

Form **990**  
Department of the Treasury  
Internal Revenue Service

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047  
**2007**  
Open to Public Inspection

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

**A For the 2007 calendar year, or tax year beginning 7/01/07, and ending 6/30/08**

- B Check if applicable
- Address change
- Name change
- Initial return
- Termination
- Amended return
- Application pending

Please use IRS label or print or type. See Specific Instructions.

**C Name of organization**  
**Trigeminal Neuralgia Assoc., Inc.**

Number and street (or P O box if mail is not delivered to street address) Room/suite  
**925 NW 56th Terr STE C**

City or town, state or country, and ZIP + 4  
**Gainesville FL 32605**

**D Employer identification number**  
**22-3071645**

**E Telephone number**

**F Accounting method.**  Cash  
 Accrual  Other (specify)

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

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates?  Yes  No

**H(b)** If "Yes," enter number of affiliates **▶**

**H(c)** Are all affiliates included?  Yes  No  
(If "No," attach a list See instructions)

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

**G Website:** N/A

**J Organization type**  
(check only one)  501(c) ( **5** ) (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

**I Group Exemption Number** **▶**

**M Check**  if the 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 **▶ 786,870**

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

Revenue	1	Contributions, gifts, grants, and similar amounts received				
	a	Contributions to donor advised funds	1a			
	b	Direct public support (not included on line 1a)	1b	644,271		
	c	Indirect public support (not included on line 1a)	1c	11,828		
	d	Government contributions (grants) (not included on line 1a)	1d			
	e	<b>Total</b> (add lines 1a through 1d) (cash \$ <b>656,099</b> noncash \$ )	1e			656,099
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2			119,672
	3	Membership dues and assessments	3			
	4	Interest on savings and temporary cash investments	4			11,099
	5	Dividends and interest from securities	5			
	6a	Gross rents	6a			
	b	Less rental expenses	6b			
c	Net rental income or (loss) Subtract line 6b from line 6a	6c				
7	Other investment income (describe <b>▶</b> )	7				
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other		
	b	Less cost or other basis and sales expenses	8a			
	c	Gain or (loss) (attach schedule)	8b			
d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8c				
8d	Net gain or (loss) Combine line 8c, columns (A) and (B)	8d				
9	Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>					
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a				
b	Less direct expenses other than fundraising expenses	9b				
c	Net income or (loss) from special events Subtract line 9b from line 9a	9c				
10a	Gross sales of inventory, less returns and allowances	10a				
b	Less cost of goods sold	10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) Subtract line 10b from line 10a	10c				
11	Other revenue (from Part VII, line 103)	11				
12	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12			786,870	
Expenses	13	Program services (from line 44, column (B))	13		660,245	
	14	Management and general (from line 44, column (C))	14		72,354	
	15	Fundraising (from line 44, column (D))	15		82,040	
	16	Payments to affiliates (attach schedule)	16			
	17	<b>Total expenses.</b> Add lines 16 and 44, column (A)	17		814,639	
Net Assets	18	Excess or (deficit) for the year Subtract line 17 from line 12	18		-27,769	
	19	Net assets or fund balances at beginning of year (from line 73, column (A))	19		309,093	
	20	Other changes in net assets or fund balances (attach explanation) <b>See Statement 1</b>	20		-31,422	
	21	Net assets or fund balances at end of year Combine lines 18, 19, and 20	21		249,902	

