

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning and ending

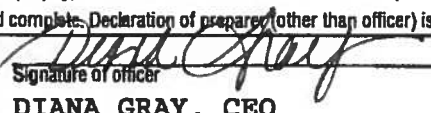
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization HYDROCEPHALUS ASSOCIATION		D Employer identification number 94-3000301
	Doing business as		E Telephone number 301-202-3811
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	G Gross receipts \$ 3,621,789.
	4340 EAST WEST HIGHWAY,	905	H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814		H(c) Group exemption number	
F Name and address of principal officer: DIANA GRAY SAME AS C ABOVE			
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (Insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.HYDROASSOC.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1986 M State of legal domicile: CA	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: RAISE AWARENESS AND FUND INNOVATIVE HIGH IMPACT RESEARCH TO PREVENT, TREAT AND ULTIMATELY		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	21
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	21
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	21
	6 Total number of volunteers (estimate if necessary)	6	1080
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	3,366,289.	3,540,508.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	54,031.	0.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	10,392.	6,416.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-264,137.	-189,547.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	3,166,575.	3,357,377.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	675,089.	946,670.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	1,020,938.	1,112,592.
	b Total fundraising expenses (Part IX, column (D), line 25)	0.	0.
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	652,021.	
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,082,979.	1,219,785.
19 Revenue less expenses. Subtract line 18 from line 12	2,779,006.	3,279,047.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	387,569.	78,330.
	21 Total liabilities (Part X, line 26)	Beginning of Current Year	End of Year
	22 Net assets or fund balances. Subtract line 21 from line 20	3,224,755.	3,017,833.
		349,413.	69,668.
		2,875,342.	2,948,165.

Part II Signature Block

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.

Sign Here	Signature of officer 	Date 11/3/16			
	DIANA GRAY, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name KIMBERLEY D. VANHUSS	Preparer's signature	Date	Check if self-employed <input checked="" type="checkbox"/>	PTIN P00214470
	Firm's name KIMBLE	Firm's EIN 20-8426521		Phone no. 804-612-4380	
	Firm's address 6806 PARAGON PLACE, SUITE 250 RICHMOND, VA 23230				

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: RAISE AWARENESS AND FUND INNOVATIVE HIGH IMPACT RESEARCH TO PREVENT, TREAT, AND ULTIMATELY CURE HYDROCEPHALUS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 1,213,538. Including grants of \$ 894,253.) (Revenue \$)

RESEARCH

THE HYDROCEPHALUS ASSOCIATION (HA) REMAINS DEDICATED TO SUPPORTING HIGH QUALITY, HIGH-IMPACT RESEARCH THROUGH CONTINUED SUPPORT OF THE HA NETWORK FOR DISCOVERY SCIENCE (HANDS), HYDROCEPHALUS CLINICAL RESEARCH NETWORK (HCRN), AND ADULT HCRN (AHCN). HANDS PROVIDES THE CONNECTIONS, TECHNOLOGY, AND TOOLS NEEDED TO SPUR AND SUPPORT INNOVATIVE BASIC AND TRANSLATIONAL RESEARCH, WHILE THE PEDIATRIC FOCUSED HCRN AND ADULT FOCUSED AHCN PROVIDE THE STRUCTURE AND EXPERTISE NECESSARY TO EFFICIENTLY AND THOROUGHLY TEST THESE NEW TECHNOLOGIES AND CLINICAL THERAPIES WITH THE HIGHEST CLINICAL STANDARDS. BY LINKING BASIC, TRANSLATIONAL, AND CLINICAL RESEARCHERS, HA HAS CREATED A PIPELINE TO MOVE RESEARCH FROM THE BENCH TO THE BEDSIDE.

4b (Code:) (Expenses \$ 726,655. Including grants of \$ 52,417.) (Revenue \$)

SUPPORT AND EDUCATION

THE HYDROCEPHALUS ASSOCIATION IS DEEPLY COMMITTED TO PROVIDING INNOVATIVE PROGRAMS AND COMPREHENSIVE RESOURCES TO MEET THE DIVERSE NEEDS OF THE COMMUNITY. IN 2015, OVER 7,000 PATIENTS AND CAREGIVERS RECEIVED HIGH QUALITY SUPPORT SERVICES AND THE MOST CURRENT INFORMATION TO HELP EACH INDIVIDUAL PROCESS THE DIAGNOSIS OR NAVIGATE THE DAILY LIFE CHALLENGES AND UNCERTAINTIES THAT ACCOMPANY A COMPLEX AND ONGOING NEUROLOGICAL CONDITION.

