

Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No. 1545-0047

2006**Open to Public
Inspection**

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

A For the 2006 calendar year, or tax year beginning , and ending**B** Check if applicable:

- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Final return
- ☐ Amended return
- ☐ Application pending

Please
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization

Cystic Fibrosis Foundation - Tennessee Chapter

Number and street (or P.O. box if mail is not delivered to street address)

4825 Trousdale Drive

Room/suite

238

City or town

Nashville

State or country

TN

ZIP + 4

37220

D Employer identification number

62-0851705

E Telephone number

(301)951-4422

F Accounting method: ☐ Cash ☒ Accrual☐ Other (specify) ▶• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable
trusts must attach a completed Schedule A (Form 990 or 990-EZ).**G** Website: ▶ www.cff.org**J** Organization type (check only one) ▶ ☒ 501(c) (3) ◀ (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.**H** and **I** are not applicable to section 527 organizations.**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instructions.)

H(d) Is this a separate return filed by an organization
covered by a group ruling? ☒ Yes ☐ No**I** Group Exemption Number ▶ 1393**M** Check ☐ if the organization is not required
to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 2,049,980**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received:			
a	Contributions to donor advised funds	1a		0
b	Direct public support (not included on line 1a)	1b		2,012,561
c	Indirect public support (not included on line 1a)	1c		37,419
d	Government contributions (grants) (not included on line 1a)	1d		0
e	Total (add lines 1a through 1d) (cash \$ 2,049,980 noncash \$ 0)	1e		2,049,980
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2		0
3	Membership dues and assessments	3		0
4	Interest on savings and temporary cash investments	4		0
5	Dividends and interest from securities	5		0
6a	Gross rents	6a		
b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c		0
7	Other investment income (describe ▶)	7		0
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less: cost or other basis and sales expenses	8a	0	0
c	Gain or (loss) (attach schedule)	8b	0	0
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c	0	0
8d				0
9	Special events and activities (attach schedule). If any amount is from gaming, check here ▶ <input type="checkbox"/>			
a	Gross revenue (not including \$ 0 of contributions reported on line 1b)	9a		0
b	Less: direct expenses other than fundraising expenses	9b		0
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		0
10a	Gross sales of inventory, less returns and allowances	10a		0
b	Less: cost of goods sold	10b		0
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		0
11	Other revenue (from Part VII, line 103)	11		0
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12		2,049,980
13	Program services (from line 44, column (B))	13		312,263
14	Management and general (from line 44, column (C))	14		33,628
15	Fundraising (from line 44, column (D))	15		134,513
16	Payments to affiliates (attach schedule)	16		1,569,576
17	Total expenses. Add lines 16 and 44, column (A)	17		2,049,980
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18		0
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		0
20	Other changes in net assets or fund balances (attach explanation)	20		0
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21		0

Part II Statement of Functional Expenses

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

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

	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22a 0	0		
22 b Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u>) If this amount includes foreign grants, check here <input type="checkbox"/>	22b 0	0		
23 Specific assistance to individuals (attach schedule)	23 0	0		
24 Benefits paid to or for members (attach schedule)	24 0			
25 a Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a 0	0	0	0
b Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b 0	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) (attach schedule)	25c 0	0	0	0
26 Salaries and wages of employees not included on lines 25a, b, and c	26 266,253	173,064	18,638	74,551
27 Pension plan contributions not included on lines 25a, b, and c	27 15,157	9,852	1,061	4,244
28 Employee benefits not included on lines 25a - 27	28 31,007	20,155	2,170	8,682
29 Payroll taxes	29 21,910	14,241	1,534	6,135
30 Professional fundraising fees	30 0			
31 Accounting fees	31 0			
32 Legal fees	32 0			
33 Supplies	33 13,379	8,696	937	3,746
34 Telephone	34 12,056	7,836	844	3,376
35 Postage and shipping	35 14,232	9,251	996	3,985
36 Occupancy	36 40,402	26,261	2,828	11,313
37 Equipment rental and maintenance	37 768	499	54	215
38 Printing and publications	38 16,858	10,958	1,180	4,720
39 Travel	39 12,137	7,889	850	3,398
40 Conferences, conventions, and meetings	40 2,004	1,303	140	561
41 Interest	41 0			
42 Depreciation, depletion, etc. (attach schedule)	42 3,832	2,491	268	1,073
43 Other expenses not covered above (itemize):				
a Miscellaneous	43a 4,728	3,075	330	1,323
b Data Processing	43b 25,656	16,676	1,796	7,184
c Licenses and Taxes	43c 25	16	2	7
d	43d 0	0	0	0
e	43e 0	0	0	0
f	43f 0	0	0	0
g	43g 0	0	0	0
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 480,404	312,263	33,628	134,513

