINO, CA 91316	RENTAL	67,427.
Total number of other contractors receiving over \$50,000 for other services ▶	0	

Part III Statements About Activities (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?		X
e	Transfer of any part of its income or assets?		X
3	a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
	b Did the organization have a section 403(b) annuity plan for its employees?		X
	c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
	d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
	b Did the organization make any taxable distributions under section 4966? N/A		
	c Did the organization make a distribution to a donor, donor advisor, or related person? N/A		
	d Enter the total number of donor advised funds owned at the end of the tax year		0
	e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		N/A
	f Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
	g Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state
- 10 An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13 An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III-Functionally Integrated Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.
 Note: You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	7,770,349.	7,240,556.	8,573,750.	6,939,275.	30,523,930.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose					
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	169,606.	66,332.	20,775.	7,731.	264,444.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	7,939,955.	7,306,888.	8,594,525.	6,947,006.	30,788,374.
24 Line 23 minus line 17	7,939,955.	7,306,888.	8,594,525.	6,947,006.	30,788,374.
25 Enter 1% of line 23	79,400.	73,069.	85,945.	69,470.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 615,767.
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 0.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 30,788,374.
d Add: Amounts from column (e) for lines: 18 264,444. 19 _____ 22 _____ 26d 264,444.					26e 30,523,930.
e Public support (line 26c minus line 26d total)					26f 99.1411%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: N/A					
c Add: Amounts from column (e) for lines: 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ 27c N/A					27d N/A
d Add: Line 27a total _____ and line 27b total _____ 27e N/A					27f N/A
e Public support (line 27c total minus line 27d total)					27g N/A %
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)					27h N/A %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

Part V Private School Questionnaire (See page 9 of the instructions.)

N/A

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		

32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	

33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	

34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

Schedule A (Form 990 or 990-EZ) 2007

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 11 of the instructions.) N/A
 (To be completed ONLY by an eligible organization that filed Form 5768)

Check **a** if the organization belongs to an affiliated group. Check **b** if you checked "a" and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Affiliated group totals	(b) To be completed for all electing organizations
	N/A	
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table - If the amount on line 40 is - The lobbying nontaxable amount is - Not over \$500,000 20% of the amount on line 40 Over \$500,000 but not over \$1,000,000 \$100,000 plus 15% of the excess over \$500,000 Over \$1,000,000 but not over \$1,500,000 \$175,000 plus 10% of the excess over \$1,000,000 Over \$1,500,000 but not over \$17,000,000 \$225,000 plus 5% of the excess over \$1,500,000 Over \$17,000,000 \$1,000,000	41	
42 Grassroots nontaxable amount (enter 25% of line 41)	42	
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43	
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44	

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities (For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 14 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

- (i) Cash
- (ii) Other assets
- b** Other transactions:
 - (i) Sales or exchanges of assets with a noncharitable exempt organization
 - (ii) Purchases of assets from a noncharitable exempt organization
 - (iii) Rental of facilities, equipment, or other assets
 - (iv) Reimbursement arrangements
 - (v) Loans or loan guarantees
 - (vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received: N/A

(a) Line no.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sharing arrangements

52 a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? ▶ Yes No

b If "Yes," complete the following schedule: N/A

(a) Name of organization	(b) Type of organization	(c) Description of relationship

4562-FY

Form Department of the Treasury Internal Revenue Service Name(s) shown on return

Depreciation and Amortization (Including Information on Listed Property) 990

See separate instructions. Attach to your tax return.

OMB No 1545-0172

2007

Attachment Sequence No 67

MISSION CITY COMMUNITY NETWORK, INC.

FORM 990 PAGE 2

95-4226189

Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I

Table with 5 main rows for Part I. Line 1: 125,000. Line 3: 500,000. Line 13: 13.

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.)

Table with 3 rows for Part II. Line 16: 35,594.

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

Section A

Table with 2 rows for Section A. Line 17: 17. Line 18: 18.

Section B - Assets Placed in Service During 2007 Tax Year Using the General Depreciation System

Table with 7 columns: (a) Classification of property, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 19a-i.

Section C - Assets Placed in Service During 2007 Tax Year Using the Alternative Depreciation System

Table with 7 columns: (a) Class life, (b) Month and year placed in service, (c) Basis for depreciation, (d) Recovery period, (e) Convention, (f) Method, (g) Depreciation deduction. Rows 20a-c.

Part IV Summary (see instructions)

Table with 3 rows for Part IV. Line 22: 35,594. Line 23: 23.

