

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, 2007, and ending

B Check if applicable: X Address change
C Name of organization: NATIONAL FOSTER CARE COALITION
D Employer identification number: 20-4957162
E Telephone number: (202) 280-2039
F Accounting method: 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? No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? No
H(d) Is this a separate return filed by an organization covered by a group ruling? No
I Group Exemption Number

G Website: WWW.NATIONALFOSTERCARE.ORG

J Organization type (check only one) X 501(c)(3) 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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 232,433.

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.)

Table with 21 rows and 4 columns: Description, Sub-description, Amount, Total. Includes Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Total revenue: 232,433. Total expenses: 269,796. Net assets at end of year: 123,626.

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

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.)

Table with 5 columns: (A) Total, (B) Program services, (C) Management and general, (D) Fundraising. Rows include 22a-22b, 23, 24, 25a-25c, 26-29, 30-42, 43a-43g, and 44 Total functional expenses.

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 [X] No
If "Yes," enter (i) the aggregate amount of these joint costs \$ ; (ii) the amount allocated to Program services \$ ;
(iii) the amount allocated to Management and general \$ ; and (iv) the amount allocated to Fundraising \$



**Part IV Balance Sheets** (See the instructions.)

		(A)		(B)
		Beginning of year		End of year
Assets	<b>45</b> Cash - non-interest-bearing . . . . .	143,788.	<b>45</b>	59,058.
	<b>46</b> Savings and temporary cash investments . . . . .		<b>46</b>	
	<b>47a</b> Accounts receivable . . . . .	2,097.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .		2,195.	2,097.
	<b>48a</b> Pledges receivable . . . . .	63,266.		
	<b>b</b> Less: allowance for doubtful accounts . . . . .		29,680.	63,266.
	<b>49</b> Grants receivable . . . . .		<b>49</b>	
	<b>50a</b> Receivables from current and former officers, directors, trustees, and key employees (attach schedule). . . . .		<b>50a</b>	
	<b>b</b> Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		<b>50b</b>	
	<b>51a</b> Other notes and loans receivable (attach schedule) . . . . .			
	<b>b</b> Less: allowance for doubtful accounts . . . . .		<b>51c</b>	
	<b>52</b> Inventories for sale or use . . . . .		<b>52</b>	
	<b>53</b> Prepaid expenses and deferred charges . . . . .		<b>53</b>	
	<b>54a</b> Investments - publicly-traded securities . . . . . <input type="checkbox"/> Cost <input checked="" type="checkbox"/> FMV		<b>54a</b>	
	<b>b</b> Investments - other securities (attach schedule). . . . . <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54b</b>	
	<b>55a</b> Investments - land, buildings, and equipment: basis . . . . .		<b>55a</b>	
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .		<b>55c</b>	
	<b>56</b> Investments - other (attach schedule) . . . . .		<b>56</b>	
	<b>57a</b> Land, buildings, and equipment: basis . . . . .		<b>57a</b>	
	<b>b</b> Less: accumulated depreciation (attach schedule) . . . . .		<b>57c</b>	
<b>58</b> Other assets, including program-related investments (describe ► _____ )		<b>58</b>		
<b>59 Total assets</b> (must equal line 74). Add lines 45 through 58 . . . . .	175,663.	<b>59</b>	124,421.	
Liabilities	<b>60</b> Accounts payable and accrued expenses . . . . .	14,424.	<b>60</b>	795.
	<b>61</b> Grants payable . . . . .		<b>61</b>	
	<b>62</b> Deferred revenue . . . . .	250.	<b>62</b>	NONE
	<b>63</b> Loans from officers, directors, trustees, and key employees (attach schedule) . . . . .		<b>63</b>	
	<b>64a</b> Tax-exempt bond liabilities (attach schedule) . . . . .		<b>64a</b>	
	<b>b</b> Mortgages and other notes payable (attach schedule) . . . . .		<b>64b</b>	
	<b>65</b> Other liabilities (describe ► _____ )		<b>65</b>	
	<b>66 Total liabilities.</b> Add lines 60 through 65 . . . . .	14,674.	<b>66</b>	795.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	<b>67</b> Unrestricted . . . . .	13,306.	<b>67</b>	60,360.
	<b>68</b> Temporarily restricted . . . . .	147,683.	<b>68</b>	63,266.
	<b>69</b> Permanently restricted . . . . .		<b>69</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input type="checkbox"/> and complete lines 70 through 74.			
	<b>70</b> Capital stock, trust principal, or current funds . . . . .		<b>70</b>	
	<b>71</b> Paid-in or capital surplus, or land, building, and equipment fund . . . . .		<b>71</b>	
	<b>72</b> Retained earnings, endowment, accumulated income, or other funds . . . . .		<b>72</b>	
	<b>73 Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21) . . . . .	160,989.	<b>73</b>	123,626.
	<b>74 Total liabilities and net assets/fund balances.</b> Add lines 66 and 73 . . . . .	175,663.	<b>74</b>	124,421.





