

Return of Organization Exempt From Income Tax

2004

Open to Public Inspection

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)

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

A For the 2004 calendar year, or tax year beginning JUL 1, 2004 and ending JUN 30, 2005

B Check if applicable: Address change, Name change, Initial return, Final return, Amended return, Application pending. C Name of organization: TRIGEMINAL NEURALGIA ASSOCIATION. D Employer identification number: 22-3071645. E Telephone number: (352) 376-9955. F Accounting method: Cash, Accrual.

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

G Website: WWW.TNA-SUPPORT.ORG. J Organization type: 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: 869,583.

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

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

Table with columns for line number, description, and amount. Includes sections for Revenue (lines 1-12), Expenses (lines 13-17), and Net Assets (lines 18-21). Key values: Line 1d: 643,549; Line 2: 219,419; Line 4: 664; Line 8c: <1,088>; Line 12: 868,495; Line 17: 774,438; Line 21: 278,521.

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TRIGEMINAL NEURALGIA ASSOCIATION

22-3071645

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	0.	0.	0.
26	Other salaries and wages	26	276,630.	196,406.	22,131.
27	Pension plan contributions	27			
28	Other employee benefits	28			
29	Payroll taxes	29	25,503.	18,107.	2,040.
30	Professional fundraising fees	30			
31	Accounting fees	31			
32	Legal fees	32			
33	Supplies	33	8,614.	7,753.	861.
34	Telephone	34	6,999.	5,849.	650.
35	Postage and shipping	35	55,467.	32,980.	3,664.
36	Occupancy	36	22,729.	16,365.	1,818.
37	Equipment rental and maintenance	37			
38	Printing and publications	38	41,791.	12,268.	1,363.
39	Travel	39	7,070.	7,070.	
40	Conferences, conventions, and meetings	40	168,701.	151,831.	16,870.
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule)	42	14,131.	12,718.	1,413.
43	Other expenses not covered above (itemize):				
a	_____	43a			
b	_____	43b			
c	_____	43c			
d	_____	43d			
e	SEE STATEMENT 2	43e	146,803.	106,328.	38,647.
44	<small>Total functional expenses (add lines 22 through 43). Organizations completing columns (B)-(D), carry these totals to lines 13-15</small>	44	774,438.	567,675.	89,457.

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 3**

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	PROGRAM SERVICE EXPENSES ARE FOR THE ORGANIZATION'S PRIMARY EXEMPT PURPOSE OF PROVIDING INFORMATION, ENCOURAGING RESEARCH AND OFFERING SUPPORT TO PATIENTS THROUGH NATIONAL CONFERENCES AND EDUCATIONAL BOOKS. (Grants and allocations \$ _____)	567,675.
b	_____ (Grants and allocations \$ _____)	
c	_____ (Grants and allocations \$ _____)	
d	_____ (Grants and allocations \$ _____)	
e	Other program services (attach schedule) (Grants and allocations \$ _____)	
f	Total of Program Service Expenses (should equal line 44, column (B), Program services)	567,675.

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	68,509.	77,866.
	46 Savings and temporary cash investments	69,759.	161,379.
	47 a Accounts receivable		
	b Less: allowance for doubtful accounts		
	48 a Pledges receivable		
	b Less: allowance for doubtful accounts		
	49 Grants receivable		
	50 Receivables from officers, directors, trustees, and key employees		
	51 a Other notes and loans receivable		
	b Less: allowance for doubtful accounts		
	52 Inventories for sale or use	4,931.	22,200.
	53 Prepaid expenses and deferred charges	13,652.	5,238.
	54 Investments - securities		
	55 a Investments - land, buildings, and equipment: basis		
	b Less: accumulated depreciation		
56 Investments - other			
57 a Land, buildings, and equipment: basis	77,068.		
b Less: accumulated depreciation	34,376.		
58 Other assets (describe DEPOSITS)	1,300.	1,300.	
59 Total assets (add lines 45 through 58) (must equal line 74)	205,759.	310,675.	
Liabilities	60 Accounts payable and accrued expenses	21,295.	32,154.
	61 Grants payable		
	62 Deferred revenue		
	63 Loans from officers, directors, trustees, and key employees		
	64 a Tax-exempt bond liabilities		
	b Mortgages and other notes payable		
	65 Other liabilities (describe)		
66 Total liabilities (add lines 60 through 65)	21,295.	32,154.	
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	170,902.	140,004.
	68 Temporarily restricted	13,562.	138,517.
	69 Permanently restricted		
	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		
	71 Paid-in or capital surplus, or land, building, and equipment fund		
	72 Retained earnings, endowment, accumulated income, or other funds		
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)	184,464.	278,521.	
74 Total liabilities and net assets / fund balances (add lines 66 and 73)	205,759.	310,675.	

