

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)

2006

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 2006 calendar year, or tax year beginning JULY 01, 2006, and ending JUNE 30, 2007

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

C Name of organization: TRIGEMINAL NEURALGIA ASSOCIATION
Number and street (or P.O. box if mail is not delivered to street address): 925 NW 56TH TERR, SUITE C
City or town, state or country, and ZIP + 4: Gainesville FL 32605

D Employer identification number: 22-3071645
E Telephone number: (352) 331-7009
F Acctg. method: [] Cash [X] Accrual [] Other (specify)

Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

- H & I are not applicable to sec 527 organizations.
H(a) Is this a group return for affiliates? [] Yes [X] No
H(b) If "Yes," enter number of affiliates
H(c) Are all affiliates included? [] Yes [] No
H(d) Is this a separate return filed by an organization covered by a group ruling? [] Yes [X] No
I Group Exemption Number

G Website: N/A

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

K Check here [] if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return

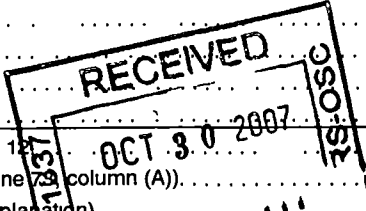
M Check [] if organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).

L Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 856,691

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

Table with 21 rows and multiple columns for revenue, expenses, and net assets. Includes sub-rows for contributions, program revenue, membership, interest, dividends, gross rents, sales of assets, special events, and inventory.

SCANNED NOV 08 2007



Handwritten numbers: 917-20, 26

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
22a	Grants paid from donor advised funds (attach sched.) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22a			
22b	Other grants and allocations (attach schedule) (cash \$ _____ noncash \$ _____) If this amount includes foreign grants, ck. here <input type="checkbox"/>	22b			
23	Specific assistance to individuals (attach schedule) #1	23	14,758	14,758	
24	Benefits paid to or for members (attach schedule) . .	24			
25a	Compensation of current officers, directors, key employees, etc. listed in Part V-A (attach schedule)	25a			
b	Compensation of former officers, directors, key employees, etc. listed in Part V-B (attach schedule)	25b			
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	25c			
26	Salaries and wages of employees not included on lines 25a, b, and c	26	267,359	214,957	37,430
27	Pension plan contributions not included on lines 25a, b, and c	27			
28	Employee benefits not included on lines 25a - 27 . .	28	17,160	13,796	2,403
29	Payroll taxes	29	22,900	18,411	3,207
30	Professional fundraising fees	30	6,222		4,800
31	Accounting fees	31	6,750	5,427	945
32	Legal fees	32			
33	Supplies	33	9,718	8,712	635
34	Telephone	34	9,747	9,487	146
35	Postage and shipping	35	65,083	42,506	15
36	Occupancy	36	39,302	31,599	5,502
37	Equipment rental and maintenance	37	12,628	9,525	135
38	Printing and publications	38	50,766	31,840	774
39	Travel	39	18,364	13,535	1,946
40	Conferences, conventions, and meetings	40	143,754	143,754	
41	Interest	41			
42	Depreciation, depletion, etc. (attach schedule) . #2	42	12,501	10,051	1,750
43	Other expenses not covered above (itemize).				
a	See attachment #3	43a	65,114	45,758	14,463
b		43b			
c		43c			
d		43d			
e		43e			
f		43f			
g		43g			
44	Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	762,126	614,116	74,151

