

Form **990**

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)

OMB No 1545-0047

2002

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2002 calendar year, or tax year period beginning **JUL 1, 2002** and ending **JUN 30, 2003**

B Check if applicable

- Address change
- Name change
- Initial return
- Final return
- Amended return
- ApPLICATOR pending

Please use IRS label or print or type See Specific Instructions

C Name of organization

TRIGEMINAL NEURALGIA ASSOCIATION

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

2801 SW ARCHER ROAD, SUITE C

City or town, state or country, and ZIP + 4

GAINESVILLE, FL 32608-102

D Employer identification number

22-3071645

E Telephone number

(352) 376-9955

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)

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? **N/A** Yes No (If "No," attach a list.)

H(d) Is this a separate return filed by an organization covered by a group ruling? Yes No

I Enter 4-digit GEN **▶**

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

G Web site **▶ WWW.TNA-SUPPORT.ORG**

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

K Check here if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data. **Some states require a complete return**

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **▶ 430,872.**

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

		1a		1b		1c		1d	
Revenue	1 Contributions, gifts, grants, and similar amounts received		377,269.					377,269.	
	a Direct public support								
	b Indirect public support								
	c Government contributions (grants)								
	d Total (add lines 1a through 1c) (cash \$ 377,269. noncash \$)								
	2 Program service revenue including government fees and contracts (from Part VII, line 93)								41,117.
	3 Membership dues and assessments								
	4 Interest on savings and temporary cash investments								1,796.
	5 Dividends and interest from securities								
	6 a Gross rents		6a						
b Less rental expenses		6b							
c Net rental income or (loss) (subtract line 6b from line 6a)								6c	
7 Other investment income (describe ▶)								7	
8 a Gross amount from sale of assets other than inventory	(A) Securities			(B) Other					
		8a							
	b Less cost or other basis and sales expenses		8b						
	c Gain or (loss) (attach schedule)		8c						
d Net gain or (loss) (combine line 8c, columns (A) and (B))								8d	
9 Special events and activities (attach schedule)									
a Gross revenue (not including \$ reported on line 1a)		9a							
b Less direct expenses other than fundraising expenses		9b							
c Net income or (loss) from special events (subtract line 9b from line 9a)								9c	
10 a Gross sales of inventory, less returns and allowances		10a							
	b Less cost of goods sold		10b						
	c Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)								10c
11 Other revenue (from Part VII, line 103)								10,690.	
12 Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)								430,872.	
Expenses	13 Program services (from line 44, column (B))							349,304.	
	14 Management and general (from line 44, column (C))							56,972.	
	15 Fundraising (from line 44, column (D))							39,186.	
	16 Payments to affiliates (attach schedule)								
	17 Total expenses (add lines 16 and 44, column (A))								445,462.
18 Excess or (deficit) for the year (subtract line 17 from line 12)								<14,590.>	
19 Net assets or fund balances at beginning of year (from line 73, column (A))								199,856.	
20 Other changes in net assets or fund balances (attach explanation)								0.	
21 Net assets or fund balances at end of year (combine lines 18, 19, and 20)								185,266.	

RECEIVED
of contributions
NOV 24 2002
OGDEN, UT
IRS-DSC

SCANNED DEC 17 2003

24 GB

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		7,749.	45	21,050.
	46	Savings and temporary cash investments		171,535.	46	136,732.
	47 a	Accounts receivable	47a			
	b	Less allowance for doubtful accounts	47b		47c	
	48 a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			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	4,408.
	53	Prepaid expenses and deferred charges		3,050.	53	6,112.
	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	44,521.			
b	Less accumulated depreciation STMT 4	57b	19,048.	30,076.	57c	25,473.
58	Other assets (describe ▶ DEPOSITS)			1,300.	58	1,300.
59	Total assets (add lines 45 through 58) (must equal line 74)			213,710.	59	195,075.
Liabilities	60	Accounts payable and accrued expenses		13,854.	60	9,809.
	61	Grants payable			61	
	62	Deferred revenue			62	
	63	Loans from officers, directors, trustees, and key employees			63	
	64 a	Tax-exempt bond liabilities			64a	
	b	Mortgages and other notes payable			64b	
	65	Other liabilities (describe ▶)			65	
66	Total liabilities (add lines 60 through 65)			13,854.	66	9,809.
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		199,856.	67	169,504.
	68	Temporarily restricted			68	15,762.
	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)			199,856.	73	185,266.
74	Total liabilities and net assets / fund balances (add lines 66 and 73)			213,710.	74	195,075.