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

Part 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		45
	46 Savings and temporary cash investments		46
	47 a Accounts receivable	47a 0	
	b Less: allowance for doubtful accounts	47b 0	47c 0
	48 a Pledges receivable	48a 0	
	b Less: allowance for doubtful accounts	48b 0	48c 0
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a 0
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51 a Other notes and loans receivable (attach schedule)	51a 0	
	b Less: allowance for doubtful accounts	51b 0	51c 0
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a 0
	b Investments—other securities (attach schedule). <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b 0
	55 a Investments—land, buildings, and equipment: basis	55a 0	
	b Less: accumulated depreciation (attach schedule)	55b 0	55c 0
	56 Investments—other (attach schedule)		56 0
	57 a Land, buildings, and equipment: basis	57a 0	
	b Less: accumulated depreciation (attach schedule)	57b 0	57c 0
58 Other assets, including program-related investments (describe _____)		58 0	
59 Total assets (must equal line 74). Add lines 45 through 58		59 0	
Liabilities	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63 0
	64 a Tax-exempt bond liabilities (attach schedule)		64a 0
	b Mortgages and other notes payable (attach schedule)		64b 0
	65 Other liabilities (describe _____)		65 0
66 Total liabilities. Add lines 60 through 65		66 0	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted		67
	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).		73 0
	74 Total liabilities and net assets/fund balances. Add lines 66 and 73.		74 0

Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements		a	2,049,980
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
			0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	2,049,980
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
			0	
	Add lines d1 and d2		d	0
e	Total revenue (Part I, line 12). Add lines c and d		e	2,049,980

Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

a	Total expenses and losses per audited financial statements		a	480,404
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
			0	
	Add lines b1 through b4		b	0
c	Subtract line b from line a		c	480,404
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Payments to Affiliates		1,569,576	
	Add lines d1 and d2		d	1,569,576
e	Total expenses (Part I, line 17). Add lines c and d		e	2,049,980

Part V-A Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			
Name N/A Str City ST ZIP	Title Hr/WK			

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)**75 a** Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings**b** Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)**c** Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization."

If "Yes," attach a statement that includes the information described in the instructions.

d Does the organization have a written conflict of interest policy?**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				
Name <u>N/A</u> Str _____ City _____ ST _____ ZIP _____				

Part VI Other Information (See the instructions.)**76** Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change**77** Were any changes made in the organizing or governing documents but not reported to the IRS?
If "Yes," attach a conformed copy of the changes.**78 a** Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?**b** If "Yes," has it filed a tax return on **Form 990-T** for this year?**79** Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement**80 a** Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?**b** If "Yes," enter the name of the organization ▶ _____and check whether it is ☐ exempt or ☐ nonexempt**81 a** Enter direct and indirect political expenditures. (See line 81 instructions.)**b** Did the organization file **Form 1120-POL** for this year?

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?		
82a			
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.)		
82b	0		
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?		
83a			
b	Did the organization comply with the disclosure requirements relating to <i>quid pro quo</i> contributions?		
83b			
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		
84a			
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b			
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?		
85a			
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.		
85b			
c	Dues, assessments, and similar amounts from members		
85c			
d	Section 162(e) lobbying and political expenditures		
85d			
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e			
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	0		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g			
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?		
85h			
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12		
86a			
b	Gross receipts, included on line 12, for public use of club facilities		
86b			
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders		
87a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		
87b			
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			
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			
89 a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ; section 4912 ; section 4955		
b	501(c)(3) and 501(c)(4) orgs. 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			
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		
89e			
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		
89f			
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			
90 a	List the states with which a copy of this return is filed		
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)		
90b			
91 a	The books are in care of Name Telephone no. City ST ZIP + 4		
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 See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
91b			

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 ▶

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) Exclusion code	(D) Amount	
93 Program service revenue:					
a					
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					
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		0		0	0
b		0		0	0
c		0		0	0
d		0		0	0
e		0		0	0
104 Subtotal (add columns (B), (D), and (E))		0		0	0
105 Total (add line 104, columns (B), (D), and (E))					0

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).

▼

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
	%		0	0
	%		0	0
	%		0	0
	%		0	0

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

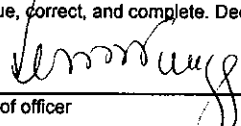
107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
Totals				0

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

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.			
	 Signature of officer		Date <u>5/9/2007</u>	
Paid Preparer's Use Only	Vera H. Twigg, Senior VP and CFO Type or print name and title			
	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X)
	Firm's name (or yours if self-employed), address, and ZIP + 4		EIN	Phone no.

CYSTIC FIBROSIS FOUNDATION
TENNESSEE CHAPTER
STATEMENT OF REVENUE AND COSTS OF SERVICES
FOR THE YEAR ENDED DECEMBER 31, 2006

REVENUE:

Received directly from public:

Special events (net of direct
costs of \$170,521)

\$1,460,155

General contributions

534,962

Memorial tributes

17,444

Total

2,012,561

Received indirectly from public:

Allocations from federated and
Federal service campaigns

37,419

Total revenue

2,049,980

COSTS OF SERVICES:

Program services:

Medical programs

38,433

Public and professional information
and education

177,749

Community services

96,081

Total program services

312,263

Supporting services:

Management and general

33,628

Fundraising

134,513

Total supporting services

168,141

Total costs of services

480,404

Increase in net assets available for

National Programs

\$1,569,576

The accompanying notes are an integral part of this financial statement