Part V Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment, recreation, or amusement)

Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.

Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.)

24a Do you have evidence to support the business/investment use claimed? Yes No 24b If "Yes," is the evidence written? Yes No

Table with columns (a) Type of property, (b) Date placed in service, (c) Business/investment use percentage, (d) Cost or other basis, (e) Basis for depreciation, (f) Recovery period, (g) Method/Convention, (h) Depreciation deduction, (i) Elected section 179 cost. Includes rows 25-29.

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles

Table with columns (a) through (f) Vehicle. Rows 30-36 covering miles driven and availability for personal use.

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons.

Table with rows 37-41 regarding policy statements and requirements for vehicle use by employees.

Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.

Part VI Amortization

Table with columns (a) Description of costs, (b) Date amortization begins, (c) Amortizable amount, (d) Code section, (e) Amortization period or percentage, (f) Amortization for this year. Includes rows 42-44.

2007 DEPRECIATION AND AMORTIZATION REPORT
FORM 990 PAGE 2

990

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	LAND	083103L				1,033,078.			1,033,078.			0.
2	BUILDING	083103SL		30.00	16	288,422.			288,422.	36,846.		9,612.
46	GENERATOR - HD	073106SL		10.00	16	2,044.			2,044.	204.		204.
47	FENCE	081606SL		30.00	16	800.			800.	24.		26.
48	AIR CONDITIONING - ENETEK	091206SL		10.00	16	2,500.			2,500.	143.		350.
49	GENERATOR - 4A CRANE	092306SL		10.00	16	250.			250.	21.		25.
50	GENERATOR - J ELECTRIC	111706SL		10.00	16	2,500.			2,500.	167.		250.
55	AIR CONDITIONING - ENETEK	071907SL		5.00	16	14,400.			14,400.			2,880.
	* 990 PAGE 2 TOTAL -					1,343,994.		0.	1,343,994.	37,405.	0.	13,347.
3	MEDICAL EQUIPMENT	070193SL		10.00	16	7,947.			7,947.	7,947.		0.
4	OFFICE EQUIPMENT	070193SL		10.00	16	31,423.			31,423.	31,423.		0.
5	OFFICE FURNITURE	063093SL		10.00	16	4,121.			4,121.	4,121.		0.
6	TELEPHONE EQUIPMENT	063093SL		10.00	16	1,078.			1,078.	1,078.		0.
7	GENERAL MEDICAL EQUIPMENT	070101SL		10.00	16	1,696.			1,696.	1,018.		170.
8	TELEPHONE SYSTEM	111401SL		10.00	16	4,390.			4,390.	2,170.		439.
9	TELEPHONE SYSTEM	061202SL		10.00	16	5,860.			5,860.	2,392.		586.
10	GENERAL MEDICAL STERILIZER	102302SL		5.00	16	3,552.			3,552.	3,373.		236.
11	CHAIRS - WAITING AREA	021703SL		7.00	16	3,058.			3,058.	1,930.		437.