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	Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return
<p>a Total revenue, gains, and other support per audited financial statements ▶ a 978,503.</p> <p>b Amounts included on line a but not on line 12, Form 990:</p> <p>(1) Net unrealized gains on investments \$ _____</p> <p>(2) Donated services and use of facilities \$ 108,920.</p> <p>(3) Recoveries of prior year grants \$ _____</p> <p>(4) Other (specify): STMT 4 \$ 1,088.</p> <p>Add amounts on lines (1) through (4) ▶ b 110,008.</p> <p>c Line a minus line b ▶ c 868,495.</p> <p>d Amounts included on line 12, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0.</p> <p>e Total revenue per line 12, Form 990 (line c plus line d) ▶ e 868,495.</p>	<p>a Total expenses and losses per audited financial statements ▶ a 884,446.</p> <p>b Amounts included on line a but not on line 17, Form 990:</p> <p>(1) Donated services and use of facilities \$ 108,920.</p> <p>(2) Prior year adjustments reported on line 20, Form 990 \$ _____</p> <p>(3) Losses reported on line 20, Form 990 \$ _____</p> <p>(4) Other (specify): STMT 5 \$ 1,088.</p> <p>Add amounts on lines (1) through (4) ▶ b 110,008.</p> <p>c Line a minus line b ▶ c 774,438.</p> <p>d Amounts included on line 17, Form 990 but not on line a:</p> <p>(1) Investment expenses not included on line 6b, Form 990 \$ _____</p> <p>(2) Other (specify): \$ _____</p> <p>Add amounts on lines (1) and (2) ▶ d 0.</p> <p>e Total expenses per line 17, Form 990 (line c plus line d) ▶ e 774,438.</p>

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated.)	(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
ROGER L. LEVY C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	CHAIRMAN 3	0.	0.	0.
GWENDOLYN M. ASPLUNDH C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	MEMBER 3	0.	0.	0.
MICHAEL G. PASTERNAK, PH.D. C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	PRESIDENT 3	0.	0.	0.
MYRON A. HIRSCH C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	MEMBER 3	0.	0.	0.
WM. PAT MARSHALL, M.D. C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	MEMBER 3	0.	0.	0.
KENNETH I. WHITE, CPA C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	VICE PRESIDENT/TREASURER 3	0.	0.	0.
EVERARD K. PINNEO C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	MEMBER 3	0.	0.	0.
ELIZABETH CILKER SMITH C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	SECRETARY 3	0.	0.	0.
SUZANNE GRESELL C/O 2801 SW ARCHER ROAD, SUITE C GAINESVILLE, FL 32608	MEMBER 3	0.	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