Part VI Other Information (continued)

Table with columns for question number, question text, and Yes/No columns. Rows include 82a through 91a, covering topics like donated services, public inspection requirements, dues, lobbying expenditures, and tax shelter transactions.

Table with columns for question number, question text, and Yes/No columns. Row 91b asks about financial accounts in foreign countries.

**Part VI Other Information (continued)**

c At any time during the calendar year, did the organization maintain an office outside of the United States?  Yes  No  
 If "Yes," enter the name of the foreign country \_\_\_\_\_

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  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) Exclusion code	(D) Amount	
93 Program service revenue:					
a SERVICE FEES					54,928.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					8,200.
95 Interest on savings and temporary cash investments					
96 Dividends and interest from securities					
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					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))					63,128.
105 Total (add line 104, columns (B), (D), and (E))					63,128.

**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).
9	STMT 9

**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
	%			
	%			
	%			
	%			

**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).

**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.

Yes	No
	X

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

**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.

Yes	No
	X

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

**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?

Yes	No
	X

**Please Sign Here**

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

 
 

 
 

**Paid Preparer's Use Only**

Preparer's signature	MCMaster & Associates PC	Date	07/15/2008	Check if self-employed	<input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)	P00310424
Firm's name (or yours if self-employed), address, and ZIP + 4	MCMaster & Associates, PC	EIN	05-0562522	Phone no.	202-223-5001		
1015 18TH STREET, NW, STE 1101		WASHINGTON, DC		20036		Form <b>990</b> (2007)	

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Organization Exempt Under Section 501(c)(3)**

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

**Supplementary Information - (See separate instructions.)**

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

OMB No. 1545-0047

**2007**

Name of the organization

NATIONAL FOSTER CARE COALITION

Employer identification number

20-4957162

**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
SEE STATEMENT 10				

Total number of other employees paid over \$50,000 . . . ▶ NONE

**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
NONE		

Total number of others receiving over \$50,000 for professional services . . . . . ▶ NONE

**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
NONE		

Total number of other contractors receiving over \$50,000 for other services . . . . . ▶ NONE

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 \$ 2,400. (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)

1 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?

2a X

b Lending of money or other extension of credit?

2b X

c Furnishing of goods, services, or facilities?

2c X

d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? .STMT. 11

2d X

e Transfer of any part of its income or assets?

2e X

3a 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.)

3a X

b Did the organization have a section 403(b) annuity plan for its employees?

3b 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

3c X

d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?

3d X

4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g

4a X

b Did the organization make any taxable distributions under section 4966?

4b X

c Did the organization make a distribution to a donor, donor advisor, or related person?

4c X

d Enter the total number of donor advised funds owned at the end of the tax year

e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year

f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the rights to provide advice on the distribution or investment of amounts in such funds or accounts

g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year

**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.)
- 11 a  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.)
- 11 b  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	
<b>Total</b> . . . . .					

- 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.