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 IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return	
a Total revenue, gains, and other support per audited financial statements	471,472.
b Amounts included on line a but not on line 12, Form 990	
(1) Net unrealized gains on investments \$	
(2) Donated services and use of facilities \$ 40,600.	
(3) Recoveries of prior year grants \$	
(4) Other (specify) \$	
Add amounts on lines (1) through (4)	40,600.
c Line a minus line b	430,872.
d Amounts included on line 12, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	
Add amounts on lines (1) and (2)	0.
e Total revenue per line 12, Form 990 (line c plus line d)	430,872.

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
a Total expenses and losses per audited financial statements	486,062.
b Amounts included on line a but not on line 17, Form 990	
(1) Donated services and use of facilities \$ 40,600.	
(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify) \$	
Add amounts on lines (1) through (4)	40,600.
c Line a minus line b	445,462.
d Amounts included on line 17, Form 990 but not on line a	
(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify) \$	
Add amounts on lines (1) and (2)	0.
e Total expenses per line 17, Form 990 (line c plus line d)	445,462.

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated)				
(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	(E) Expense account and other allowances
SEE ATTACHED LIST OF MEMBERS. NONE OF THESE MEMBERS WERE COMPENSATED WITH THE EXCEPTION OF CLAIRE PATTERSON WHO IS LISTED BELOW. ALL OTHER MEMBERS DONATED 3 HOURS PER WEEK.		0.	0.	0.
CLAIRE W. PATTERSON 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	EXECUTIVE DIR./PRESIDENT 37.5	45,000.	0.	0.

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations? If "Yes," attach schedule Yes No Form 990 (2002)

Part VI Other Information		Yes	No
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity		X
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		X
78 a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		X
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?		X
b	If "Yes," enter the name of the organization _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81 a	Enter direct or indirect political expenditures. See line 81 instructions		81a 0.
b	Did the organization file Form 1120-POL for this year?		X
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?	X	
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 40,600.
83 a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84 a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		N/A
85	501(c)(4), (5), or (6) organizations		
a	Were substantially all dues nondeductible by members?		N/A
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year		N/A
c	Dues, assessments, and similar amounts from members		85c N/A
d	Section 6033(e) lobbying and political expenditures		85d N/A
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		85e N/A
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		85f N/A
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A
86	501(c)(7) organizations		
a	Initiation fees and capital contributions included on line 12		86a N/A
b	Gross receipts, included on line 12, for public use of club facilities		86b N/A
87	501(c)(12) organizations		
a	Gross income from members or shareholders		87a N/A
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)		87b N/A
88	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		X
89 a	501(c)(3) organizations		
	Enter: Amount of tax imposed on the organization during the year under section 4311 <input type="checkbox"/> 0., section 4912 <input type="checkbox"/> 0., section 4955 <input type="checkbox"/> 0.		
b	501(c)(3) and 501(c)(4) organizations		
	Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		89b X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 1912, 4955, and 4958		0.
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0.
90 a	List the states with which a copy of this return is filed		NONE
b	Number of employees employed in the pay period that includes March 12, 2002	90b	6
91	The books are in care of		CLAIRE W. PATTERSON Telephone no (352) 376-9955
	Located at		2801 SW ARCHER ROAD, SUITE C, GAINESVILLE, FL ZIP + 4 32608
92	Section 1947(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 page 31 of the instructions)

	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	
Note Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a BOOK SALES					33,417.
b NATIONAL CONFERENCES					7,700.
c					
d					
e					
f Medicare, Medicaid payments					
g Fees and contracts from government agencies					
94 Members' dues and assessments					
95 Interest on savings and temporary cash investments			14	1,796.	
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 MISCELLANEOUS INCOME					10,690.
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		1,796.	51,807.
105 Total (add line 104, columns (B), (D), and (E))					53,603.

