

Return of Organization Exempt From Income Tax

2001

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Open to Public Inspection

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

A For the 2001 calendar year, or tax year period beginning JUL 1, 2001 and ending JUN 30, 2002

B Check if applicable: X Address change. C Name of organization: TRIGEMINAL NEURALGIA ASSOCIATION. D Employer identification number: 22-3071645. E Telephone number: (352) 376-9955. F Accounting method: X Accrual.

G Web site WWW.TNA-SUPPORT.ORG. H and I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? X No.

J Organization type (check only one) X 501(c)(3). K Check here if the organization's gross receipts are normally not more than \$25,000.

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 417,607. M Check if the organization is not required to attach Sch B.

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

Table with 1 column for line number and 2 columns for amount. Line 1: 373,576. Line 2: 33,539. Line 4: 3,844. Line 8d: <269.>. Line 12: 417,338.

NOV 15 2002 SCANNED

RECEIVED NOV 15 2002 SOCIAL SECURITY

**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
22 Grants and allocations (attach schedule)				
cash \$ _____ noncash \$ _____	22			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25 Compensation of officers, directors, etc	25 66,000.	56,100.	9,900.	0.
26 Other salaries and wages	26 97,700.	83,341.	4,651.	9,708.
27 Pension plan contributions	27			
28 Other employee benefits	28			
29 Payroll taxes	29 12,865.	11,578.	1,287.	
30 Professional fundraising fees	30			
31 Accounting fees	31			
32 Legal fees	32			
33 Supplies	33 8,622.	7,760.	862.	
34 Telephone	34 7,229.	6,506.	723.	
35 Postage and shipping	35 32,646.	25,232.	2,804.	4,610.
36 Occupancy	36 11,646.	10,481.	1,165.	
37 Equipment rental and maintenance	37			
38 Printing and publications	38 27,797.	17,448.	1,939.	8,410.
39 Travel	39			
40 Conferences, conventions, and meetings	40 11,173.	10,055.	1,118.	
41 Interest	41			
42 Depreciation, depletion, etc (attach schedule)	42 6,601.	5,941.	660.	
43 Other expenses not covered above (itemize)				
a _____	43a			
b _____	43b			
c _____	43c			
d _____	43d			
e <b>SEE STATEMENT 3</b>	43e 144,091.	88,282.	19,809.	36,000.
44 Total functional expenses (add lines 22 through 43) Organizations completing columns (B)-(D) carry these totals to lines 13-15	44 426,370.	322,724.	44,918.	58,728.

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 \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_, (iii) the amount allocated to Management and general \$ \_\_\_\_\_, and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments**

What is the organization's primary exempt purpose? **SEE STATEMENT 4**

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.)

**Program Service Expenses**  
(Required for 501(c)(3) and (4) orgs and 4947(a)(1) trusts, but optional for others.)

a <b>PROGRAM SERVICE EXPENSE FOR THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE OF PROVIDING INFORMATION, ENCOURAGING RESEARCH, AND OFFERING SUPPORT TO PATIENTS THROUGH NATIONAL CONFERENCE AND EDUCATIONAL BOOK .</b>	(Grants and allocations \$ _____)	322,724.
b _____	(Grants and allocations \$ _____)	
c _____	(Grants and allocations \$ _____)	
d _____	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
<b>f Total of Program Service Expenses (should equal line 44, column (B), Program services)</b>		<b>322,724.</b>

**Part IV Balance Sheets**

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	202,242.	45	7,749.	
	46 Savings and temporary cash investments		46	171,535.	
	47 a Accounts receivable	47a			
	b Less allowance for doubtful accounts	47b	6,131.	47c	
	48 a Pledges receivable	48a			
	b Less allowance for doubtful accounts	48b		48c	
	49 Grants receivable			49	
	50 Receivables from officers, directors, trustees, and key employees			50	
	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			53	3,050.
	54 Investments - securities			54	
	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	39,321.			
b Less accumulated depreciation STMT 5	57b	9,245.	57c	30,076.	
58 Other assets (describe ► DEPOSITS)		2,000.	58	1,300.	
59 Total assets (add lines 45 through 58) (must equal line 74)		218,277.	59	213,710.	
Liabilities	60 Accounts payable and accrued expenses	6,806.	60	13,854.	
	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 ► )		2,583.	65	
66 Total liabilities (add lines 60 through 65)		9,389.	66	13,854.	
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	168,888.	67	199,856.	
	68 Temporarily restricted	40,000.	68	0.	
	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, column (B) must equal line 21)		208,888.	73	199,856.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)		218,277.	74	213,710.	