Table with columns: Calendar year (or fiscal year beginning in), (a) 2006, (b) 2005, (c) 2004, (d) 2003, (e) Total. Rows include: 15 Gifts, grants, and contributions received; 16 Membership fees received; 17 Gross receipts from admissions, merchandise sold or services performed; 18 Gross income from interest, dividends; 19 Net income from unrelated business activities; 20 Tax revenues levied for the organization's benefit; 21 The value of services or facilities furnished to the organization by a governmental unit without charge; 22 Other income; 23 Total of lines 15 through 22; 24 Line 23 minus line 17; 25 Enter 1% of line 23; 26 Organizations described on lines 10 or 11; 27 Organizations described on line 12; 28 Unusual Grants.

**Part V Private School Questionnaire** (See page 9 of the instructions.) NOT APPLICABLE  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
<b>29</b>	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? . . . . .	<b>29</b>	
<b>30</b>	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? . . . . .	<b>30</b>	
<b>31</b>	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.) ----- ----- -----	<b>31</b>	
<b>32</b>	Does the organization maintain the following:		
<b>a</b>	Records indicating the racial composition of the student body, faculty, and administrative staff? . . . . .	<b>32a</b>	
<b>b</b>	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis? . . . . .	<b>32b</b>	
<b>c</b>	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships? . . . . .	<b>32c</b>	
<b>d</b>	Copies of all material used by the organization or on its behalf to solicit contributions? . . . . .	<b>32d</b>	
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>33</b>	Does the organization discriminate by race in any way with respect to:		
<b>a</b>	Students' rights or privileges? . . . . .	<b>33a</b>	
<b>b</b>	Admissions policies? . . . . .	<b>33b</b>	
<b>c</b>	Employment of faculty or administrative staff? . . . . .	<b>33c</b>	
<b>d</b>	Scholarships or other financial assistance? . . . . .	<b>33d</b>	
<b>e</b>	Educational policies? . . . . .	<b>33e</b>	
<b>f</b>	Use of facilities? . . . . .	<b>33f</b>	
<b>g</b>	Athletic programs? . . . . .	<b>33g</b>	
<b>h</b>	Other extracurricular activities? . . . . .	<b>33h</b>	
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) ----- -----		
<b>34 a</b>	Does the organization receive any financial aid or assistance from a governmental agency? . . . . .	<b>34a</b>	
<b>b</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.	<b>34b</b>	
<b>35</b>	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 . . . . .	<b>35</b>	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)

(To be completed **ONLY** by an eligible organization that filed Form 5768) **NOT APPLICABLE**

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
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying) . . . . .	<b>36</b>	
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying) . . . . .	<b>37</b>	
<b>38</b> Total lobbying expenditures (add lines 36 and 37) . . . . .	<b>38</b>	
<b>39</b> Other exempt purpose expenditures . . . . .	<b>39</b>	
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39) . . . . .	<b>40</b>	
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table - <b>If the amount on line 40 is -</b> <b>The lobbying nontaxable amount is -</b>		
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	<b>41</b>	
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 . . . . .		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41) . . . . .	<b>42</b>	
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36 . . . . .	<b>43</b>	
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38 . . . . .	<b>44</b>	

**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				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
<b>45</b> Lobbying nontaxable amount . . . . .					
<b>46</b> Lobbying ceiling amount (150% of line 45(e)) . . . . .					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount . . . . .					
<b>49</b> Grassroots ceiling amount (150% of line 48(e)) . . . . .					
<b>50</b> Grassroots lobbying expenditures . . . . .					

**Part VI-B Lobbying Activity by Nonelecting Public Charities**

(For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.)

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
<b>a</b> Volunteers . . . . .		X	
<b>b</b> Paid staff or management (Include compensation in expenses reported on lines c through h.) . . . . .	X		
<b>c</b> Media advertisements . . . . .		X	
<b>d</b> Mailings to members, legislators, or the public . . . . .		X	
<b>e</b> Publications, or published or broadcast statements . . . . .		X	
<b>f</b> Grants to other organizations for lobbying purposes . . . . .		X	
<b>g</b> Direct contact with legislators, their staffs, government officials, or a legislative body . . . . .	X		2,400.
<b>h</b> Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means . . . . .		X	
<b>i</b> Total lobbying expenditures (Add lines c through h.) . . . . .			2,400.

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



**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

**2007**

Name of organization

NATIONAL FOSTER CARE COALITION

Employer identification number

20-4957162

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**. (Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule - see instructions.)