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 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
A S S E T S	45	Cash -- non-interest-bearing	133,652	45 30,762
	46	Savings and temporary cash investments		46 224,298
	47a	Accounts receivable	11,561	
	b	Less: allowance for doubtful accounts		47c 11,561
	47b		9,129	
	48a	Pledges receivable		
	b	Less: allowance for doubtful accounts		48c
	48b			
	49	Grants receivable		49
	50a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b
	51a	Other notes and loans receivable (attach schedule)		
	b	Less: allowance for doubtful accounts		51c
	51b			
	52	Inventories for sale or use	17,653	52 12,084
	53	Prepaid expenses and deferred charges	2,000	53 2,000
	54a	Investments -- publicly-traded securities		54a
	b	Investments -- other securities (attach schedule)		54b
	54b			
55a	Investments -- land, buildings, and equipment: basis			
b	Less: accumulated depreciation (attach schedule)		55c	
55b				
56	Investments -- other (attach schedule)	#6	56 25,825	
57a	Land, buildings, and equipment: basis #7	79,685		
b	Less: accumulated depreciation (attach schedule)		57c 21,057	
57b		58,628		
58	Other assets, including program-related investments (describe ► See attachment #8)	6,461	58 6,461	
59	Total assets (must equal line 74). Add lines 45 through 58	201,853	59 334,048	
L I A B I L I T I E S	60	Accounts payable and accrued expenses	32,643	60 24,955
	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 ►)		65
	66	Total liabilities. Add lines 60 through 65	32,643	66 24,955
N E T A S S E T B A L A N C E S	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.			
	67	Unrestricted	77,385	67 85,888
	68	Temporarily restricted	137,143	68 223,205
	69	Permanently restricted		69
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.			
	70	Capital stock, trust principal, or current funds		70
	71	Paid-in or capital surplus, or land, building, and equipment fund		71
	72	Retained earnings, endowment, accumulated income, or other funds		72
73	Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)	214,528	73 309,093	
74	Total liabilities and net assets/fund balances. Add lines 66 and 73	247,171	74 334,048	

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	856,691
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	856,691
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	856,691

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

a	Total expenses and losses per audited financial statements	a	762,126
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	762,126
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	762,126

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 #9 See attachment #10				

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 the organization? See the instructions for the definition of "related organization" If "Yes," attach a statement that includes the information described in the instructions.	75c	X
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 (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances

Part VI Other Information (See the instructions.)		Yes	No
76	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
77	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77	X
78a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? . . .	78a	X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement . . .	79	X
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	X
b	If "Yes," enter the name of the organization ► _____ and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	N/A
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	X

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?		X
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?		X
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.		X
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?		X
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
88a	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
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		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		X
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
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
90a	List the states with which a copy of this return is filed		FL
b	Number of employees employed in the pay period that includes March 12, 2006 (See instructions.)	90b	6
91a	The books are in care of		See attachment #11
	Located at		Telephone no. 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	91b	X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		

Part VI Other Information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? ... 91c Yes No X

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 -- Check here

and enter the amount of tax-exempt interest received or accrued during the tax year 92

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

Note: Enter gross amounts unless otherwise indicated.

Table with 5 main columns: (A) Business code, (B) Amount, (C) Excl. code, (D) Amount, (E) Related or exempt function income. Rows include 93 Program service revenue, 94 Membership dues and assessments, 95 Interest on savings and temporary cash investments, 96 Dividends and interest from securities, 97 Net rental income or (loss) from real estate, 98 Net rental income or (loss) from personal property, 99 Other investment income, 100 Gain or (loss) from sales of assets other than inventory, 101 Net income or (loss) from special events, 102 Gross profit or (loss) from sales of inventory, 103 Other revenue, 104 Subtotal, 105 Total.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

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 (other than by providing funds for such 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? Yes No X

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes No X

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

Part XI Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization **make** any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity. N/A

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

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

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

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above? N/A

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: *[Signature]* Date: 11.5.07

Type or print name and title: Executive Director / CEO

Paid Preparer's Use Only

Preparer's signature: *[Signature]* Date: 10/27 Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: SEXTON & SCHNOLL
4432 NW 23RD AVENUE SUITE 8
Gainesville FL 32606

EIN: _____ Phone no: _____

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 4947(a)(1) Nonexempt Charitable Trust

2006

Supplementary Information -- (See separate instructions.)

Department of the Treasury
Internal Revenue Service

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 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 #13				

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
See attachment #14		

Total number of others receiving over \$50,000 for professional services **▶ 0**

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) 2006

Part III Statements About Activities (See 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>3a Did the organization make grants for scholarships, fellowships, student loans, etc? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)</p>	3a	X
<p>b Did the organization have a section 403(b) annuity plan for its employees?</p>	3b	X
<p>c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? if "Yes," attach a detailed statement</p>	3c	X
<p>d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>	3d	X
<p>4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p>	4a	X
<p>b Did the organization make any taxable distributions under section 4966?</p>	4b	
<p>c Did the organization make a distribution to a donor, donor advisor, or related person?</p>	4c	
<p>d Enter the total number of donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ▶ _____</p>		
<p>f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ▶ _____</p>		0
<p>g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ▶ _____</p>		0

Part IV Reason for Non-Private Foundation Status (See instructions)