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.





**Part VII Analysis of Income-Producing Activities** (See Specific Instructions on page 32)

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>BOOK SALES</b>					33,539.
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	3,844.	
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					<269.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a <b>MISCELLANEOUS INCOME</b>					6,648.
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0.		3,844.	39,918.
105 Total (add line 104, columns (B), (D), and (E))					43,762.

**Note** Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

**Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes** (See Specific Instructions on page 32)

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)
93A	THE BOOK SALES ASSIST PATIENTS BY PROVIDING INFORMATION, ENCOURAGING RESEARCH, AND OFFERING SUPPORT.
103A	INCOME IS RELATED TO VARIOUS ACTIVITIES ALL RELATED TO THE ORGANIZATION'S TAX-EXEMPT PURPOSE.

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See Specific Instructions on page 33)

(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 Specific Instructions on page 33)

- (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

accompanying schedules and statements, and to the best of my knowledge and belief, it is true and correct information of which preparer has any knowledge

106/02 CHAIRE W. PATTERSON, President

**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 Section 4947(a)(1) Nonexempt Charitable Trust

**2001**

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 **TRIGEMINAL NEURALGIA ASSOCIATION** Employer identification number **22 3071645**

**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
NONE				
Total number of other employees paid over \$50,000	▶ 0			

**Part II 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
MARKS PANETH & SHRON CONSULTING LLC 622 THIRD AVENUE, NEW YORK, NY 10017-6701	CONSULTING	60,000.
Total number of others receiving over \$50,000 for professional services	▶ 0	

<b>Part III Statements About Activities</b> (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 <b>▶</b> \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 1 of Part VI-B ) 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		X
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	Does the organization make grants for scholarships, fellowships, student loans, etc ? (See Note below )		X
4	Do you have a section 403(b) annuity plan for your employees?		X
<b>Note</b> Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs "qualify" to receive payments			

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 of the instructions )

- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2) (See section 509(a)(3) )

Provide the following information about the supported organizations (See page 5 of the instructions )

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 6 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) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	349,352.	295,050.	240,205.	86,962.	971,569.
<b>16</b> Membership fees received					
<b>17</b> 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	162,758.				162,758.
<b>18</b> Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	6,367.	3,691.	1,287.	343.	11,688.
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
<b>21</b> 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.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets.	11,181.		SEE STATEMENT 6		11,181.
<b>23</b> Total of lines 15 through 22	529,658.	298,741.	241,492.	87,305.	1,157,196.
<b>24</b> Line 23 minus line 17	366,900.	298,741.	241,492.	87,305.	994,438.
<b>25</b> Enter 1% of line 23	5,297.	2,987.	2,415.	873.	
<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				<b>26a</b> 19,889.
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 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.					<b>26b</b> 0.
c Total support for section 509(a)(1) test. Enter line 24, column (e).					<b>26c</b> 994,438.
d Add: Amounts from column (e) for lines 18 <u>11,688.</u> 19 _____ 22 <u>11,181.</u> 26b _____					<b>26d</b> 22,869.
e Public support (line 26c minus line 26d total)					<b>26e</b> 971,569.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					<b>26f</b> 97.7003%
<b>27</b> 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: <b>N/A</b>				
(2000)	(1999)	(1998)	(1997)		
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 11, 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: <b>N/A</b>					
(2000)	(1999)	(1998)	(1997)		
c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____					<b>27c</b> N/A
d Add: Line 27a total _____ and line 27b total _____					<b>27d</b> N/A
e Public support (line 27c total minus line 27d total)					<b>27e</b> N/A
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)	<b>27f</b> N/A				
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					<b>27g</b> N/A %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					<b>27h</b> N/A %