THE HYDROCEPHALUS ASSOCIATION'S WEBSITE, WWW.HYDROASSOC.ORG, PUBLICATIONS, WEBINARS, VIDEOS, MOBILE APP, HYDROASSIST, AND EDUCATIONAL EVENTS PROVIDE THE LATEST AND MOST ACCURATE INFORMATION

4c (Code:) (Expenses \$ 100,466. Including grants of \$) (Revenue \$)

ADVOCACY

THE HYDROCEPHALUS ASSOCIATION ADVOCACY STEERING COMMITTEE HAS CONTINUED TO MONITOR AND SUPPORT KEY LEGISLATION THAT WILL BENEFIT THE HYDROCEPHALUS COMMUNITY. HYDROCEPHALUS WAS ONCE AGAIN INCLUDED ON THE LIST OF ELIGIBLE CONDITIONS TO RECEIVE FUNDING UNDER THE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS (CDMRP) ADMINISTERED BY THE DEPARTMENT OF DEFENSE (DOD). THE CDMRP HAS APPROPRIATIONS OF OVER \$247 MILLION, WHICH ARE USED TO FUND THE BEST SCIENTIFIC AND MEDICAL RESEARCH AIMED AT PREVENTING, CONTROLLING, AND CURING DISEASE. WE ARE PROUD OF THIS CONTINUED ACCOMPLISHMENT. IN ADDITION, TWO INDIVIDUALS FROM THE HYDROCEPHALUS COMMUNITY WERE CHOSEN TO SERVE AS CONSUMER REVIEWERS OF RESEARCH GRANTS, REPRESENTING THE PATIENT AND

4d Other program services (Describe in Schedule O.) (Expenses \$ 53,192. Including grants of \$) (Revenue \$)

4e Total program service expenses 2,093,851.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	X	
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
	1a 10		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 10		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		
	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
	2a 21		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <i>Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</i>	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
	3b		
4a	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)?		X
b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
	5a		X
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
	6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
	7a		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
d	If "Yes," indicate the number of Forms 8282 filed during the year		
	7b		
	7c		
	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
	7e		
	7f		
	7g		
	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		
	8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966?		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
	9a		
	9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders	11a	
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? <i>Note. See the instructions for additional information the organization must report on Schedule O.</i>	13a	
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c	Enter the amount of reserves on hand	13c	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI **X**

Section A. Governing Body and Management

	1a	1b	2	3	4	5	6	7a	7b	8a	8b	9	Yes	No
1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	21													
b Enter the number of voting members included in line 1a, above, who are independent		21												
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?														X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?														X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?														X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?														X
6 Did the organization have members or stockholders?														X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?														X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?														X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:														
a The governing body?										X				
b Each committee with authority to act on behalf of the governing body?										X				
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O														X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	11a	11b	12a	12b	12c	13	14	15a	15b	16a	16b	Yes	No
10a Did the organization have local chapters, branches, or affiliates?															X
b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?															
11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?			X												
b Describe in Schedule O the process, if any, used by the organization to review this Form 990.															
12a Did the organization have a written conflict of interest policy? If "No," go to line 13					X										
b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?					X										
c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done							X								
13 Did the organization have a written whistleblower policy?								X							
14 Did the organization have a written document retention and destruction policy?								X							
15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?															
a The organization's CEO, Executive Director, or top management official										X					
b Other officers or key employees of the organization															X
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).															
16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?															X
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?															

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, address, and telephone number of the person who possesses the organization's books and records: **DIANA GRAY - 301-202-3811**
4340 EAST WEST HIGHWAY, NO 905, BETHESDA, MD 20814