**General Rule -**

For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. (Complete Parts I and II.)

**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.) . . . . . ▶ \$ \_\_\_\_\_

**Caution:** Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they **must** check the box in the heading of their Form 990, Form 990-EZ, or on line 2 of their Form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the Instructions for Form 990, Form 990-EZ, and Form 990-PF.

Schedule B (Form 990, 990-EZ, or 990-PF) (2007)

<b>Name of organization</b> NATIONAL FOSTER CARE COALITION	<b>Employer identification number</b> 20-4957162
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**Part I Contributors** (See Specific Instructions.)

(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	_____	\$ 75,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	_____	\$ 84,065.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	_____	\$ 10,240.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)
	_____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution.)

FORM 990, PART II - OTHER EXPENSES

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DESCRIPTION -----	TOTAL -----	PROGRAM SERVICES -----	MANAGEMENT AND GENERAL -----	FUNDRAISING -----
BANK FEES	77.		77.	
INSURANCE	3,016.		3,016.	
LICENSES & REGISTRATION	656.	500.	156.	
TEMPORARY HELP	1,000.	1,000.		
STIPENDS AND HONORARIA	5,710.	5,710.		
DUES AND SUBSCRIPTIONS	1,249.	1,160.	89.	
BAD DEBTS	25,884.		25,884.	
COST ALLOCATION		23,169.	-23,963.	794.
MISCELLANEOUS	80.		80.	
TOTALS	37,672.	31,539.	5,339.	794.

FORM 990, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

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THE NATIONAL FOSTER CARE COALITION IS DEDICATED TO RAISING PUBLIC AWARENESS, COORDINATING ADVOCACY EFFORTS AND BUILDING DIVERSE ALLIANCES THAT PROMOTE POSITIVE OUTCOMES FOR CHILDREN, YOUTH, AND FAMILIES IN THE CHILD WELFARE SYSTEM.

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

PROGRAM SERVICE ACCOMPLISHMENT A

EMERGING YOUTH LEADERS: NFCC IS COMMITTED TO THE CREATION OF A STRONG AND SUSTAINABLE YOUTH VOICE IN CHILD WELFARE POLICY AND PRACTICE. ACTIVITIES: NURTURING EMERGING YOUTH LEADERS AND YOUTH ORGANIZATIONS THROUGH NFCC MEMBERSHIP AND PARTICIPATION; BRINGING FOSTER YOUTH AND ALUMNI ORGANIZATIONS TOGETHER AROUND BUILDING CAPACITY AND SUSTAINABILITY; SUPPORTING THE DEVELOPMENT OF A COMMUNICATIONS AND ADVOCACY NETWORK AMONG YOUTH ORGANIZATIONS; INCREASING THE STRENGTH AND REACH OF YOUTH VOICES IN WASHINGTON PROJECTS 2006-2007: SPONSORSHIP OF A YOUTH-LED TRAINING TRACK AT THE NATIONAL FOSTER PARENT ASSOCIATION CONFERENCE IN WASHINGTON DC IN MAY OF 2007, TO INCLUDE A HILL DAY AND LEADERSHIP TRAINING FOR YOUTH AND ALUMNI FROM NFCC MEMBER ORGANIZATIONS INCLUDING THE NATIONAL FOSTER YOUTH ADVISORY COUNCIL, THE JIM CASEY YOUTH OPPORTUNITIES INITIATIVE, FOSTER CARE ALUMNI OF AMERICA, FOSTERCLUB ALL-STARS, AND THE CALIFORNIA YOUTH CONNECTION. FUTURE ACTIVITIES: ANNUAL FOSTER YOUTH LEADERSHIP SUMMIT AND HILL DAY IN WASHINGTON, DC " DEVELOPMENT OF A FOSTER CARE MONTH TOOLKIT FOR YOUTH DEVELOPMENT OF OTHER YOUTH LEADERSHIP OPPORTUNITIES, INCLUDING YOUTH TRAINERS, NATIONAL SPEAKER'S BUREAU, AND YOUTH/ADULT PARTNERSHIPS TO DEVELOP TRAINING CURRICULUM FOR YOUTH AND ADULTS ON PERMANENCY FOR OLDER YOUTH, HEALTH, MENTAL HEALTH, PARENTING, AND RELATIONSHIPS (INITIAL TOPICS IDENTIFIED BY YOUTH) NFCC PARTNERED WITH FOSTERCLUB AND THE NATIONAL FOSTER PARENT ASSOCIATION TO IMPLEMENT THE FIRST-EVER YOUTH TRACK AT THE NFPA NATIONAL CONFERENCE.

