

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)

2005

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 2005 calendar year, or tax year beginning JULY 01, 2005, and ending JUNE 30, 2006

- B Check if applicable: X Address change, Name change, Initial return, Final return, Amended return, Application pending

C Name of organization: TRIGEMINAL NEURALGIA ASSOCIATION. Address: 925 NW 56TH TERR, SUITE C, Gainesville FL 32605

D Employer identification number: 22-3071645. E Telephone number: (352) 331-7009. F Acctg. method: Accrual

G Website: N/A

J Organization type: 501(c)(3)

K Check here if the organization's gross receipts are normally not more than \$25,000

H & I are not applicable to section 527 organizations. H(a) Is this a group return for affiliates? No. H(b) If "Yes," enter number of affiliates. H(c) Are all affiliates included? No. H(d) Is this a separate return filed by an organization covered by a group ruling? No. I Group Exemption Number. M Check if organization is not required to attach Sch. B

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12: 648,423

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)

Table with columns for Revenue (1-12), Expenses (13-17), and Assets (18-21). Includes sub-columns for 1a-c, 6a-b, 8a-c, 9a-c, 10a-c. Total revenue 648,423; Total expenses 712,415; Net assets at end of year 214,528.

SCANNED FEB 22 2007

RECEIVED FEB 12 2007 OGDEN, UT

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

Handwritten number 9758

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck here <input type="checkbox"/>	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			
26	Other salaries and wages	26	304,743	238,268	49,881
27	Pension plan contributions	27			
28	Other employee benefits.	28	18,349	14,752	2,569
29	Payroll taxes	29			
30	Professional fundraising fees	30			
31	Accounting fees	31	71,737	21,498	14,433
32	Legal fees	32			
33	Supplies	33	6,954	4,800	965
34	Telephone	34	8,128	7,867	261
35	Postage and shipping	35	53,695	34,919	446
36	Occupancy	36	28,050	23,004	3,444
37	Equipment rental and maintenance	37			
38	Printing and publications	38	89,734	72,729	759
39	Travel	39	24,495	14,114	7,701
40	Conferences, conventions, and meetings	40	27,577	27,577	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) . . #1	42	11,750	9,447	1,645
43	Other expenses not covered above (itemize):				
a	See attachment #2	43a	67,203	55,046	9,037
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	712,415	524,021	91,141

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) aggregate amount of these joint costs \$ _____ ; (ii) 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 (See the instructions.)

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.

What is the organization's primary exempt purpose? ▶ See attachment #3	Program Service Expenses
<p>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)</p>	<p>(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)</p>
<p>a See attachment #4</p> <hr/> <hr/> <hr/> <hr/>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	524,021
<p>b</p> <hr/> <hr/> <hr/> <hr/>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>c</p> <hr/> <hr/> <hr/> <hr/>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>d</p> <hr/> <hr/> <hr/> <hr/>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>e Other program services (attach schedule)</p>	
<p>(Grants and allocations \$) If this amount includes foreign grants, check here ▶ <input type="checkbox"/></p>	
<p>f Total of Program Service Expenses (should equal line 44, column (B), Program services) ▶</p>	524,021

Part IV Balance Sheets (See the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
ASSETS	45	Cash -- non-interest-bearing	77,866	45	133,652
	46	Savings and temporary cash investments	161,379	46	45,318
	47a	Accounts receivable	9,129		
	b	Less allowance for doubtful accounts		47c	9,129
	48a	Pledges receivable			
	b	Less allowance for doubtful accounts		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
	51a	Other notes and loans receivable (attach schedule)			
	b	Less allowance for doubtful accounts		51c	
	52	Inventories for sale or use	22,200	52	17,653
	53	Prepaid expenses and deferred charges	5,238	53	2,000
	54	Investments -- securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54	
	55a	Investments -- land, buildings, and equipment: basis			
	b	Less accumulated depreciation (attach schedule)		55c	
	56	Investments -- other (attach schedule)		56	
	57a	Land, buildings, and equipment: basis . #5	77,997		
	b	Less: accumulated depreciation (attach schedule)	45,039	57c	32,958
	58	Other assets (describe <input type="checkbox"/> See attachment #6)	1,300	58	6,461
59	Total assets (must equal line 74). Add lines 45 through 58	310,675	59	247,171	
LIABILITIES	60	Accounts payable and accrued expenses	32,154	60	32,643
	61	Grants payable		61	
	62	Deferred revenue		62	
	63	Loans from officers, directors, trustees, and key employees (attach schedule)		63	
	64a	Tax-exempt bond liabilities (attach schedule)		64a	
	b	Mortgages and other notes payable (attach schedule)		64b	
	65	Other liabilities (describe <input type="checkbox"/>)		65	
66	Total liabilities. Add lines 60 through 65.	32,154	66	32,643	
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	140,003	67	77,385
	68	Temporarily restricted	138,517	68	137,143
	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)	278,520	73	214,528	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	310,674	74	247,171	