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**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
<b>22a</b>	Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b>	Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b>	Specific assistance to individuals (attach schedule)				
<b>24</b>	Benefits paid to or for members (attach schedule)				
<b>25a</b>	Compensation of current officers, directors, key employees, etc listed in Part V-A				
<b>25b</b>	Compensation of former officers, directors, key employees, etc listed in Part V-B				
<b>25c</b>	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)				
<b>26</b>	Salaries and wages of employees not included on lines 25a, b, and c	296,040	238,016	41,446	16,578
<b>27</b>	Pension plan contributions not included on lines 25a, b, and c				
<b>28</b>	Employee benefits not included on lines 25a - 27	14,198	11,415	1,988	795
<b>29</b>	Payroll taxes	23,588	18,965	3,302	1,321
<b>30</b>	Professional fundraising fees				
<b>31</b>	Accounting fees				
<b>32</b>	Legal fees	14,323	2,053	10,230	2,040
<b>33</b>	Supplies	6,039	5,915	92	32
<b>34</b>	Telephone	8,367	6,727	1,171	469
<b>35</b>	Postage and shipping	53,928	30,927		23,001
<b>36</b>	Occupancy	40,982	32,949	5,737	2,296
<b>37</b>	Equipment rental and maintenance	23,078	17,738	70	5,270
<b>38</b>	Printing and publications	54,453	32,287	21	22,145
<b>39</b>	Travel	25,326	19,842	2,097	3,387
<b>40</b>	Conferences, conventions, and meetings	74,399	74,399		
<b>41</b>	Interest				
<b>42</b>	Depreciation, depletion, etc (attach schedule)	10,523	8,461	1,473	589
<b>43</b>	Other expenses not covered above (itemize)				
<b>a</b>	See Statement 2	169,395	160,551	4,727	4,117
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b>					
<b>g</b>					
<b>44</b>	<b>Total functional expenses.</b> Add lines 22a through 43g (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	<b>814,639</b>	<b>660,245</b>	<b>72,354</b>	<b>82,040</b>

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_, (ii) the amount allocated to Program services \$ \_\_\_\_\_,

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

**Part III Statement of Program Service Accomplishments (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 Statement 3**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

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

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

(Grants and allocations \$ **10,120** ) If this amount includes foreign grants, check here ▶

**660,245**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ▶

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

**660,245**

**Part IV Balance Sheets (See the instructions.)**

				(A)		(B)	
				Beginning of year		End of year	
<b>Note:</b> Where required, attached schedules and amounts within the description column should be for end-of-year amounts only							
Assets	45	Cash—non-interest-bearing		30,762	45	18,116	
	46	Savings and temporary cash investments		224,298	46	197,249	
	47a	Accounts receivable	47a	13,562			
	b	Less allowance for doubtful accounts	47b		11,561	47c	13,562
	48a	Pledges receivable	48a				
	b	Less allowance for doubtful accounts	48b			48c	
	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) (att schedule)				50b	
	51a	Other notes and loans receivable (attach schedule)	51a				
	b	Less allowance for doubtful accounts	51b			51c	
	52	Inventories for sale or use			12,084	52	18,965
	53	Prepaid expenses and deferred charges			2,000	53	8,344
	54a	Investments—publicly-traded securities				54a	
	b	Investments—other securities (attach schedule)				54b	
	55a	Investments—land, buildings, and equipment basis	55a				
	b	Less accumulated depreciation (attach schedule)	55b			55c	
	56	Investments—other (attach schedule)		See Stmt 4	25,825	56	50,000
	57a	Land, buildings, and equipment basis	57a	79,685			
b	Less accumulated depreciation (attach schedule) See Statement 5	57b	69,152	21,057	57c	10,533	
58	Other assets, including program-related investments (describe ► See Statement 6 )			6,461	58	3,000	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58			334,048	59	319,769	
Liabilities	60	Accounts payable and accrued expenses		24,955	60	28,290	
	61	Grants payable			61		
	62	Deferred revenue See Statement 7				62	41,577
	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	<b>Total liabilities.</b> Add lines 60 through 65			24,955	66	69,867	
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74						
	67	Unrestricted		85,888	67	249,902	
	68	Temporarily restricted		223,205	68		
	69	Permanently restricted			69		
	<b>Organizations that do not follow SFAS 117, check here</b> <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	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72 (Column (A) must equal line 19 and column (B) must equal line 21)			309,093	73	249,902	
74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73			334,048	74	319,769	

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

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	786,870
<b>b</b>	Amounts included on line a but not on Part I, line 12			
1	Net unrealized gains on investments	<b>b1</b>		
2	Donated services and use of facilities	<b>b2</b>		
3	Recoveries of prior year grants	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	786,870
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify):	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total revenue</b> (Part I, line 12) Add lines <b>c</b> and <b>d</b>		<b>e</b>	786,870