I certify that 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 otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
 Type I Type II Type III -- Functionally Integrated Type III -- Other

Provide the following information about the supported organizations. (See instructions)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					▶

- 14 An organization organized and operated to test for public safety. Section 509(a)(4). (See 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) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	495,194	643,549	443,379	377,269	1,959,391
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	151,976	219,419	30,124	41,117	442,636
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	1,253	664	1,196	1,796	4,909
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					
23 Total of lines 15 through 22	648,423	863,632	474,699	420,182	2,406,936
24 Line 23 minus line 17	496,447	644,213	444,575	379,065	1,964,300
25 Enter 1% of line 23	6,484	8,636	4,747	4,202	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24 ▶					26a 39,286
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 2002 through 2005 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 1,964,300
d Add: Amounts from column (e) for lines: 18 <u>4,909</u> 19 _____ 22 _____ 26b _____ ▶					26d 4,909
e Public support (line 26c minus line 26d total) ▶					26e 1,959,391
f Public support percentage (line 26e (numerator) divided by line 26c (denominator)) ▶					26f 99.75 %
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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: (2005) _____ (2004) _____ (2003) _____ (2002) _____					
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 2002 through 2005, 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?		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?		
d Copies of all material used by the organization or on its behalf to solicit contributions?		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement)		
33 Does the organization discriminate by race in any way with respect to		
a Students' rights or privileges?		
b Admissions policies?		
c Employment of faculty or administrative staff?		
d Scholarships or other financial assistance?		
e Educational policies?		
f Use of facilities?		
g Athletic programs?		
h Other extracurricular activities?		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)		
34a Does the organization receive any financial aid or assistance from a governmental agency?		
b Has the organization's right to such aid ever been revoked or suspended?		
If you answered "Yes" to either 34a or b, please explain using an attached statement.		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation		

Part VI-A

Lobbying Expenditures by Electing Public Charities (See 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

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

	(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36	
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37	
38 Total lobbying expenditures (add lines 36 and 37)	38	
39 Other exempt purpose expenditures	39	
40 Total exempt purpose expenditures (add lines 38 and 39)	40	
41 Lobbying nontaxable amount. Enter the amount from the following table --		
If the amount on line 40 is -- 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	41
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.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(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 (See the instructions)
(For reporting only by organizations that did not complete Part VI-A)

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?

	Yes	No
a Transfers from the reporting organization to a noncharitable exempt organization of:		
(I) Cash		X
(II) Other assets		X
b Other transactions:		
(I) Sales or exchanges of assets with a noncharitable exempt organization		X
(II) Purchases of assets from a noncharitable exempt organization		X
(III) Rental of facilities, equipment, or other assets		X
(IV) Reimbursement arrangements		X
(V) Loans or loan guarantees		X
(VI) Performance of services or membership or fundraising solicitations		X
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees		X

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

(a) Line no	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and 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 SPECIFIC ASSISTANCE TO INDIVIDUALS

Attachment 1: page 1 - 990 Page 2, Part II, Line 23

Open to Public Inspection	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.
Name of Organization TRIGEMINAL NEURALGIA ASSOCIATION	Employer Identification Number 22-3071645

Description of Activity	Total Amount
Support Group Assistance	14,758
Total	14,758

SCHEDULE OF DEPRECIATION AND DEPLETION

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

Open to Public Inspection

For Calendar year 2006, or tax year period beginning 07-01-2006 and ending 06-30-2007

Employer Identification Number

22-3071645

Name of Organization
TRIGEMINAL NEURALGIA ASSOCIATION

Description of Property	Date Acquired	Cost or Other Basis	Prior Year Depreciation	Method of Computation	Rate (%) or Life (Years)	Depreciation This Year
Equipment and Furniture		79,685	46,127	SL	5	12,501
Total		79,685	46,127			12,501

SCHEDULE OF OTHER EXPENSES

Attachment 3: page 1 - 990 Page 2, Part II, Line 43

Open to Public Inspection	For calendar year 2006 or tax period beginning 07-01-2006, and ending	06-30-2007.
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Name of Organization TRIGEMINAL NEURALGIA ASSOCIATION	Employer Identification Number 22-3071645
--	--