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

a	Total revenue, gains, and other support per audited financial statements		a	648,425
b	Amounts included on line a but not on Part I, line 12:			
1	Net unrealized gains on investments	b1		
2	Donated services and use of facilities	b2		
3	Recoveries of prior year grants	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	648,425
d	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total revenue (Part I, line 12) Add lines c and d		e	648,425

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

a	Total expenses and losses per audited financial statements		a	712,415
b	Amounts included on line a but not on Part I, line 17:			
1	Donated services and use of facilities	b1		
2	Prior year adjustments reported on Part I, line 20	b2		
3	Losses reported on Part I, line 20	b3		
4	Other (specify):	b4		
	Add lines b1 through b4		b	
c	Subtract line b from line a		c	712,415
d	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	d1		
2	Other (specify):	d2		
	Add lines d1 and d2		d	
e	Total expenses (Part I, line 17). Add lines c and d		e	712,415

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

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
See attachment #7 See attachment #8				

Part V-A Current Officers, Directors, Trustees, and Key Employees (continued)	Yes	No
75a Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings 9		
b Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
c Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to this organization through common supervision or common control?	75c	X
Note. Related organizations include section 509(a)(3) supporting organizations. If "Yes," attach a statement that identifies the individuals, explains the relationship between this organization and the other organization(s), and describes the compensation arrangements, including amounts paid to each individual by each related organization.		
d Does the organization have a written conflict of interest policy?	75d	X

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

(A) Name and address	(B) Loans and Advances	(C) Compensation	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
N/A N/A				

Part VI Other Information (See the instructions.)	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	76 N/A	
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.	77 N/A	
78a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a N/A	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b N/A	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . .	79 N/A	
80a 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?	80a N/A	
b If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt		
81a Enter direct and indirect political expenditures. (See line 81 instructions)	81a	N/A
b Did the organization file Form 1120-POL for this year?	81b N/A	

Part VI Other Information (continued)		Yes	No
82a	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 N/A		
83a	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	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	N/A	
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	X	
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	N/A	
d	Section 162(e) lobbying and political expenditures	N/A	
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	N/A	
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	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?		X
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	N/A	
b	Gross receipts, included on line 12, for public use of club facilities	N/A	
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	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.)	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
89a	501(c)(3) organizations. Enter. Amount of tax imposed on the organization during the year under: section 4911 ▶ N/A ; section 4912 ▶ N/A ; section 4955 ▶ N/A		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	N/A	
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	N/A	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization	N/A	
90a	List the states with which a copy of this return is filed ▶	N/A	
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)	N/A	
91a	The books are in care of ▶ See attachment #9 Telephone no. ▶ Located at ▶ ZIP + 4 ▶		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts		X
c	At any time during the calendar year, did the organization maintain an office outside of the United States? If "Yes," enter the name of the foreign country ▶		X
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here and enter the amount of tax-exempt interest received or accrued during the tax year. ▶	N/A	<input type="checkbox"/>
	92 N/A		

Part VII Analysis of Income-Producing Activities (See the instructions.)

Table with 5 columns: (A) Business code, (B) Amount, (C) Excl. code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Membership dues, Interest on savings, Dividends, Net rental income, and Subtotal.

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 the instructions.)

Table with 2 columns: 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.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership int.; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

- (a) Did organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?
(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Signature and title section for Jane Boles, Executive Director/CEO, dated 11/25/07. Includes preparer's signature and firm information for Sexton & Schnoll, Inc.

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Organization Exempt Under Section 501(c)(3)

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

Supplementary Information -- (See separate instructions.)