Part VI Other Information

76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity
77 Were any changes made in the organizing or governing documents but not reported to the IRS?
78 a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?
78 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?
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?
80 b If "Yes," enter the name of the organization and check whether it is exempt or nonexempt.
81 a Enter direct or indirect political expenditures. See line 81 instructions
81 b Did the organization file Form 1120-POL for this year?
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?
82 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.)
83 a Did the organization comply with the public inspection requirements for returns and exemption applications?
83 b Did the organization comply with the disclosure requirements relating to quid pro quo contributions?
84 a Did the organization solicit any contributions or gifts that were not tax deductible?
84 b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?
85 501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?
85 b Did the organization make only in-house lobbying expenditures of \$2,000 or less?
85 c Dues, assessments, and similar amounts from members
85 d Section 162(e) lobbying and political expenditures
85 e Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices
85 f Taxable amount of lobbying and political expenditures (line 85d less 85e)
85 g Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?
85 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?
86 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on line 12
86 b Gross receipts, included on line 12, for public use of club facilities
87 501(c)(12) organizations. Enter: a Gross income from members or shareholders
87 b Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)
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?
89 a 501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911; section 4912; section 4955
89 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?
89 c Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958
89 d Enter: Amount of tax on line 89c, above, reimbursed by the organization
90 a List the states with which a copy of this return is filed
90 b Number of employees employed in the pay period that includes March 12, 2004
91 The books are in care of Telephone no.

Located at 2801 SW ARCHER ROAD, SUITE C, GAINESVILLE, FL ZIP + 4 32608

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

Part VII Analysis of Income-Producing Activities (See page 33 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					67,386.
b NATIONAL CONFERENCE					110,216.
c REGIONAL CONFERENCE					41,817.
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	664.	
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					<1,088.>
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue:					
a MISCELLANEOUS INCOME					
b _____					2,337.
c SALE OF MISCELLANEOUS					
d ITEMS		3,614.			
e _____					
104 Subtotal (add columns (B), (D), and (E))		3,614.		664.	220,668.
105 Total (add line 104, columns (B), (D), and (E))					224,946.

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 34 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 6

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 34 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 34 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).

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: Jane Boles Date: 1-30-06 Type or print name and title: Jane Boles, Executive Director

Paid Preparer's Use Only: Preparer's signature: DONNA S. BROWN Date: 01/27/06 Check if self-employed: Preparer's SSN or PTIN: P00080835

Firm's name (or yours if self-employed), address, and ZIP + 4: JAMES MOORE & CO., P.L.
5931 NW 1 ST. PLACE
GAINESVILLE, FL 32607-2063 EIN: 59-3204548 Phone no.: (352) 378-1331

ORIGINAL Form 990 (2004)

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

2004

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
<u>STUART WEGENER</u> 1734 N.W. 7TH PLACE, GAINESVILLE, FL 32603-1221	DIRECTOR 40	51,500.	0.	0.

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
<u>NONE</u> -----		

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
<p>1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)</p> <p>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.</p>	1	X
<p>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.)</p> <p>a Sale, exchange, or leasing of property?</p>	2a	X
<p>b Lending of money or other extension of credit?</p>	2b	X
<p>c Furnishing of goods, services, or facilities?</p>	2c	X
<p>d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?</p>	2d	X
<p>e Transfer of any part of its income or assets?</p>	2e	X
<p>3 a Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments.)</p>	3a	X
<p>b Do you have a section 403(b) annuity plan for your employees?</p>	3b	X
<p>4 a Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?</p>	4a	X
<p>b Do you provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	4b	X

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 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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	443,379.	377,269.	373,576.	349,352.	1,543,576.
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	30,124.	41,117.	33,539.	162,758.	267,538.
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	1,196.	1,796.	3,844.	6,367.	13,203.
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	4,729.	10,690.	SEE STATEMENT 7 6,648.	11,181.	33,248.
23 Total of lines 15 through 22	479,428.	430,872.	417,607.	529,658.	1,857,565.
24 Line 23 minus line 17	449,304.	389,755.	384,068.	366,900.	1,590,027.
25 Enter 1% of line 23	4,794.	4,309.	4,176.	5,297.	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 31,801.
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 2000 through 2003 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b 810,152.
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,590,027.
d Add: Amounts from column (e) for lines: 18 13,203. 19 _____ 22 33,248. 26b 810,152.					26d 856,603.
e Public support (line 26c minus line 26d total)					26e 733,424.
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					26f 46.1265%
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	(2003)	(2002)	(2001)	(2000)	
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	(2003)	(2002)	(2001)	(2000)	
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 2000 through 2003, 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?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____	32d	
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.) _____ _____ _____	33h	
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