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 page 32 of the instructions)

Line No	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)
▼	SEE STATEMENT 5

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of 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).

Accompanying schedules and statements, and to the best of my knowledge and belief, it is true information of which preparer has any knowledge
 11-14-03
 Michael G Pasternak, Ph.D., President
 Date Type or print name and title
 Preparer's SSN or PTIN

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

2002

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
NONE		
Total number of others receiving over \$50,000 for professional services	▶ 0	

Part III Statements About Activities (See page 2 of the instructions)	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line 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	1	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?	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)?	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
Note 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 5 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 5 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) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	373,576.	349,352.	295,050.	240,205.	1,258,183.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	33,539.	162,758.			196,297.
18 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	3,844.	6,367.	3,691.	1,287.	15,189.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule Do not include gain or (loss) from sale of capital assets	6,648.	11,181.	SEE STATEMENT 6		17,829.
23 Total of lines 15 through 22	417,607.	529,658.	298,741.	241,492.	1,487,498.
24 Line 23 minus line 17	384,068.	366,900.	298,741.	241,492.	1,291,201.
25 Enter 1% of line 23	4,176.	5,297.	2,987.	2,415.	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				26a 25,824.
	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 1998 through 2001 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the sum of all these excess amounts				26b 0.
	c Total support for section 509(a)(1) test. Enter line 24, column (e)				26c 1,291,201.
	d Add: Amounts from column (e) for lines 18 15,189. 19 _____ 22 17,829. 26b _____				26d 33,018.
	e Public support (line 26c minus line 26d total)				26e 1,258,183.
	f Public support percentage (line 26e (numerator) divided by line 26c (denominator))				26f 97.4428%
27 Organizations described on line 12	a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year				N/A
	(2001)	(2000)	(1999)	(1998)	
	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				N/A
	(2001)	(2000)	(1999)	(1998)	
	c Add: Amounts from column (e) for lines 15 _____ 16 _____ 17 _____ 20 _____ 21 _____				27c N/A
	d Add: Line 27a total _____ and line 27b total _____				27d N/A
	e Public support (line 27c total minus line 27d total)				27e N/A
	f Total support for section 509(a)(2) test. Enter amount on line 23, column (e)				27f N/A
	g Public support percentage (line 27e (numerator) divided by line 27f (denominator))				27g N/A %
	h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))				27h N/A %

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1998 through 2001, 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

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.)		
32	Does the organization maintain the following		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
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.)		
33	Does the organization discriminate by race in any way with respect to		
a	Students' rights or privileges?		
b	Admissions policies?		
c	Employment of faculty or administrative staff?		
d	Scholarships or other financial assistance?		
e	Educational policies?		
f	Use of facilities?		
g	Athletic programs?		
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?		
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		
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		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 9 of the instructions)

N/A

(To be completed ONLY by an eligible organization that filed Form 5768)

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

Limits on Lobbying Expenditures

(The term "expenditures" means amounts paid or incurred)

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

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

4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 11 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A (e) Total
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities

(For reporting only by organizations that did not complete Part VI-A) (See page 11 of the instructions)

N/A

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

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

Yes	No	Amount
		0.

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

Asset Number	Description of property					Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
	Date placed in service	Method/IRC sec	Life or rate	Line No					
1	PRINTER								
	021799	SL	5.00	16		790.		527.	158.
2	CCPIER								
	091399	SL	5.00	16		3,050.		1,728.	610.
3	FURNITURE AND FIXTURES								
	092999	SL	7.00	16		2,362.		928.	337.
4	FURNITURE AND FIXTURES								
	020300	SL	7.00	16		1,024.		354.	146.
5	EQUIPMENT								
	060400	SL	5.00	16		999.		416.	200.
6	EQUIPMENT								
	010101	SL	5.00	16		2,062.		619.	412.
7	FUND E-Z								
	092101	SL	3.00	16		3,320.		830.	1,107.
8	DCNOR PERFECT								
	092601	SL	3.00	16		9,542.		2,386.	3,181.
9	CCPY/FAX MACHINE								
	011602	SL	5.00	16		8,723.		872.	1,745.
10	PHONES								
	020902	SL	5.00	16		3,450.		288.	690.
11	COMARK HARDWARE								
	031402	SL	5.00	16		3,262.		217.	652.
12	COMARK SOFTWARE								
	031402	SL	3.00	16		737.		82.	246.
13	CONNIE'S COMPUTER (DELL)								
	063003	SL	5.00	16		1,924.			0.
14	BETH'S COMPUTER								
	063003	SL	5.00	16		1,171.			0.
15	EXHIBITS FOR TRADE SHOW/CONFERENCES								
	030503	SL	3.00	16		1,505.			167.
16	EXHIBIT FOR TRADE SHOWS/CONFERENCES								
	101002	SL	3.00	16		600.			150.
	* TOTAL 990 PAGE 2 DEPR								
						44,521.	0.	9,247.	9,801.