PROGRAM SERVICE ACCOMPLISHMENT B

INFORMATION AND ADVOCACY: NFCC WILL CONTINUE IN ITS LEADERSHIP ROLE REGARDING THE PROMOTION OF BEST PRACTICES TO SUPPORT PERMANENCY EFFORTS AND OTHER SUPPORTS FOR YOUNG PEOPLE MAKING THE TRANSITION FROM FOSTER CARE TO ADULTHOOD, AND TO ENSURE THE EFFECTIVE STATE AND LOCAL IMPLEMENTATION OF THE CHAFEE FOSTER CARE INDEPENDENCE PROGRAM. ACTIVITIES: TRAINING AND TECHNICAL ASSISTANCE TO STATES, YOUTH ORGANIZATIONS, AND SERVICE PROVIDERS; INFORMATION AND REFERRAL/RESOURCE SERVICES TO MEMBERS, CHILD WELFARE ADMINISTRATORS, THE FIELDS OF CHILD WELFARE AND YOUTH DEVELOPMENT, THE PRESS, AND THE GENERAL PUBLIC;

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

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PUBLICATIONS; PARTICIPATION IN WORKING GROUPS, ADVISORY GROUPS, AND OTHER COLLABORATIVE EFFORTS TO BUILD AWARENESS, IMPROVE SYSTEMS, AND SUPPORT YOUTH INVOLVEMENT AND ENGAGEMENT.

ADVOCACY ACTIVITIES ARE INTENDED TO EDUCATE CHILD WELFARE ADMINISTRATORS AND DECISION MAKERS IN STATES AND COMMUNITIES ABOUT THE NEEDS OF FOSTER YOUTH AND FAMILIES, AND TO ENABLE THEM TO MAKE GOOD DECISIONS ABOUT WHAT KINDS OF PROGRAMS TO IMPLEMENT THAT WILL BEST SERVE THOSE YOUTH AND FAMILIES. ADVOCACY ACTIVITIES ALSO HELP TO EDUCATE MEMBERS OF THE GENERAL PUBLIC ABOUT THE NEEDS OF FOSTER YOUTH, AND ENCOURAGE THEM TO HELP FOSTER YOUTH AND FAMILIES THROUGH VOLUNTEERISM, MENTORING, EMPLOYMENT OR OTHER ACTIVITIES.

PROJECTS

" JULY 2006-JUNE 2008: AS A WT GRANT FOUNDATION DISTINGUISHED FELLOW FOR 2006-2008, NFCC'S EXECUTIVE DIRECTOR ROBIN NIXON WILL PARTICIPATE IN RESEARCH CONDUCTED BY MARK COURTNEY AT THE UNIVERSITY OF CHICAGO, AND PARTNER WITH THE UNIVERSITY IN THE DEVELOPMENT OF EVIDENCE-BASED ADVOCACY STRATEGIES. THE FELLOWSHIP PROJECT, MAKING THE CASE FOR EXTENDING FOSTER CARE AND TRANSITION SERVICES BEYOND AGE 18, WILL BUILD NFCC'S CAPACITY TO UTILIZE EFFECTIVE RESEARCH IN ADVOCACY FOR CHANGES IN CHILD WELFARE PRACTICE THAT IMPROVE PERMANENCY AND SELF-SUFFICIENCY OUTCOMES FOR YOUTH MAKING THE TRANSITION FROM FOSTER CARE TO ADULTHOOD. THIS PROJECT WILL HAVE A NUMBER OF PRODUCTS, INCLUDING A SERIES OF ISSUE BRIEFS FOR ADVOCATES AND SERVICE PROVIDERS ABOUT THE ROLE OF RESEARCH IN PROMOTING POSITIVE CHANGES IN SERVICE DELIVERY TO YOUNG PEOPLE.