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

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	814,639
<b>b</b>	Amounts included on line a but not Part I, line 17			
1	Donated services and use of facilities	<b>b1</b>		
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
3	Losses reported on Part I, line 20	<b>b3</b>		
4	Other (specify)	<b>b4</b>		
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	814,639
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
1	Investment expenses not included on Part I, line 6b	<b>d1</b>		
2	Other (specify)	<b>d2</b>		
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	
<b>e</b>	<b>Total expenses</b> (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	814,639

See Statement 8

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**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
Roger L. Levy 8719 E San Vicente AZ 85258	Chairman 10	0	0	0
Suzanne N. Grenell 4317 N. 70th St AZ 85251	Member 5	0	0	0
Mike Hirsch 4021 Gulf Shore Blvd FL 34103	President 10	0	0	0
Jane Boles Gainesville FL 32605	Exec Directo 40	63,600	0	0
Richard G. Marschner 26501 Renaissance Parkway OH 44128	Treasurer 10	0	0	0
Claude M. Aldridge One Hallbrook Place KS 66211	Secretary 5	0	0	0
Richard Baron 501 NE 1st Ave FL 33132	Member 5	0	0	0
Tom Wasdin 29 Riverside Dr FL 32922	Member 5	0	0	0



Part VI Other Information (continued)			Yes	No
<b>82a</b>	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?		<b>X</b>	
<b>b</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)	<b>82b</b>		
<b>83a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>X</b>	
<b>84a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?			<b>X</b>
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		<b>X</b>	
<b>85a</b>	501(c)(4), (5), or (6) Were substantially all dues nondeductible by members?			<b>X</b>
<b>b</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			<b>X</b>
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b>	0	
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b>	0	
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	0	
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	0	
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		N/A	<b>85g</b>
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?		N/A	<b>85h</b>
<b>86</b>	501(c)(7) orgs Enter a Initiation fees and capital contributions included on line 12	<b>86a</b>		
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b>		
<b>87</b>	501(c)(12) orgs Enter a Gross income from members or shareholders	<b>87a</b>		
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)	<b>87b</b>		
<b>88a</b>	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			<b>X</b>
<b>b</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			<b>X</b>
<b>89a</b>	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> , section 4912 <input type="checkbox"/> , section 4955 <input type="checkbox"/>			
<b>b</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			<b>89b</b>
<b>c</b>	Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/>			
<b>d</b>	Enter Amount of tax on line 89c, above, reimbursed by the organization <input type="checkbox"/>			
<b>e</b>	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?			<b>89e</b>
<b>f</b>	All organizations Did the organization acquire a direct or indirect interest in any applicable insurance contract?			<b>89f</b>
<b>g</b>	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?			<b>89g</b>
<b>90a</b>	List the states with which a copy of this return is filed <input type="checkbox"/> <b>FL</b>			
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2007 (See instructions)	<b>90b</b>	6	
<b>91a</b>	The books are in care of <input type="checkbox"/> <b>Karin Hyler</b> <b>925 NW 56th Terr</b> Located at <input type="checkbox"/> <b>Gainesville, FL</b>		Telephone no <input type="checkbox"/> <b>352-336-7009</b>	
			ZIP + 4 <input type="checkbox"/> <b>32605</b>	
<b>b</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 <input type="checkbox"/>		Yes	No
		<b>91b</b>		<b>X</b>
	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

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue					
a <u>National/Regional Conference</u>					77,168
b <u>Books, pamphlets &amp; project sa</u>					34,186
c <u>Fundraising</u>					8,318
d _____					
e _____					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments					11,099
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue a _____					
b _____					
c _____					
d _____					
e _____					
104 Subtotal (add columns (B), (D), and (E))		0		0	130,771
105 Total (add line 104, columns (B), (D), and (E))					130,771

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.)**

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)
▼	
N/A	

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

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

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

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  Yes  No

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

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

**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

Yes	No
	<b>X</b>

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

**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

Yes	No
	<b>X</b>

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

**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?

Yes	No

**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: *[Handwritten Signature]* Date: *2-2-09*

Type or print name and title: *John Koff D.r. of operations*

**Paid Preparer's Use Only**

Preparer's signature: *[Handwritten Signature]* Date: *1/5/9* Check if self-employed:

Firm's name (or yours if self-employed), address, and ZIP + 4: **Sexton & Schnoll**  
**4432 NW 23rd Ave Ste 8**  
**Gainesville, FL 32606-6560**

EIN: **20-1004205**  
 Phone no: **352-336-1001**

### Federal Statements

#### Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances

<u>Description</u>	<u>Amount</u>
Book / Tax Deprec Difference	\$ 10,523
Total	\$ <u>10,523</u>

22-3071645

**Federal Statements**

FYE: 6/30/2008

**Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses**

<u>Description</u>	<u>Total Expenses</u>	<u>Program Service</u>	<u>Mgt &amp; General</u>	<u>Fund-Raising</u>
Expenses	\$	\$	\$	\$
LICENSES AND FEES	11,910	8,291	37	3,582
SUPPORT GROUP	10,120	10,120		
MISCELLANEOUS	3,704	3,177	477	50
PROGRAM DEVELOPMENT	8,344	8,344		
MOVING EXPENSE	7,413	5,960	1,038	415
LOBBYING	3,000		3,000	
INSURANCE	1,250	1,005	175	70
PUBLIC RELATIONS	1,154	1,154		
CONTRIBUTIONS	122,500	122,500		
Total	\$ 169,395	\$ 160,551	\$ 4,727	\$ 4,117

**Statement 3 - Form 990, Part III - Organization's Primary Exempt Purpose**

Description

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.

22-3071645

**Federal Statements**

FYE: 6/30/2008

**Statement 4 - Form 990, Part IV, Line 56 - Other Investments**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>
CERTIFICATE OF DEPOSIT	\$ 25,825	\$ 50,000	
Total	\$ 25,825	\$ 50,000	

**Statement 5 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Depr</u>	<u>End of Year</u>	<u>Accum Depr</u>
EQUIPMENT AND FURNITURE	\$ 79,685	\$ 58,628	\$ 79,685	\$ 69,152
Total	\$ 79,685	\$ 58,628	\$ 79,685	\$ 69,152

**Statement 6 - Form 990, Part IV, Line 58 - Other Assets**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
SECURITY DEPOSIT	\$ 6,461	\$ 3,000
Total	\$ 6,461	\$ 3,000

**Statement 7 - Form 990, Part IV, Line 62 - Deferred Revenue**

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEFERRED REVENUE	\$ 0	\$ 41,577
Total	\$ 0	\$ 41,577

**Federal Statements**

**Statement 8 - Form 990, Part IV-B - Other Expenses included on Return**

<u>Description</u>	<u>Amount</u>
Book / Tax Deprec Difference	\$ <u>10,523</u>
Total	\$ <u><u>10,523</u></u>

22-3071645

**Federal Statements**

FYE: 6/30/2008

**savings**

<u>Description</u>	<u>Amount</u>
SAVINGS	\$ 108,462
MM	115,836
Total	<u>\$ 224,298</u>

**SAVINGS DETAIL**

<u>Description</u>	<u>Amount</u>
SAVINGS	\$ 183,726
MM	13,523
Total	<u>\$ 197,249</u>

Form **8868**  
(Rev April 2007)

# Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

Department of the Treasury  
Internal Revenue Service

▶ 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).

Section 501(c) corporations required to file Form 990-T and requesting an automatic 6-month extension-check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T) However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868 For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

<b>Type or print</b>	Name of Exempt Organization <b>Trigeminal Neuralgia Assoc., Inc.</b>	Employer identification number <b>22-3071645</b>
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 <b>925 NW 56th Terr STE C</b>	
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Gainesville FL 32605</b>	

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 ▶ **Karin Hyler**

Telephone No ▶ **352-336-7009** 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 section 501(c) corporation required to file Form 990-T) extension of time until **2/15/09**, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶  calendar year or  
▶  tax year beginning **7/01/07**, and ending **6/30/08**

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	<b>3a</b>	\$
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	<b>3b</b>	\$
c <b>Balance Due.</b> 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	<b>3c</b>	\$

**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 4-2007)