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 -														
	<table border="0" style="width: 100%;"> <tr> <td style="width: 50%;">If the amount on line 40 is -</td> <td style="width: 50%;">The lobbying nontaxable amount is -</td> </tr> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 40</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000</td> </tr> </table>	If the amount on line 40 is -	The lobbying nontaxable amount is -	Not over \$500,000	20% of the amount on line 40	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000	Over \$17,000,000	\$1,000,000	41	
If the amount on line 40 is -	The lobbying nontaxable amount is -														
Not over \$500,000	20% of the amount on line 40														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000														
Over \$17,000,000	\$1,000,000														
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
	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
45 Lobbying nontaxable amount					0.
46 Lobbying ceiling amount (150% of line 45(e))					0.
47 Total lobbying expenditures					0.
48 Grassroots nontaxable amount					0.
49 Grassroots ceiling amount (150% of line 48(e))					0.
50 Grassroots lobbying expenditures					0.

Part VI-B Lobbying Activity by Nonelecting Public Charities **N/A**

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

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

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

FORM 990 GAIN (LOSS) FROM SALE OF OTHER ASSETS STATEMENT 1

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
FUND E-Z	09/21/01	06/30/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
JUNKED	0.	3,320.	0.	3,320.	0.

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMARK HARDWARE	03/14/02	06/30/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
JUNKED	0.	3,262.	0.	2,174.	<1,088.>

DESCRIPTION	DATE ACQUIRED	DATE SOLD	METHOD ACQUIRED
COMARK SOFTWARE	03/14/02	06/30/05	PURCHASED

NAME OF BUYER	GROSS SALES PRICE	COST OR OTHER BASIS	EXPENSE OF SALE	DEPREC	NET GAIN OR (LOSS)
JUNKED	0.	737.	0.	737.	0.

TO FM 990, PART I, LN 8		7,319.	0.	6,231.	<1,088.>
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FORM 990 OTHER EXPENSES STATEMENT 2

DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
UTILITIES	2,373.	1,708.	190.	475.
CONSULTING	1,624.	1,462.	162.	
PROFESSIONAL FEES	33,834.	26,053.	6,428.	1,353.
BOOK PUBLICATIONS & SHIPPING COSTS	22,701.	20,431.	2,270.	

INSURANCE	30,624.	27,562.	3,062.	
VOLUNTEER RECOGNITION	635.	571.	64.	
OTHER	11,925.	9,622.	2,303.	
DUES & FEES	2,713.	2,683.	30.	
COMPUTER	12,081.	10,873.	1,208.	
BOARD EXPENSE	22,394.		22,394.	
PUBLIC RELATIONS	5,899.	5,363.	536.	
TOTAL TO FM 990, LN 43	146,803.	106,328.	38,647.	1,828.

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 OTHER REVENUE NOT INCLUDED ON FORM 990 STATEMENT 4

DESCRIPTION	AMOUNT
GAIN/LOSS ON DISPOSAL OF FIXED ASSETS	1,088.
TOTAL TO FORM 990, PART IV-A	1,088.

FORM 990 OTHER EXPENSES NOT INCLUDED ON FORM 990 STATEMENT 5

DESCRIPTION	AMOUNT
GAIN/LOSS ON DISPOSAL OF FIXED ASSETS	1,088.
TOTAL TO FORM 990, PART IV-B	1,088.

FORM 990 PART VIII - RELATIONSHIP OF ACTIVITIES TO STATEMENT 6
 ACCOMPLISHMENT OF EXEMPT PURPOSES

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

SCHEDULE A OTHER INCOME STATEMENT 7

DESCRIPTION	2003 AMOUNT	2002 AMOUNT	2001 AMOUNT	2000 AMOUNT
MISCELLANEOUS	4,729.	10,690.	6,648.	11,181.
TOTAL TO SCHEDULE A, LINE 22	4,729.	10,690.	6,648.	11,181.