**28 Unusual Grants** For an organization described in line 10, 11, or 12, that received any unusual grants during 1997 through 2000, 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 7 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.)		
<hr/>			
<hr/>			
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	
<hr/>			
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	
<hr/>			
<hr/>			
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 of Contributors**

OMB No 1545-0047

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

**2001**

Name of organization

**TRIGEMINAL NEURALGIA ASSOCIATION**

Employer identification number

**22-3071645**

Organization type (check one)

- | Filers of          | Section  |
|--------------------|--|
| Form 990 or 990-EZ | <input checked="" type="checkbox"/> 501(c)( 3 ) (enter number) organization                        |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation |
|                    | <input type="checkbox"/> 527 political organization  |
| Form 990-PF        | <input type="checkbox"/> 501(c)(3) exempt private foundation                                       |
|                    | <input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation     |
|                    | <input type="checkbox"/> 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 box(es) 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 1 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)

Name of organization <b>TRIGEMINAL NEURALGIA ASSOCIATION</b>	Employer identification number <b>22-3071645</b>
---	---

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>2</u>		\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>3</u>		\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>4</u>		\$ <u>30,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>5</u>		\$ <u>35,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>6</u>		\$ <u>50,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

**TRIGEMINAL NEURALGIA ASSOCIATION**

**22-3071645**

**Part I Contributors** (See Specific Instructions)

(a) No	(b) Name, address and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
<u>7</u>		\$ <u>55,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
<u>8</u>		\$ <u>10,000.</u>	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)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Asset Number	Description of property								
	Date placed in service	Method/IRC sec	Life or rate	Line No	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction	
	<b>FURNITURE &amp; FIXTURES</b>								
4	<b>FURNITURE AND FIXTURES</b>								
	092999	SL	7.00	16	2,362.		591.	337.	
5	<b>FURNITURE AND FIXTURES</b>								
	020300	SL	7.00	16	1,024.		207.	146.	
	<b>* 990 PAGE 2 TOTAL FURNITURE &amp; FIXTURES</b>					3,386.	0.	798.	483.
	<b>OTHER</b>								
1	<b>(D) TELEPHONE SYSTEM</b>								
	021799	SL	5.00	16	620.		289.	62.	
2	<b>PRINTER</b>								
	021799	SL	5.00	16	790.		369.	158.	
3	<b>COPIER</b>								
	091399	SL	5.00	16	3,050.		1,118.	610.	
6	<b>EQUIPMENT</b>								
	060400	SL	5.00	16	999.		216.	200.	
7	<b>EQUIPMENT</b>								
	010101	SL	5.00	16	2,062.		206.	412.	
8	<b>FUND E-Z</b>								
	092101	SL	3.00	16	3,320.			830.	
9	<b>DONOR PERFECT</b>								
	092601	SL	3.00	16	9,542.			2,386.	
10	<b>COPY/FAX MACHINE</b>								
	011602	SL	5.00	16	8,723.			872.	
11	<b>PHONES</b>								
	020902	SL	5.00	16	3,450.			288.	
12	<b>COMARK HARDWARE</b>								
	031402	SL	5.00	16	3,262.			217.	
13	<b>COMARK SOFTWARE</b>								
	031402	SL	3.00	16	737.			82.	
	<b>* 990 PAGE 2 TOTAL OTHER</b>					36,555.	0.	2,198.	6,117.
	<b>* GRAND TOTAL 990 PAGE 2 DEPR</b>					39,941.	0.	2,996.	6,600.

ELECTION OUT OF BONUS DEPRECIATION

UNDER THE PROVISIONS OF ACT SECTION 101(A) OF THE JOB CREATION AND WORKER ASSISTANCE ACT OF 2002 AMENDING INTERNAL REVENUE CODE SECTION 168, TAXPAYER HEREBY ELECTS OUT OF TAKING THE SPECIAL ALLOWANCE FOR CERTAIN PROPERTY ACQUIRED AFTER SEPTEMBER 10, 2001 AND BEFORE SEPTEMBER 11, 2004, UNDER AMENDED INTERNAL REVENUE CODE SECTION 168(K). THE ELECTION OUT IS FOR ALL CLASSES OF PROPERTY FOR THE TAX YEAR 2001.