728109
04-27-07

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

2007 DEPRECIATION AND AMORTIZATION REPORT
 FORM 990 PAGE 2

990

Asset No.	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
12	CONFERENCE TABLE	042703SL		10.00	16	1,770.			1,770.	752.		177.
13	MEDICAL EQUIPMENT	100603SL		10.00	16	1,595.			1,595.	599.		159.
14	OFFICE EQUIPMENT	063004SL		10.00	16	1,082.			1,082.	333.		108.
15	EQUIPMENT	091603SL		7.00	16	24,700.			24,700.	13,527.		3,529.
16	MEDICAL EQUIPMENT	081104SL		10.00	16	731.			731.	213.		73.
17	WHIRLPOOL EQUIPMENT	021605SL		10.00	16	1,174.			1,174.	283.		117.
18	WHIRLPOOL EQUIPMENT	021605SL		10.00	16	588.			588.	142.		59.
19	STORAGE CONTAINER	032805SL		10.00	16	7,859.			7,859.	1,834.		786.
20	MEDICAL EQUIPMENT	022405SL		10.00	16	729.			729.	176.		73.
21	MEDICAL EQUIPMENT	022805SL		10.00	16	812.			812.	196.		81.
22	MEDICAL EQUIPMENT	042105SL		10.00	16	3,873.			3,873.	871.		387.
45	DENTAL EQUIPMENT	063006SL		10.00	16	12,500.			12,500.	1,250.		1,250.
51	SECURITY CAMERA - CALSTAIC	063007SL		5.00	16	7,999.			7,999.	133.		1,600.
	* 990 PAGE 2 TOTAL -					128,537.		0.	128,537.	75,761.	0.	10,267.
23	COMPUTER EQUIPMENTS	063001SL		5.00	16	85,267.			85,267.	85,267.		0.
24	COMPUTER EQUIPMENTS	063002SL		5.00	16	27,815.			27,815.	27,815.		0.
25	COMPUTER EQUIPMENTS	063002SL		3.00	16	8,436.			8,436.	8,436.		0.
26	COMPUTER EQUIPMENTS	063003SL		5.00	16	18,877.			18,877.	18,164.		713.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
27	COMPUTER EQUIPMENTS	063003SL		3.00	16	6,342.			6,342.	6,242.		100.
28	COMPUTER EQUIPMENTS	063004SL		5.00	16	15,470.			15,470.	4,296.		1,312.
29	CDW PRINTER	022605SL		3.00	16	692.			692.	558.		231.
30	CDW PRINTER	062905SL		3.00	16	1,388.			1,388.	964.		463.
37	COMPUTER EQUIPMENTS	110105SL		5.00	16	14,373.			14,373.	4,791.		2,875.
38	COMPUTER EQUIPMENT	121305SL		5.00	16	2,479.			2,479.	785.		496.
39	COMPUTER EQUIPMENT	120105SL		5.00	16	2,045.			2,045.	648.		409.
40	COMPUTER EQUIPMENT	060806SL		5.00	16	1,496.			1,496.	324.		299.
54	COMPUTER EQUIPMENT	030907SL		5.00	16	3,248.			3,248.	217.		650.
	* 990 PAGE 2 TOTAL -					187,928.		0.	187,928.	158,507.	0.	7,548.
32	COMPUTER SOFTWARES	063001SL		5.00	16	34,942.			34,942.	34,942.		0.
33	COMPUTER SOFTWARES	063002SL		3.00	16	16,261.			16,261.	16,261.		0.
34	TECHSOFT 6 MDRYTHM	102302SL		3.00	16	3,000.			3,000.	3,000.		0.
35	ACC PAC	102103SL		3.00	16	1,509.			1,509.	1,509.		0.
41	COMPUTER SOFTWARE	120105SL		3.00	16	3,697.			3,697.	1,951.		1,232.
42	COMPUTER SOFTWARE	011506SL		3.00	16	1,587.			1,587.	794.		529.
43	COMPUTER SOFTWARE	011506SL		3.00	16	1,804.			1,804.	902.		601.
44	COMPUTER SOFTWARE	021506SL		3.00	16	456.			456.	214.		152.

728102
 04-27-07
 (D) - Asset disposed
 * ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

Asset No	Description	Date Acquired	Method	Life	Line No	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
52	COMPUTER SOFTWARE	082106SL		3.00	16	4,579.			4,579.	1,399.		1,526.
53	COMPUTER SOFTWARE	092506SL		3.00	16	1,178.			1,178.	360.		392.
	* 990 PAGE 2 TOTAL -					69,013.		0.	69,013.	61,332.	0.	4,432.
	* GRAND TOTAL 990 PAGE					1,729,472.		0.	1,729,472.	333,005.	0.	35,594.
	2 DEPR											

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

FORM 990	OTHER EXPENSES			STATEMENT 1
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
ADVERTISING	1,925.	1,925.		
BAD DEBT EXPENSE	98.	98.		
BANK CHARGES	1,785.		1,785.	
COMMUNICATIONS	40,240.	36,466.	3,774.	
COMPUTER REPAIRS & MAINTENANCE	23,134.	21,157.	1,977.	
CONTRACT SERVICES	1,117,249.	1,117,249.		
CONTRACT WRITE-OFFS	364,905.	364,905.		
DUES & SUBSCRIPTIONS	46,992.	20,284.	26,708.	
EDUCATION & TRAINING	22,259.	22,259.		
HEALTH FAIR EXPENSES	1,657.	1,657.		
INSURANCE	68,814.	43,715.	25,099.	
MEDICAL SUPPLIES	65,441.	65,441.		
MISCELLANEOUS	7,475.	7,475.		
OFFICE SUPPLIES & EXPENSE	85,207.	64,218.	20,989.	
OUTSIDE SERVICES	62,344.	62,344.		
PATIENT CARE SERVICES	183,707.	183,707.		
RENT AND FACILITY EXPENSES	286,049.	201,209.	84,840.	
REPAIRS & MAINTENANCE	17,780.		17,780.	
UTILITIES	38,427.	34,584.	3,843.	
DONATED PHARMACEUTICALS	339,832.	339,832.		
DONATED MEDICAL SUPPLIES	31,253.	31,253.		
TOTAL TO FM 990, LN 43	2,806,573.	2,619,778.	186,795.	