FOOTNOTES

STATEMENT 1

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 2002.

FORM 990 **OTHER EXPENSES** **STATEMENT 2**

DESCRIPTION	(A)	(B)	(C)	(D)
	TOTAL	PROGRAM SERVICES	MANAGEMENT AND GENERAL	FUNDRAISING
BOARD EXPENSE	12,470.	11,223.	1,247.	
BOOK PUBLICATIONS & SHIPPING COSTS	8,936.	8,042.	894.	
CONSULTING	4,486.	4,037.	449.	
DUES & FEES	261.	144.	117.	
INSURANCE	19,549.	17,594.	1,955.	
OTHER	11,657.	9,924.	1,733.	
UTILITIES	2,668.	2,401.	267.	
VOLUNTEER RECOGNITION	3,869.	3,482.	387.	
PROFESSIONAL FEES	51,005.	14,596.	17,909.	18,500.
TOTAL TO FM 990, LN 43	114,901.	71,443.	24,958.	18,500.

FORM 990 **STATEMENT OF ORGANIZATION'S PRIMARY EXEMPT PURPOSE** **STATEMENT 3**
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 4**

DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
PRINTER	790.	685.	105.
COPIER	3,050.	2,338.	712.
FURNITURE AND FIXTURES	2,362.	1,265.	1,097.
FURNITURE AND FIXTURES	1,024.	500.	524.
EQUIPMENT	999.	616.	383.
EQUIPMENT	2,062.	1,031.	1,031.
FUND E-Z	3,320.	1,937.	1,383.
DONOR PERFECT COPY/FAX MACHINE	9,542.	5,567.	3,975.
PHONES	8,723.	2,617.	6,106.
COMARK HARDWARE	3,450.	978.	2,472.
	3,262.	869.	2,393.

COMARK SOFTWARE	737.	328.	409.
CONNIE'S COMPUTER (DELL)	1,924.	0.	1,924.
BETH'S COMPUTER	1,171.	0.	1,171.
EXHIBITS FOR TRADE SHOW/CONFERENCES	1,505.	167.	1,338.
EXHIBIT FOR TRADE SHOWS/CONFERENCES	600.	150.	450.
TOTAL TO FORM 990, PART IV, LN 57	44,521.	19,048.	25,473.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 5
ACCOMPLISHMENT OF EXEMPT PURPOSES

LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93A	THE BOOK SALES ASSIST PATIENTS BY PROVIDING INFORMATION, ENCOURAGING RESEARCH, AND OFFERING SUPPORT.
93B	THE NATIONAL CONFERENCES ARE ALL RELATED TO THE TAX-EXEMPT PURPOSE.
103A	INCOME FROM VARIOUS ACTIVITIES IS ALL RELATED TO THE TAX-EXEMPT PURPOSE.

SCHEDULE A OTHER INCOME STATEMENT 6

DESCRIPTION	2001 AMOUNT	2000 AMOUNT	1999 AMOUNT	1998 AMOUNT
MISCELLANEOUS	6,648.	11,181.	0.	0.
TOTAL TO SCHEDULE A, LINE 22	6,648.	11,181.	0.	0.

TRIGEMINAL NEURALGIA ASSOCIATION BOARD OF DIRECTORS – 7/01/03

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

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

Michael G. Pasternak, Ph.D. – President
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

Kenneth L. White, CPA – Vice President and Treasurer
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

Brian Cronin – Secretary
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