PROGRAM SERVICE ACCOMPLISHMENT C

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NATIONAL FOSTER CARE MONTH (NFCM): NFCC HAS BEEN AN INTEGRAL PARTNER IN THE EXPANSION OF FCM EFFORTS OVER THE PAST FIVE YEARS. WE WILL CONTINUE OUR EFFORTS IN THIS AREA THROUGH PARTICIPATION IN THE NATIONAL FOSTER CARE MONTH PARTNERSHIP SPONSORED BY CASEY FAMILY PROGRAMS. ACTIVITIES: DISTRIBUTION OF INFORMATION AND RESOURCES; RESPONSE TO PRESS AND MEDIA REQUESTS; PARTICIPATION IN PLANNING AND IMPLEMENTATION OF NFCM ACTIVITIES; INCREASING YOUTH PARTICIPATION IN NFCM EFFORTS (SEE EMERGING YOUTH LEADERS, BELOW) ADDITIONAL INFORMATION IS AVAILABLE AT WWW.FOSTERCAREMONTH.ORG FCM HELPS TO BUILD AWARENESS OF THE NEEDS OF FOSTER

FORM 990, PART III - PROGRAM SERVICE ACCOMPLISHMENTS

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CHILDREN AMONG THE GENERAL PUBLIC, HELPS TO GENERATE VOLUNTEERS AMONG THE GENERAL PUBLIC, HELPS CHILD WELFARE AGENCIES RECOGNIZE FOSTER FAMILIES AND FOSTER YOUTH, AND PROVIDES OPPORTUNITIES FOR FOSTER CARE CONSUMERS TO MAKE THEIR VIEWS ABOUT FOSTER CARE KNOWN AND TO INCREASE THEIR PARTICIPATION IN CHILD WELFARE PROGRAMS.

PROGRAM SERVICE ACCOMPLISHMENT D

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TRAINING AND TECHNICAL ASSISTANCE: NFCC IS RECOGNIZED NATIONWIDE AS A UNIQUE AND COMPREHENSIVE SOURCE OF INFORMATION. WE RESPOND TO OVER 100 REQUESTS PER MONTH FOR INFORMATION AND REFERRAL FROM INDIVIDUALS, ORGANIZATIONS, LEGISLATURES, AND GOVERNMENTS. ACTIVITIES: TRAINING AND TECHNICAL ASSISTANCE TO STATES, YOUTH ORGANIZATIONS, AND SERVICE PROVIDERS; EXPANSION OF THE NFCC WEBSITE AND EMAIL LISTSERV; POSTING ELECTRONIC VERSIONS OF NFCC PUBLICATIONS AND NEWSLETTERS; QUICK RESPONSE FUNCTION TO INFORM MEMBERS AND OTHERS OF CRITICAL OR EMERGING ISSUES RELATED TO CHILD WELFARE. THE NFCC WEBSITE WILL BE WWW.NATIONALFOSTERCARE.ORG PROJECTS OCT 2005-SEPT 2008: NFCC IS A PARTNER WITH THE NATIONAL RESOURCE CENTER FOR FAMILY CENTERED-PRACTICE AND PERMANENCY PLANNING IN THE DEVELOPMENT OF A CURRICULUM FOR CHILD WELFARE SUPERVISORS TO ENSURE THE EFFECTIVE IMPLEMENTATION OF INDEPENDENT LIVING SERVICES FOR OLDER YOUTH IN CARE AND THE INTEGRATION OF PERMANENCY PLANNING AND PREPARATION FOR ADULTHOOD. PREPARATION FOR ADULTHOOD-SUPERVISING FOR SUCCESS WILL ENABLE TWO STATE SYSTEMS (MISSISSIPPI AND OREGON) AND ONE LARGE URBAN SYSTEM (NEW YORK CITY) TO PILOT SUPERVISORY TRAINING PROGRAMS AND PROVIDE BETTER SUPPORT TO WORKERS RESPONSIBLE FOR PERMANENCY, INDEPENDENT LIVING, AND TRANSITION SERVICES FOR FOSTER YOUTH. TRAINING AND TECHNICAL ASSISTANCE ACTIVITIES AND PROJECTS HELP TO BUILD THE CAPACITY OF THE CHILD WELFARE SYSTEM TO PROVIDE QUALITY SERVICES TO CHILDREN, YOUTH, AND FAMILIES. ACCESS TO THE INFORMATION SERVICES ASSISTS INDIVIDUAL YOUTH AND FAMILIES ACCESS SERVICES IN THEIR COMMUNITY. INFORMATION SERVICES HELP TO EDUCATE THE GENERAL PUBLIC ABOUT THE NEEDS AND POTENTIAL OF FOSTER CHILDREN IN AMERICA, AND MAY HELP MOVE MEMBERS OF THE PUBLIC TO VOLUNTEER OR PROVIDE OTHER ASSISTANCE TO CHILDREN IN NEED.