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

OMB No. 1545-0047

2005

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 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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
See attachment #15 See attachment #16				

Total number of other employees paid over \$50,000 ▶ 1

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See 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

Total number of others receiving over \$50,000 for professional services ▶ 1

Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of other contractors receiving over \$50,000 for other services ▶ 0

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

Schedule A (Form 990 or 990-EZ) 2005

Part III Statements About Activities (See 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.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.			
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)# 1 7		
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
3a	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.)		X
b	Do you have a section 403(b) annuity plan for your employees?		X
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?		X
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?		X
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?		X

Part IV Reason for Non-Private Foundation Status (See 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)** sections 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). Check the box that describes the type of supporting organization: ▶ Type 1 Type 2 Type 3

Provide the following information about the supported organizations. (See 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 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	643,549	443,379	377,269	373,576	1,837,773
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	219,419	30,124	41,117	33,539	324,199
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.	664	1,196	1,796	3,844	7,500
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 . . . #18	5,951				5,951
23 Total of lines 15 through 22	869,583	474,699	420,182	410,959	2,175,423
24 Line 23 minus line 17	650,164	444,575	379,065	377,420	1,851,224
25 Enter 1% of line 23	8,696	4,747	4,202	4,110	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24. ▶					26a 37,024
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts ▶					26b
c Total support for section 509(a)(1) test Enter line 24, column (e) ▶					26c 1,851,224
d Add Amounts from column (e) for lines: 18 <u>7,500</u> 19 _____ 22 <u>5,951</u> 26b _____ .. ▶					26d 13,451
e Public support (line 26c minus line 26d total) ▶					26e 1,837,773
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)). ▶					26f 99.27 %
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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
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 11b, 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: (2004) _____ (2003) _____ (2002) _____ (2001) _____					
c Add: Amounts from column (e) for lines. 15 _____ 16 _____ 17 _____ 20 _____ 21 _____ .. ▶					27c
d Add: Line 27a total _____ and line 27b total _____ .. ▶					27d
e Public support (line 27c total minus line 27d total) ▶					27e
f Total support for section 509(a)(2) test Enter amount from line 23, column (e). . . ▶					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator)) ▶					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator)) ▶					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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 the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV) N/A

		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?	32d	
	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?	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?	33h	
	If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.) _____ _____		
34a	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 the instructions.)
 (To be completed **ONLY** by an eligible organization that filed Form 5768)

N/A

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		(a) Affiliated group totals	(b) To be completed for ALL electing organizations												
(The term "expenditures" means amounts paid or incurred.)															
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 style="width: 100%; border: none;"> <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.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B Lobbying Activity by Nonelecting Public Charities
 (For reporting only by organizations that did not complete Part VI-A) (See 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:	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 .)			

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

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(I) Cash

(II) Other assets

b Other transactions:

(I) Sales or exchanges of assets with a noncharitable exempt organization

(II) Purchases of assets from a noncharitable exempt organization

(III) Rental of facilities, equipment, or other assets

(IV) Reimbursement arrangements

(V) Loans or loan guarantees

(VI) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(I)		X
a(II)		X
b(I)		X
b(II)		X
b(III)		X
b(IV)		X
b(V)		X
b(VI)		X
c		X

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Desc. of transfers, transactions, & sharing arrangements
N/A			

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? Yes No

b If "Yes," complete the following schedule.

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

SCHEDULE OF DEPRECIATION AND DEPLETION

Attachment 1: page 1 - 990 Page 2, Part II, Line 42

Open to Public

Inspection

For Calendar year 2005, or tax year period beginning 07-01-2005 and ending 06-30-2006

Name of Organization

TRIGEMINAL NEURALGIA ASSOCIATION

Employer Identification Number

22-3071645

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
Furniture and equipment		77,997	33,289	\$L	5	11,750
Total		77,997	33,289			11,750

SCHEDULE OF OTHER EXPENSES

Attachment 2: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.		
Name of Organization	TRIGEMINAL NEURALGIA ASSOCIATION		Employer Identification Number 22-3071645

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Support Group Expenses	22,363	22,363		
Computer Expense	12,607	6,626	5,331	650
Moving Expenses	11,293	9,080	1,581	632
Research Expenses	6,122	6,122		
Bank Fees	4,299	3,456	602	241
Public Relations	1,182	1,182		
Miscellaneous	9,337	6,217	1,523	1,597
Total	67,203	55,046	9,037	3,120

PRIMARY EXEMPT PURPOSE

Attachment 3: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01 , and ending 06-30-2006.
Name of Organization TRIGEMINAL NEURALGIA ASSOCIATION	Employer Identification Number 22-3071645

Primary Purpose

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.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 4: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending		
Name of Organization	TRIGEMINAL NEURALGIA ASSOCIATION		Employer Identification Number 22-3071645
Part III - Statement of Program Service Accomplishments			
Grants and allocations	Amount includes foreign grants	Program service expenses	524,021

Exempt Purpose Achievements

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.

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

Attachment 5: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection

For Calendar year 2005, or tax year period beginning 07-01-2005 and ending 06-30-2006.