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 2
PART III

EXPLANATION

PROVIDE PRIMARY CARE TO THE POOR AND UNINSURED RESIDENTS IN THE SAN FERNANDO VALLEY, WHOSE NET INCOME LEVEL IS AT OR BELOW FEDERAL PROVERTY LEVEL.

FORM 990	OTHER PROGRAM SERVICES	STATEMENT	3
DESCRIPTION OF OTHER PROGRAM SERVICES	GRANTS AND ALLOCATIONS	EXPENSES	
PACT/FAMILY PLANNING	259,697.	216,993.	
PROP 99/EAPC PROGRAM	258,706.	211,837.	
TEENSMART PROGRAM	79,998.	76,193.	
IMMUNIZATION PROGRAM	40,001.	46,234.	
HRSA 330 GRANT	600,658.	492,186.	
TOTAL TO FORM 990, PART III, LINE E	1,239,060.	1043443.	

FORM 990	DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT	STATEMENT	4
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LAND	1,033,078.	0.	1,033,078.
BUILDING	288,422.	46,458.	241,964.
MEDICAL EQUIPMENT	7,947.	7,947.	0.
OFFICE EQUIPMENT	31,423.	31,423.	0.
OFFICE FURNITURE	4,121.	4,121.	0.
TELEPHONE EQUIPMENT	1,078.	1,078.	0.
GENERAL MEDICAL EQUIPMENT	1,696.	1,188.	508.
TELEPHONE SYSTEM	4,390.	2,609.	1,781.
TELEPHONE SYSTEM	5,860.	2,978.	2,882.
GENERAL MEDICAL STERILIZER	3,552.	3,609.	<57.>
CHAIRS - WAITING AREA	3,058.	2,367.	691.
CONFERENCE TABLE	1,770.	929.	841.
MEDICAL EQUIPMENT	1,595.	758.	837.
OFFICE EQUIPMENT	1,082.	441.	641.
EQUIPMENT	24,700.	17,056.	7,644.
MEDICAL EQUIPMENT	731.	286.	445.
WHIRLPOOL EQUIPMENT	1,174.	400.	774.
WHIRLPOOL EQUIPMENT	588.	201.	387.
STORAGE CONTAINER	7,859.	2,620.	5,239.
MEDICAL EQUIPMENT	729.	249.	480.
MEDICAL EQUIPMENT	812.	277.	535.
MEDICAL EQUIPMENT	3,873.	1,258.	2,615.
COMPUTER EQUIPMENTS	85,267.	85,267.	0.
COMPUTER EQUIPMENTS	27,815.	27,815.	0.
COMPUTER EQUIPMENTS	8,436.	8,436.	0.
COMPUTER EQUIPMENTS	18,877.	18,877.	0.

COMPUTER EQUIPMENTS	6,342.	6,342.	0.
COMPUTER EQUIPMENTS	15,470.	5,608.	9,862.
CDW PRINTER	692.	789.	<97.>
CDW PRINTER	1,388.	1,427.	<39.>
COMPUTER SOFTWARES	34,942.	34,942.	0.
COMPUTER SOFTWARES	16,261.	16,261.	0.
TECHSOFT 6 MDRYTHM	3,000.	3,000.	0.
ACC PAC	1,509.	1,509.	0.
COMPUTER EQUIPMENTS	14,373.	7,666.	6,707.
COMPUTER EQUIPMENT	2,479.	1,281.	1,198.
COMPUTER EQUIPMENT	2,045.	1,057.	988.
COMPUTER EQUIPMENT	1,496.	623.	873.
COMPUTER SOFTWARE	3,697.	3,183.	514.
COMPUTER SOFTWARE	1,587.	1,323.	264.
COMPUTER SOFTWARE	1,804.	1,503.	301.
COMPUTER SOFTWARE	456.	366.	90.
DENTAL EQUIPMENT	12,500.	2,500.	10,000.
GENERATOR - HD	2,044.	408.	1,636.
FENCE	800.	50.	750.
AIR CONDITIONING - ENETEK	2,500.	493.	2,007.
GENERATOR - 4A CRANE	250.	46.	204.
GENERATOR - J ELECTRIC	2,500.	417.	2,083.
SECURITY CAMERA - CALSTAIC	7,999.	1,733.	6,266.
COMPUTER SOFTWARE	4,579.	2,925.	1,654.
COMPUTER SOFTWARE	1,178.	752.	426.
COMPUTER EQUIPMENT	3,248.	867.	2,381.
AIR CONDITIONING - ENETEK	14,400.	2,880.	11,520.
TOTAL TO FORM 990, PART IV, LN 57	<u>1,729,472.</u>	<u>368,599.</u>	<u>1,360,873.</u>

FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, STATEMENT 5
 TRUSTEES AND KEY EMPLOYEES

NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
AIDA VLUGHT 15206 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 0.00	0.	0.	0.
GURDIP S. MALIK 15206 PARTHENIA STREET NORTH HILLS, CA 91343	CHAIRMAN 0.00	0.	0.	0.
SURINDER SINGH 15206 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 0.00	0.	0.	0.
JACQUELINE ALIKHAANI 15206 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 0.00	0.	0.	0.
JERRY SCHARLIN 15206 PARTHENIA STREET NORTH HILLS, CA 91343	TREASURER 0.00	0.	0.	0.
TIMOTHY J. SCOTT 15206 PARTHENIA STREET NORTH HILLS, CA 91343	SECRETARY 0.00	0.	0.	0.
NIK GUPTA 15206 PARTHENIA STREET NORTH HILLS, CA 91343	CEO/CFO 40.00	531,652.	14,960.	0.
SIDNEY GOLD, MD 15206 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 0.00	0.	0.	0.
VIVIAN FLORES 15206 PARTHENIA STREET NORTH HILLS, CA 91343	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON FORM 990, PART V-A		531,652.	14,960.	0.

FORM 990	PROGRAM SERVICE REVENUE				STATEMENT 6
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
MENTAL HEALTH PUBLIC PRIVATE PARTNERSHIP PROGRAM					1,015,138.
MEDI-CAL PROGRAMS					1,101,255.
BLACK INFANT HEALTH PROGRAM					1,920,821.
PACT/FAMILY PLANNING					244,748.
PROP 99/EAPC PROGRAM					259,697.
TEENSMART PROGRAM					258,706.
IMMUNIZATION PROGRAM					79,998.
HRSA 330 GRANT					40,001.
					600,658.
TO FORM 990, PART VII, LINE 93					5,521,022.

FORM 990	OTHER REVENUE				STATEMENT 7
DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNCTION INCOME
NON GOVERNMENT FUNDS & GRANTS					483,026.
RECEIPTS FROM PATIENTS					181,100.
MISCELLANEOUS REVENUE					35,888.
DONATED PHARMACEUTICALS					339,832.
DONATED MEDICAL SUPPLIES					31,253.
UNREALIZED GAINS/LOSS ON MARKETABLE SECURITY					<16,322.>
TO FORM 990, PART VII, LINE 103					1,054,777.

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT 8
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	MISSION CITY COMMUNITY NETWORK, INC. PROVIDES PRIMARY CARE TO PATIENTS WHO ARE EITHER INDIVIDUALLY RECEIVING MEDICAL BENEFITS, UNEMPLOYED, OR WHOSE INCOME IS AT OR BELOW 133 1/3% OF THE FEDERAL POVERTY LEVEL WITH NO HEALTH INSURANCE COVERGE.
103	AMOUNTS RECEIVED FROM PATIENTS WHO WERE ABLE TO CONTRIBUTE TO SOME OF THE FEES OR PRESCRIPTIONS. AMOUNTS RECEIVED FROM PRIVATE FOUNDATIONS,

HOSPITALS, ETC., SUCH AS BLUE SHIELD OF CALIFORNIA FOUNDATION AND
ROBERT WOOD JOHNSON FOUNDATION.

Application for Extension of Time To File an Exempt Organization Return

▶ 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
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization MISSION CITY COMMUNITY NETWORK, INC.	Employer identification number 95-4226189
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 15206 PARTHENIA STREET	
	City, town or post office, state, and ZIP code For a foreign address, see instructions NORTH HILLS, CA 91343	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **NIK GUPTA, CEO/CFO**
 Telephone No. ▶ **(818) 895-3100** FAX No. ▶ _____
- 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) _____. If this is for the whole group, 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 members the extension will cover.

1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until **FEBRUARY 15, 2009**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning **JUL 1, 2007**, and ending **JUN 30, 2008**

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	N/A

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.