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ASEEM CHANDRA CHAIR	4.00	X		X				0.	0.	0.
(2) CRAIG BROWN SENIOR VICE CHAIR	3.00	X		X				0.	0.	0.
(3) DAVID BROWDY VICE CHAIR	3.00	X		X				0.	0.	0.
(4) MIKE SCHWAB SECRETARY	3.00	X		X				0.	0.	0.
(5) RICK SMITH TREASURER	3.00	X		X				0.	0.	0.
(6) SALLY BALDUS DIRECTOR	3.00	X						0.	0.	0.
(7) PAM FINLAYSON DIRECTOR	3.00	X						0.	0.	0.
(8) SUSAN FIORELLA VICE CHAIR	3.00	X		X				0.	0.	0.
(9) CLIFF GOLDMAN DIRECTOR	3.00	X						0.	0.	0.
(10) MARK HAMILTON, MD DIRECTOR	3.00	X						0.	0.	0.
(11) JOHN KESTLE, MD, FRCSC, FACS DIRECTOR	3.00	X						0.	0.	0.
(12) JOHN LAWRENCE DIRECTOR	3.00	X						0.	0.	0.
(13) TERESA MASTRANGELO DIRECTOR	3.00	X						0.	0.	0.
(14) RAYMOND R. MOSER, JR. DIRECTOR	3.00	X						0.	0.	0.
(15) BARRETT O'CONNOR DIRECTOR	3.00	X						0.	0.	0.
(16) JENNIFER POPE DIRECTOR	3.00	X						0.	0.	0.
(17) JASON PRESTON DIRECTOR	3.00	X						0.	0.	0.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) EILEEN RODGER DIRECTOR	3.00	X						0.	0.	0.
(19) TESSA VAN DER WILLIGEN DIRECTOR	3.00	X						0.	0.	0.
(20) MARION WALKER, MD DIRECTOR	3.00	X						0.	0.	0.
(21) MICHAEL WILLIAMS, MD DIRECTOR	3.00	X						0.	0.	0.
(22) DIANA GRAY CEO	54.00			X				25,833.	0.	0.
(23) DAWN MANCUSO FORMER CEO	54.00					X		157,569.	0.	5,553.
1b Sub-total								183,402.	0.	5,553.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								183,402.	0.	5,553.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **1**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	X	
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c	1,527,910.			
	d Related organizations	1d				
	e Government grants (contributions)	1e	11,283.			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,001,315.			
	g Noncash contributions included in lines 1a-1f: \$		153,168.			
	h Total. Add lines 1a-1f		3,540,508.			
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		7,534.		7,534.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses		1,118.		
		c Gain or (loss)		-1,118.		
	d Net gain or (loss)		-1,118.		-1,118.	
	8 a Gross income from fundraising events (not including \$ 1,527,910. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b Less: direct expenses	b	263,294.		
c Net income or (loss) from fundraising events			-263,294.		-263,294.	
9 a Gross income from gaming activities. See Part IV, line 19	a	38,832.				
	b Less: direct expenses	b	0.			
	c Net income or (loss) from gaming activities		38,832.		38,832.	
10 a Gross sales of inventory, less returns and allowances	a	28,621.				
	b Less: cost of goods sold	b	0.			
	c Net income or (loss) from sales of inventory		28,621.	28,621.		
Miscellaneous Revenue		Business Code				
11 a OTHER INCOME		900099	6,294.	6,294.		
	b _____					
	c _____					
	d All other revenue					
e Total. Add lines 11a-11d		6,294.				
12 Total revenue. See instructions.		3,357,377.	34,915.	0.	-218,046.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	892,369.	892,369.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	1,000.	1,000.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	53,301.	53,301.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	183,403.	52,598.	113,313.	17,492.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	732,847.	370,949.	61,763.	300,135.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	29,258.	13,459.	5,559.	10,240.
9 Other employee benefits	98,000.	44,813.	18,344.	34,843.
10 Payroll taxes	69,084.	32,085.	12,984.	24,015.
11 Fees for services (non-employees):				
a Management				
b Legal	2,850.	2,406.	205.	239.
c Accounting	61,520.		61,520.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	319,567.	139,905.	135,616.	44,046.
12 Advertising and promotion	5,291.	3,929.	24.	1,338.
13 Office expenses	256,416.	165,641.	16,991.	73,784.
14 Information technology	95,913.	40,128.	6,798.	48,987.
15 Royalties				
16 Occupancy	109,188.	73,194.	20,329.	15,665.
17 Travel	214,450.	111,869.	47,755.	54,826.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	620.	490.		130.
20 Interest	238.		238.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	19,476.	12,610.	3,908.	2,958.
23 Insurance	28,375.	11,044.	15,044.	2,287.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a SITE EXPENSES	39,950.	35,447.	2,522.	1,981.
b FOOD, MEALS & CATERING	20,079.	12,461.	5,854.	1,764.
c DUES AND SUBSCRIPTIONS	19,010.	14,135.	1,415.	3,460.
d TAXES AND OTHER FEES	13,523.	1,861.	2,178.	9,484.
e All other expenses	13,319.	8,157.	815.	4,347.
25 Total functional expenses. Add lines 1 through 24e	3,279,047.	2,093,851.	533,175.	652,021.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,357,827.	1	2,286,295.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	454,988.	3	328,489.
	4 Accounts receivable, net		4	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	5,307.	8	5,307.
	9 Prepaid expenses and deferred charges	34,441.	9	36,599.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 85,169.		
	b Less: accumulated depreciation	10b 68,797.	10c	16,372.
	11 Investments - publicly traded securities	317,480.	11	304,375.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	20,328.	15	40,396.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,224,755.	16	3,017,833.	
Liabilities	17 Accounts payable and accrued expenses	349,413.	17	69,668.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	349,413.	26	69,668.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	2,269,865.	27	1,963,303.
	28 Temporarily restricted net assets	524,359.	28	893,744.
	29 Permanently restricted net assets	81,118.	29	91,118.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	2,875,342.	33	2,948,165.	
34 Total liabilities and net assets/fund balances	3,224,755.	34	3,017,833.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,357,377.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,279,047.
3	Revenue less expenses. Subtract line 2 from line 1	3	78,330.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,875,342.
5	Net unrealized gains (losses) on investments	5	-5,507.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	2,948,165.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B.
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C.
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E.
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V.
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1689904.	2247530.	3595186.	3366289.	3357377.	14256286.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	1689904.	2247530.	3595186.	3366289.	3357377.	14256286.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						447,066.
6 Public support. Subtract line 5 from line 4.						13809220.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	1689904.	2247530.	3595186.	3366289.	3357377.	14256286.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	11,892.	13,640.	5,502.	10,889.	7,534.	49,457.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	3,225.	5,867.	15,351.	8,245.	6,294.	38,982.
11 Total support. Add lines 7 through 10						14344725.
12 Gross receipts from related activities, etc. (see instructions)					12	308,068.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	96.27 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	88.50 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount		(A) Prior Year	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