07/01/2004 - 06/30/2005

Section 179 Included in Depreciation Values

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
Equipment												
2		Printer	2/17/1999	SL / N/A	5 0000	790 00	100 0000	0 00	0 00	790 00	0 00	790 00
3		Copier	9/13/1999	SL / N/A	5 0000	3,050 00	100 0000	0 00	0 00	2,948 33	101 67	3,050 00
6		Equipment	6/4/2000	SL / N/A	5 0000	999 00	100 0000	0 00	0 00	815 85	183 15	999 00
7		Equipment	1/1/2001	SL / N/A	5 0000	2,062 00	100 0000	0 00	0 00	1,443 40	412 40	1,855 80
11		Phones	2/9/2002	SL / N/A	5 0000	3,450 00	100 0000	0 00	0 00	1,667 50	690 00	2,357 50
12	D	Comark	3/14/2002	SL / N/A	5 0000	3,262 00	100 0000	0 00	0 00	1,522 27	652 40	2,174 67
14		Connie's	6/30/2003	SL / N/A	5 0000	1,924 00	100 0000	0 00	0 00	384 80	384 80	769 60
15		Beth's	6/30/2003	SL / N/A	5 0000	1,171 00	100 0000	0 00	0 00	234 20	234 20	468 40
16		Exhibits for	3/5/2003	SL / N/A	3 0000	1,505 00	100 0000	0 00	0 00	668 89	501 67	1,170 56
17		Exhibit for	10/10/2002	SL / N/A	3 0000	600 00	100 0000	0 00	0 00	350 00	200 00	550 00
18		Dell PC for	3/21/2004	SL / N/A	5 0000	1,247 00	100 0000	0 00	0 00	62 35	249 40	311 75
19		Dell PC for	3/23/2004	SL / N/A	5 0000	1,247 00	100 0000	0 00	0 00	62 35	249 40	311 75
20		Dell PC	1/7/2004	SL / N/A	5 0000	886 00	100 0000	0 00	0 00	88 60	177 20	265 80
21		Dell PC for	10/31/2003	SL / N/A	5 0000	1,290 00	100 0000	0 00	0 00	172 00	258 00	430 00
22		Dell PC for	10/31/2003	SL / N/A	5 0000	1,290 00	100 0000	0 00	0 00	172 00	258 00	430 00
23		Dell PC	8/5/2003	SL / N/A	5 0000	1,296 00	100 0000	0 00	0 00	237 60	259 20	496 80
24		Dell PC for	6/24/2004	SL / N/A	5 0000	1,924 00	100 0000	0 00	0 00	0 00	384 80	384 80
25		Dell PC for	6/24/2004	SL / N/A	5 0000	1,171 00	100 0000	0 00	0 00	0 00	234 20	234 20
28		PC Projector	4/15/2004	SL / N/A	5 0000	1,610 00	100 0000	0 00	0 00	80 50	322 00	402 50
30		Dell PC	7/21/2004	M / MQ	5 0000	1,289 00	100 0000	0 00	0 00	0 00	451 15	451 15
31		Laptop,	5/25/2005	M / MQ	5 0000	1,649 98	100 0000	0 00	0 00	0 00	82 50	82 50
32		Dell Server,	1/7/2005	M / MQ	5 0000	1,147 00	100 0000	0 00	0 00	0 00	172 05	172 05
33		Dell Server,	5/17/2005	M / MQ	5 0000	999 00	100 0000	0 00	0 00	0 00	49 95	49 95
37		Dell PC,	1/16/2005	M / MQ	5 0000	1,351 00	100 0000	0 00	0 00	0 00	202 65	202 65
38		Portable	6/16/2005	M / MQ	5 0000	2,024 00	100 0000	0 00	0 00	0 00	101 20	101 20
Subtotal Equipment						<u>39,233.98</u>		<u>0.00</u>	<u>0.00</u>	<u>11,700.64</u>	<u>6,811.99</u>	<u>18,512.63</u>
Less dispositions and exchanges						3,262 00		0 00	0 00	1,522 27	0 00	2,174 67
Net for: Equipment						<u><u>35,971.98</u></u>		<u><u>0.00</u></u>	<u><u>0.00</u></u>	<u><u>10,178.37</u></u>	<u><u>6,811.99</u></u>	<u><u>16,337.96</u></u>
Furniture and Fixtures												
4		Furniture	9/29/1999	SL / N/A	7 0000	2,362 00	100 0000	0 00	0 00	1,602 79	337 43	1,940 22
5		Furniture	2/3/2000	SL / N/A	7 0000	1,024 00	100 0000	0 00	0 00	646 11	146 29	792 40
Subtotal Furniture and Fixtures						<u>3,386.00</u>		<u>0.00</u>	<u>0.00</u>	<u>2,248.90</u>	<u>483.72</u>	<u>2,732.62</u>
Less dispositions and exchanges						0 00		0 00	0 00	0 00	0 00	0 00
Net for: Furniture and Fixtures						<u><u>3,386.00</u></u>		<u><u>0.00</u></u>	<u><u>0.00</u></u>	<u><u>2,248.90</u></u>	<u><u>483.72</u></u>	<u><u>2,732.62</u></u>
Software												
8	D	Fund E-Z	9/21/2001	SL / N/A	3 0000	3,320 00	100 0000	0 00	0 00	3,043 34	276 66	3,320 00
9		Donor	9/26/2001	SL / N/A	3 0000	9,542 00	100 0000	0 00	0 00	8,746 84	795 16	9,542 00
13	D	Comark	3/14/2002	SL / N/A	3 0000	737 00	100 0000	0 00	0 00	573 23	163 77	737 00
26		QuarkXPress	10/7/2003	SL / N/A	5 0000	662 00	100 0000	0 00	0 00	99 30	132 40	231 70