Other Expenses	(A) Total	(B) Program Services	(C) Management and General	(D) Fundraising
Licenses and Fees	1,335	9	76	1,250
Public Relations	2,100	425		1,675
Insurance	3,341	2,686	468	187
Research	20,107	20,107		
Miscellaneous	4,076	3,080	781	215
Consulting	23,933	11,081	12,852	
Volunteer	3,493	3,493		
Workers Compensation	1,550	1,246	217	87
Subscriptions	539	450		89
Bank Charges	4,640	3,181	69	1,390
Total	65,114	45,758	14,463	4,893

PRIMARY EXEMPT PURPOSE

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

Open to Public Inspection	For calendar year 2006 or tax period beginning	07-01	, and ending	06-30-2007.
Name of Organization				Employer Identification Number
TRIGEMINAL NEURALGIA ASSOCIATION				22-3071645

Primary Purpose

Provide information and support on the Trigeminal Neuralgia condition. Encourage research and awareness of the condition through national and regional conferences, educational videos and publications.

PROGRAM SERVICE ACCOMPLISHMENT

Attachment 5: page 1 - 990 Page 3, Part III

Open to Public Inspection	For calendar year 2006 or tax period beginning		07-01-2006, and ending	06-30-2007.
Name of Organization			Employer Identification Number	
TRIGEMINAL NEURALGIA ASSOCIATION			22-3071645	
Part III - Statement of Program Service Accomplishments				
Grants and allocations	14,758	Amount includes foreign grants	Program service expenses	614,116

Exempt Purpose Achievements

Advocate for patients of Trigeminal Neuralgia; provide information in the form of books, pamphlets and videos; encourage and engage in research.

SCHEDULE OF OTHER INVESTMENTS

Attachment 6: page 1 - 990 Page 4, Part IV, Line 56

Open to Public Inspection	For calendar year 2006 or tax period beginning	07-01-2006, and ending	06-30-2007.
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Name of Organization TRIGEMINAL NEURALGIA ASSOCIATION	Employer Identification Number 22-3071645
--	--

Description of Investment - Other	Cost or FMV	EOY Book Value
Certificate of Deposit		25,825
Total		25,825

SCHEDULE OF LAND, BUILDINGS & EQUIPMENT

Attachment 7: page 1 - 990 Page 4, Part IV, Line 57

Open to Public Inspection

For Calendar year 2006, or tax year period beginning 07-01-2006 and ending 06-30-2007.

Name of Organization

TRIGEMINAL NEURALGIA ASSOCIATION

Employer Identification Number

22-3071645

Category or Description of Property	Cost or Other Basis	Accumulated Depreciation	End of Year Book Value	Ending FML (990-PF Only)
Equipment and Furniture	79,685	58,628	21,057	
Total	79,685	58,628	21,057	

SCHEDULE OF OTHER ASSETS

Attachment 8: page 1 - 990 Page 4, Part IV, Line 58

Not Open to Pub

Inspection

For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.

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)
Security Deposit	6,461	6,461	
Totals	6,461	6,461	

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 9: page 1 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.
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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 10.00	0	0	0
Michael G. Pasternak, Ph.D. C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	President 10.00	0	0	0
Kenneth I. White, CPA C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	Vice President/Tre 10.00	0	0	0
Elizabeth Cilker Smith C/O 2801 SW Archer Road Gainesville, FL 32608	Secretary 5.00	0	0	0
Suzanne N. Grenell C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	Member 5.00	0	0	0
Mike Hirsch (Myron A.) C/O 2801 SW Archer Road Gainesville, FL 32608	Member 5.00	0	0	0
Wm. Pat Marshall, M.D. C/O SW Archer Road, Suite C Gainesville, FL 32608	Member 5.00	0	0	0
Everard K. Pinneo C/O 2801 SW Archer Road Gainesville, FL 32608	Member 5.00	0	0	0
Shelly L. Wilson C/O 2801 SW Archer Road, Suite C Gainesville, FL 32608	Member 10.00	0	0	0
Jane Boles Gainesville, FL 32605 See Comp. Expl. #1	Executive Director 40.00	60,000	0	0