SCHEDULE A, PART II, LINE 10, EXPLANATION FOR OTHER INCOME:

MISCELLANEOUS RECEIPTS

2010 AMOUNT: \$ 4,780.

2011 AMOUNT: \$ 3,864.

2012 AMOUNT: \$ 5,949.

2013 AMOUNT: \$ 15,351.

2014 AMOUNT: \$ 8,245.

2015 AMOUNT: \$ 6,294

DISPOSAL OF FIXED ASSETS

2011 AMOUNT: \$ -639.

2012 AMOUNT: \$ -82.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

Schedule B
(Form 990, 990-EZ,
or 990-PF)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and
its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust not treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization HYDROCEPHALUS ASSOCIATION	Employer identification number 94-3000301
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MS. JAN KELL 989 MELVIN RD ANNAPOLIS, MD 21403-1315	\$ 98,170.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2	BROWN FAMILY FOUNDATION, THE 1240 GORDON RIVER TRAIL NAPLES, FL 34105	\$ 150,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	MR. AND MRS. CRAIG BROWN 1240 GORDON RIVER TRAIL NAPLES, FL 34105	\$ 141,886.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	DR. FRANK BURSTEIN 1600 MARKET STREET, SUITE 3305 PHILADELPHIA, PA 19103	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
	 	\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization HYDROCEPHALUS ASSOCIATION	Employer identification number 94-3000301
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	933 SHARES PSDR GOLD _____ _____ _____	\$ 98,170.	11/18/15
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization HYDROCEPHALUS ASSOCIATION	Employer identification number 94-3000301
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization **HYDROCEPHALUS ASSOCIATION** Employer identification number **94-3000301**

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.

2 Political expenditures ▶ \$ _____

3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____

2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____

3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No

4a Was a correction made? Yes No

b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____

2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____

3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____

4 Did the filing organization file Form 1120-POL for this year? Yes No

5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
c Total lobbying expenditures (add lines 1a and 1b)														
d Other exempt purpose expenditures														
e Total exempt purpose expenditures (add lines 1c and 1d)														
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.														
<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</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> </tbody> </table>	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	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.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:													
Not over \$500,000	20% of the amount on line 1e.													
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.													
g Grassroots nontaxable amount (enter 25% of line 1f)														
h Subtract line 1g from line 1a. If zero or less, enter -0-														
i Subtract line 1f from line 1c. If zero or less, enter -0-														
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No												