FORM 990		GAIN (LOSS) FROM SALE OF OTHER ASSETS			STATEMENT	2
DESCRIPTION		DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED		
TELEPHONE SYSTEM		02/17/99	01/01/02	PURCHASED		
NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)	
	0.	620.	0.	351.	<269.>	
TO FM 990, PART I, LN 8		620.	0.	351.	<269.>	

FORM 990		OTHER EXPENSES			STATEMENT	3
DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING		
UTILITIES	2,015.	2,015.				
CONSULTING	2,827.	2,827.				
PROFESSIONAL FEES	19,159.	19,159.				
BOARD EXPENSE	14,736.	14,736.				
BOOK PUBLICATIONS & SHIPPING COSTS	12,863.	12,863.				
INSURANCE	6,236.	6,236.				
VOLUNTEER RECOGNITION	718.	718.				
OTHER	7,600.	7,600.				
DUES & FEES	196.	196.				
MOVING EXPENSE	6,950.	6,950.				
UTILITIES	224.		224.			
PROFESSIONAL FEES	11,195.		11,195.			
BOARD EXPENSE	1,637.		1,637.			
BOOK PUBLICATIONS & SHIPPING COSTS	1,429.		1,429.			
INSURANCE	693.		693.			
VOLUNTEER RECOGNITION	80.		80.			
OTHER	800.		800.			
CONSULTING	314.		314.			
DUES & FEES	58.		58.			
MOVING	772.		772.			
PROFESSIONAL FEES	36,000.				36,000.	
SEVERANCE PAY	2,607.		2,607.			

SEVERANCE	14,982.	14,982.		
TOTAL TO FM 990, LN 43	144,091.	88,282.	19,809.	36,000.

FORM 990 STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE STATEMENT 4  
PART III

EXPLANATION

THE ASSOCIATION SERVES AS AN ADVOCATE FOR TRIGEMINAL NEURALGIA PATIENTS BY PROVIDING INFORMATION, ENCOURAGING RESEARCH, AND OFFERING SUPPORT. THE ASSOCIATION'S SUPPORT COMES PRIMARILY FROM FOUNDATIONS AND PUBLIC CONTRIBUTIONS.

FORM 990 DEPRECIATION OF ASSETS NOT HELD FOR INVESTMENT STATEMENT 5

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PRINTER	790.	527.	263.
COPIER	3,050.	1,728.	1,322.
FURNITURE AND FIXTURES	2,362.	928.	1,434.
FURNITURE AND FIXTURES	1,024.	353.	671.
EQUIPMENT	999.	416.	583.
EQUIPMENT	2,062.	618.	1,444.
FUND E-Z	3,320.	830.	2,490.
DONOR PERFECT COPY/FAX MACHINE	9,542.	2,386.	7,156.
PHONES	8,723.	872.	7,851.
COMARK HARDWARE	3,450.	288.	3,162.
COMARK SOFTWARE	3,262.	217.	3,045.
	737.	82.	655.
TOTAL TO FORM 990, PART IV, LN 57	39,321.	9,245.	30,076.

SCHEDULE A OTHER INCOME STATEMENT 6

DESCRIPTION	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT	1997 AMOUNT
MISCELLANEOUS	11,181.	0.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	11,181.	0.	0.	0.

**TRIGEMINAL NEURALGIA ASSOCIATION BOARD OF  
DIRECTORS -7/1/01 - 6/30/02**

Roger L Levy, Esq - Chairman -  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Gwendolyn M Asplundh  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Claire W Patterson - President  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Myron A Hirsch  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Cynthia E. Ezell  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Everard K Pinneo -  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Kenneth I White, CPA - Treasurer  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Honorary Directors  
Norma Zimmer  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Brian Cronin - Secretary  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608

Michael G Pasternak, Ph D  
c/o Trigeminal Neuralgia Association  
2801 SW Archer Road, Suite C  
Gainesville, FL 32608