CURRENT OFFICERS, DIRECTORS, TRUSTEES, AND KEY EMPLOYEES

Attachment 9: page 1 - 990 Page 5, Part V-A

Open to Public Inspection	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.	
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 Gainesville, FL 32608	Chairman 10.00	0	0	0
Michael G. Pasternak, Ph.D. Gainesville, FL 32608	President 10.00	0	0	0
Kenneth I. White, CPA Gainesville, FL 32608	Vice President/Tre 10.00	0	0	0
Elizabeth Cilker Smith Gainesville, FL 32608	Secretary 5.00	0	0	0
Suzanne N. Grenell Gainesville, FL 32608	Member 5.00	0	0	0
Mike Hirsch (Myron A.) Gainesville, FL 32608	Member 5.00	0	0	0
Wm. Pat Marshall, M.D. Gainesville, FL 32608	Member 5.00	0	0	0
Everard K. Pinneo Gainesville, FL 32608	Member 5.00	0	0	0
Shelly L. Wilson Gainesville, FL 32608	Member 10.00	0	0	0
Jane Boles Gainesville, FL 32605 See Comp. Expl. #1	Executive Director 40.00	60,000	0	0

COMPENSATION EXPLANATION

Attachment 10: page 1 - 990 Page 5, Part V-A, Current Officer Compensation Explanation

Open to Public Inspection

For Calendar year 2006, or tax year period beginning 07-01-2006

and ending 06-30-2007

Name of Organization

Employer Identification Number

TRIGEMINAL NEURALGIA ASSOCIATION

22-3071645

Name

Explanation

Officer Comp. Expln. #1
Jane Boles

Salary paid by payroll company

BOOKS ARE IN CARE OF

Attachment 11 - 990 Page 7, Part VI, Line 91a

For calendar year 2006 or tax period beginning 07-01, and ending 06-30-2007.

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

Foreign Address

City
Province or State
Country
Postal code
Phone Number (352) 336-7009

COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES

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

Open to Public Inspection	For calendar year 2006 or tax period beginning 07-01-2006, and ending 06-30-2007.
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Name of Organization TRIGEMINAL NEURALGIA ASSOCIATION	Employer Identification Number 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	Executive Director 40.00	60,000		0

2006 DETAIL STATEMENTS

TRIGEMINAL NEURALGIA ASSOCIATI
22-3071645

STATEMENT #1 - Direct Public Support-Cash (990-EO PG 1)

Annual Appeal.....	172,706
Research Contributions.....	114,532
Foundation Gifts.....	76,350
Corporation Gifts.....	6,228
Major Gifts.....	30,000
Other Contributions from Public.....	90,215
Support Group.....	15,519
Foundation Grants.....	50,000

TOTAL CARRIED TO 990-EO PG 1..... 555,550

STATEMENT #2 - Indirect Public Support-Cash (990-EO PG 1)

United Way designations.....	9,495
------------------------------	-------

TOTAL CARRIED TO 990-EO PG 1..... 9,495

STATEMENT #3 - Program Services (990-EO PG 2)

Payroll Service.....	5,427
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TOTAL CARRIED TO 990-EO PG 2..... 5,427

STATEMENT #4 - Management & General (990-EO PG 2)

Payroll Service.....	945
----------------------	-----

TOTAL CARRIED TO 990-EO PG 2..... 945

STATEMENT #5 - Fundraising (990-EO PG 2)

payroll service.....	378
----------------------	-----

TOTAL CARRIED TO 990-EO PG 2..... 378

STATEMENT #6 - Program Services (990-EO PG 2)

Office Supplies.....	5,284
Video Library.....	3,428

TOTAL CARRIED TO 990-EO PG 2..... 8,712

2006 DETAIL STATEMENTS

TRIGEMINAL NEURALGIA ASSOCIATI
22-3071645

STATEMENT #7 - Program Services (990-EO PG 2)

Rent.....	25,889
Utilities.....	3,326
Maintenance.....	2,384

TOTAL CARRIED TO 990-EO PG 2..... 31,599

STATEMENT #8 - Management & General (990-EO PG 2)

Rent.....	4,508
UTILITIES.....	579
Maintenance.....	415

TOTAL CARRIED TO 990-EO PG 2..... 5,502

STATEMENT #9 - Fundraising (990-EO PG 2)

Rent.....	1,803
Utilities.....	232
Maintenance.....	166

TOTAL CARRIED TO 990-EO PG 2..... 2,201

STATEMENT #10 - of Year (990-EO PG 4)

	Beginning	Ending
Savings.....	0	108,462
MM.....	0	115,836
TOTAL CARRIED TO 990-EO PG 4.....	0	224,298