Section 179 Included in Depreciation Values

System No.	S	Description	Date In Service	Method / Conv.	Life	Cost / Other Basis	Bus./ Inv. %	Sec. 179/ Bonus	Salvage/ Basis Adj.	Beg. Accum. Depreciation	Current Depreciation	Total Depreciation
27		QuarkXPress	1/7/2004	SL / N/A	5 0000	662 00	100 0000	0 00	0 00	66 20	132 40	198 60
34		Software,	12/11/2004	M / MQ	5 0000	587 99	100 0000	0 00	0 00	0 00	147 00	147 00
35		Software,	1/4/2005	M / MQ	5 0000	722 61	100 0000	0 00	0 00	0 00	108 39	108 39
36		Software,	3/29/2005	M / MQ	5.0000	531 20	100 0000	0 00	0 00	0 00	79 68	79 68
		Subtotal Software				16,764.80		0.00	0.00	12,528.91	1,835.46	14,364.37
		Less dispositions and exchanges				4,057 00		0 00	0 00	3,616 57	0 00	4,057 00
		Net for: Software				12,707.80		0.00	0.00	8,912.34	1,835.46	10,307.37
		Subtotal				59,384.78		0.00	0.00	26,478.45	9,131.17	35,609.62
		Less dispositions and exchanges.				7,319 00		0.00	0.00	5,138.84	0 00	6,231 67
		Grand Totals				52,065.78		0.00	0.00	21,339.61	9,131.17	29,377.96

07/01/2004 - 06/30/2005

System No.	S	Description	Date In Service	Amort. Code Sec.	Life	Cost / Other Basis	Bus./ Inv. %	Section 179 Included in Depreciation Values		
								Beg. Accum. Amortization	Current Amortization	End. Accum. Amortization
29		Web design	6/30/2004	Unassigned	60,0000	25,000.00	100.0000	0.00	5,000.00	5,000.00
		Subtotal Amortizable				<u>25,000.00</u>		<u>0.00</u>	<u>5,000.00</u>	<u>5,000.00</u>
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00
		Net for: Amortizable				<u>25,000.00</u>		<u>0.00</u>	<u>5,000.00</u>	<u>5,000.00</u>
		Subtotal				25,000.00		0.00	5,000.00	5,000.00
		Less dispositions and exchanges:				0.00		0.00	0.00	0.00
		Grand Totals:				<u>25,000.00</u>		<u>0.00</u>	<u>5,000.00</u>	<u>5,000.00</u>