FORM 990, PART III - OTHER PROGRAM SERVICES (LINE E)

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DESCRIPTION	GRANTS AND ALLOCATIONS	EXPENSES
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MEMBERSHIP - SEE ATTACHED DESCRIPTION		19,186.
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TOTALS		19,186.
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FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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ROBIN NIXON 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	PRESIDENT & EXEC. DIRECTOR 40.00	98,880.	NONE	NONE
KATHI CROWE 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	VICE PRESIDENT	NONE	NONE	NONE
LEE MULLANE 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	TREASURER	NONE	NONE	NONE
TERRY BAUGH 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	SECRETARY	NONE	NONE	NONE
SUSAN WEISS 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	DIRECTOR	NONE	NONE	NONE
RITA POWELL 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	DIRECTOR	NONE	NONE	NONE
M. CARMELA WELTE	DIRECTOR	NONE	NONE	NONE

FORM 990, PART V-A - CURRENT OFFICERS, DIRECTORS, AND TRUSTEES

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NAME AND ADDRESS	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION	COMPENSATION	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS	EXPENSE ACCT AND OTHER ALLOWANCES
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2 TILGHAM PLACE LOVETTSVILLE, VA 20180				
PEGGY BAILEY 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	DIRECTOR	NONE	NONE	NONE
JOO YEUN CHANG 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	DIRECTOR	NONE	NONE	NONE
DANIEL J. KNAPP 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	DIRECTOR	NONE	NONE	NONE
	GRAND TOTALS	98,880.	NONE	NONE
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FORM 990, PART VIII - ACCOMPLISHMENT OF EXEMPT PURPOSES

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LINE NO. ---	EXPLANATION OF HOW EACH ACTIVITY FOR WHICH INCOME IS REPORTED IN COLUMN (E) OF PART VII CONTRIBUTED IMPORTANTLY TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES -----
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- 93A      SERVICE FEES - CHARGED FOR PROVIDING TRAINING AND TECHNICAL ASSISTANCE TO STATES AND COUNTIES ON THE IMPLEMENTATION OF FOSTER CARE SERVICES TO OLDER ADOLESCENTS AND YOUNG ADULTS INVOLVED WITH THE FOSTER CARE SYSTEM.
- 94        MEMBERSHIP FEES - FEES ENABLE THE ORGANIZATION THE ABILITY TO ESTABLISH A NETWORK FOR MEMBERS AND NON-MEMBERS THAT PROVIDES A FORUM FOR DISCUSSION, EDUCATION, RESEARCH AND INFORMATON RELATED TO CHILD WELFARE ISSUES.

SCHEDULE A, PART I - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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NAME AND ADDRESS -----	TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION -----	COMPENSATION -----	CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS -----	EXPENSE ACCOUNT -----
MARIA GARIN JONES 2 TILGHAM PLACE LOVETTSVILLE, VA 20180	ASSISTANT DIRECTOR 40.00	65,749.	NONE	NONE
	TOTAL COMPENSATION	----- 65,749. =====	----- NONE =====	----- NONE =====

SCHEDULE A, PART III - EXPLANATION FOR LINE 2D  
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SEE FORM 990 PART V-A