Name of Organization TRIGEMINAL NEURALGIA ASSOCIATION	Employer Identification Number 22-3071645		End of Year Book Value	Ending FML (990-PF Only)
Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
Furniture and Equipment	77,997	45,039	32,958	
Total	77,997	45,039	32,958	

SCHEDULE OF OTHER ASSETS

Attachment 6: page 1 - 990 Page 4, Part IV, Line 58

Not Open to Pub
Inspection

For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.

Name of Organization
TRIGEMINAL NEURALGIA ASSOCIATION

Employer Identification Number
22-3071645

Description of Other Assets	Beginning of Year	End of Year	EOY FMV (990-PF Only)
Deposits	1,300	6,461	
Totals	1,300	6,461	

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 7: page 1 - 990 Page 5, Part V-A

Open to Public Inspection For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.

Name of Organization TRIGEMINAL NEURALGIA ASSOCIATION **Employer Identification Number** 22-3071645

(A) Name and Address	(B) Title and Average Hrs per Week	(C) Compensation (If not paid, enter 0)	(D) Cont. to Employee Ben Plans & Def. Comp	(E) Expense Account & Other Allowances
Roger L. Levy C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	Chairman 3.00	0	0	0
Michael G. Pasternak, Ph.D. C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	President 3.00	0	0	0
Kenneth I. White, CPA C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	Vice President/Tre 3.00	0	0	0
Elizabeth Cilker Smith C/O 2801 SW Archer Road Gainesville, FL 32608	Secretary 3.00	0	0	0
Suzanne N. Grenell C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	Member 3.00	0	0	0
Mike Hirsch (Myron A.) C/O 2801 SW Archer Road Gainesville, FL 32608	Member 3.00	0	0	0
Wm. Pat Marshall, M.D. C/O SW Archer Road, Suite C Gainesville, FL 32608	Member 3.00	0	0	0
Everard K. Pinneo C/O 2801 SW Archer Road Gainesville, FL 32608	Member 3.00	0	0	0
Shelly L. Wilson C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	Member 3.00	0	0	0
Jane Boles Gainesville, FL 32605 See Comp. Expl. #1	Executive Director 40.00	55,385	0	0

COMPENSATION EXPLANATION

Attachment 8: page 1 - 990 Page 5, Part V-A, Current Officer Compensation Explanation

Open to Public Inspection	For Calendar year 2005, or tax year period beginning 07-01-2005	and ending 06-30-2006
Name of Organization	Employer Identification Number	
TRIGEMINAL NEURALGIA ASSOCIATION	22-3071645	

Name	Explanation
Officer Comp. Expln. #1 Jane Boles	Paid via employee leasing company

BOOKS ARE IN CARE OF

Attachment 9: page 0 - 990 Page 7, Part VI, Line 91a

For calendar year 2005 or tax period beginning 07-01Attac, and ending 06-30-2006.

Name of Organization
TRIGEMINAL NEURALGIA ASSOCIATION

Employer Identification Number
22-3071645

Part VI - Line 91a

Individual Name Karin Hyler

or

Business Name

Street Address 925 NW 56th Terrace, Suite C

U.S. Address:

Zip code 32605

City Gainesville

State FL

or

Foreign Address

City

Province or State

Country

Postal code

Phone Number

SCHEDULE OF OTHER REVENUE

Attachment 11: page 1 - 990 Page 8, Part VII, Line 103

Open to Public Inspection For calendar year 2005 or tax period beginning 07-01-2005 , and ending 06-30-2006.

Name of Organization **TRIGEMINAL NEURALGIA ASSOCIATION** Employer Identification Number **22-3071645**

Item	Program Service Revenue	Unrelated business income		Excluded by section 512, 513 or 514		(e) Related or exempt function income (see instructions)
		(a) business code	(b) Amount	(c) Excl code	(d) Amount	
a	Miscellaneous					1,009
Totals						1,009

**SCHEDULE OF RELATIONSHIP OF ACTIVITIES
TO THE ACCOMPLISHMENT OF EXEMPT PURPOSES**

Attachment 12: page 1 990 Page 8, Part VIII

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.
Name of Organization TRIGEMINAL NEURALGIA ASSOCIATION	Employer Identification Number 22-3071645

Line Number	Briefly describe how the activity reported in column (E) of Part VII specifically contributed to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93	THE BOOK SALES ASSIST PATIENTS BY PROVIDING INFORMATION, ENCOURAGING RESEARCH, AND OFFERING SUPPORT
103	INCOME FROM VARIOUS ACTIVITIES IS ALL RELATED TO THE TAX-EXEMPT PURPOSE.
93	THE NATIONAL CONFERENCE ASSISTS PATIENTS BY PROVIDING INFORMATION, ENCOURAGING RESEARCH, AND OFFERING SUPPORT.

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

Attachment 13: page 1 Schedule A Page 1, Part I

Open to Public Inspection	For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.
Name of Organization	Employer Identification Number
TRIGEMINAL NEURALGIA ASSOCIATION	22-3071645

Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees

(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 empl. benefit plans & deferred compensation	(e) Expense account and other allowances
Jane Boles Gainesville, FL 32601 See Emp. Comp. Expl. #1	Executive Director 40.00	55,385	0	0

EMPLOYEE COMPENSATION EXPLANATION

Attachment 14: page 1 Schedule A Page 1, Part I - Employee Compensation Explanation

Open to Public Inspection

For Calendar year 2005, or tax year period beginning 07-01-2005

and ending 06-30-2006

Name of Organization

TRIGEMINAL NEURALGIA ASSOCIATION

Employer Identification Number

22-3071645

Name

Employee Comp. Expln. #1
Jane Boles

Explanation

Compensation is paid via employee leasing company

**COMPENSATION OF THE FIVE HIGHEST PAID INDEPENDENT CONTRACTORS
FOR PROFESSIONAL SERVICES**

Attachment 15: page 1 Schedule A Page 1, Part II-A

Open to Public Inspection	For calendar year 2005 or tax period beginning	07-01-2005, and ending	06-30-2006.
Name of Organization		Employer Identification Number	
TRIGEMINAL NEURALGIA ASSOCIATION		22-3071645	

Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
Marks Paneth & Shron See Contractor Comp. Expl. #1	Consulting	52,500

CONTRACTOR COMPENSATION EXPLANATION

Attachment 16: page 1 Schedule A Page 1, Part II-A - Contractor Compensation Explanation

Open to Public
Inspection

For Calendar year 2005, or tax year period beginning 07-01-2005

and ending 06-30-2006

Name of Organization

Employer Identification Number

TRIGEMINAL NEURALGIA ASSOCIATION

22-3071645

Name

Explanation

Contractor Comp. Expln. #1
Marks Paneth & Shron

Consulting provided under contract

SELF DEALING STATEMENT

Attachment 17: page 1 Sch A Page 2, Part III, Line 2, Self-Dealing Statemen

Open to Pu
Inspection For calendar year 2005 or tax period beginning 07-01-2005, and ending 06-30-2006.

Name of Organization	Employer Identification Number
TRIGEMINAL NEURALGIA ASSOCIATION	22-3071645

Line number from Schedule A, page 2, line 2a to 2e 2c

Statement Regarding Transaction

A member of the Board of Directors, Myron Hirsch, is the owner of Whitehall Printing. The organization uses this printing company for the printing of its books, pamphlets and other educational materials.

SCHEDULE OF OTHER INCOME

Attachment 18: page 1 Sch A Page 3, Part IV-A, Line 22, Other Income

Open to Public Inspection

For Calendar year 2005, or tax year period beginning 07-01-2005 and ending 06-30-2006

Name of Organization

TRIGEMINAL NEURALGIA ASSOCIATION

Employer Identification Number

22-3071645

Other Income Description	(a) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
	5,951				5,951
Total	5,951				5,951

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Part I Automatic 3-Month Extension of Time -- Only submit original (no copies needed)

Form 990-T corporations requesting an automatic 6-month extension -- check this box and complete Part I only.

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax returns. Partnerships, REMICs, and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041.

Electronic Filing (e-file). Form 8868 can be filed electronically if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for corporate Form 990-T filers). However, you cannot file it electronically if you want the additional (not automatic) 3-month extension, instead you must submit the fully completed signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile

Type or print	Name of Exempt Organization TRIGEMINAL NEURALGIA ASSOCIATION	Employer identification number 22-3071645
File by the due date for filing your return. See instructions	Number, street, and room or suite no. If a P.O. box, see instructions. 925 NW 56TH TERR, SUITE C	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Gainesville FL 32605	

Check type of return to be filed (file a separate application for each return):

- | | | |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ See attachment #9

Telephone No. ▶ _____ FAX No. ▶ _____

- If the organization does **not** have an office or place of business in the United States, check this box
- If this is for a **Group Return**, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the **whole** group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a **Form 990-T corporation**) extension of time until FEBRUARY 15, 2007, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20____ or

▶ tax year beginning JULY 01, 2005, and ending JUNE 30, 2006.

2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$ _____ 0

b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. \$ _____ 0

c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____ 0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 12-2004)