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 separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount (150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a)		(b)
	Yes	No	Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?	<input checked="" type="checkbox"/>		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..	<input checked="" type="checkbox"/>		
c Media advertisements?		<input checked="" type="checkbox"/>	
d Mailings to members, legislators, or the public?	<input checked="" type="checkbox"/>		
e Publications, or published or broadcast statements?	<input checked="" type="checkbox"/>		3,500.
f Grants to other organizations for lobbying purposes?		<input checked="" type="checkbox"/>	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	<input checked="" type="checkbox"/>		2,000.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	<input checked="" type="checkbox"/>		26,400.
i Other activities?		<input checked="" type="checkbox"/>	
j Total. Add lines 1c through 1i			31,900.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<input checked="" type="checkbox"/>	
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	<input type="checkbox"/>	<input type="checkbox"/>
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	<input type="checkbox"/>	<input type="checkbox"/>
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	<input type="checkbox"/>	<input type="checkbox"/>

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

PART II-B, LINE 1, LOBBYING ACTIVITIES:

AS PART OF OUR PROGRAM TO EDUCATE CONGRESS AND OTHERS ABOUT THE NEEDS OF HYDROCEPHALUS PATIENTS AND THEIR FAMILIES, AND TO ADVOCATE FOR MORE FUNDING FOR HYDROCEPHALUS RESEARCH, THE HYDROCEPHALUS ASSOCIATION PARTICIPATED IN A NUMBER OF COALITIONS (INCLUDING THE NATIONAL HEALTH COUNCIL, THE AMERICAN BRAIN COALITION, AND RESEARCH AMERICA).

Part IV Supplemental Information (continued)

VOLUNTEERS AND STAFF PARTICIPATED IN THE NIH NON-PROFIT FORUM. THE ASSOCIATION HAS TRAINED VOLUNTEERS ON HOW TO TALK WITH THEIR ELECTED OFFICIALS. VOLUNTEERS AND STAFF FOR THE ASSOCIATION SPOKE WITH SEVERAL CONGRESSIONAL OFFICES ABOUT THE NEEDS FOR MORE RESEARCH FUNDING AND FOR THE INCLUSION OF HYDROCEPHALUS AMONG THE LIST OF CONDITIONS ELIGIBLE FOR THE CDMRP PROGRAM. WE HELD AN ADVOCACY RALLY DAY AND HELPED CONSTITUENTS PREPARE FOR MEETINGS WITH THEIR CONGRESSIONAL REPRESENTATIVES. WE ALSO EDUCATED CONGRESSIONAL REPRESENTATIVES ABOUT THE CHALLENGES OF LIVING WITH HYDROCEPHALUS AND THE NEED FOR BETTER TREATMENTS, WHICH COULD BE IDENTIFIED THROUGH INCREASED RESEARCH FUNDING. TO DO THIS EDUCATION, WE PARTICIPATED IN MEETINGS AND WORKSHOPS.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization **HYDROCEPHALUS ASSOCIATION** Employer identification number **94-3000301**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
(ii) Assets included in Form 990, Part X	▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1	▶ \$ _____
b Assets included in Form 990, Part X	▶ \$ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	81,118.	81,118.	81,118.	80,818.	80,718.
b Contributions	10,000.			300.	100.
c Net investment earnings, gains, and losses		628.	105.	4,731.	1,386.
d Grants or scholarships		628.	105.	4,731.	1,386.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	91,118.	81,118.	81,118.	81,118.	80,818.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment 100.00 %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(i), are the related organizations listed as required on Schedule R?		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		85,169.	68,797.	16,372.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				16,372.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	3,351,870.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-5,507.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	-5,507.
3	Subtract line 2e from line 1	3	3,357,377.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	3,357,377.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,279,047.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,279,047.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,279,047.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE ASSOCIATION IS A QUALIFYING NONPROFIT ORGANIZATION AS DEFINED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND THE TAX STATUTES OF CALIFORNIA, AND THEREFORE IS EXEMPT FROM FEDERAL AND STATE INCOME TAXES. ACCORDINGLY, THE ACCOMPANYING FINANCIAL STATEMENTS DO NOT REFLECT A PROVISION OR LIABILITY FOR FEDERAL AND STATE INCOME TAXES. THE ASSOCIATION DOES NOT BELIEVE IT HAS ANY UNCERTAIN TAX POSITIONS AS OF DECEMBER 31, 2015. FISCAL YEARS ENDING ON OR AFTER 2012 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART V, LINE 4:

THE ORGANIZATION USES ENDOWMENT FUNDS FOR EDUCATIONAL SCHOLARSHIPS TO

Part XIII Supplemental Information (continued)

YOUNG ADULTS WITH HYDROCEPHALUS.

Multiple horizontal lines for supplemental information.

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

▶ Attach to Form 990.

▶ Information about Schedule F (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

Name of the organization

Employer identification number

HYDROCEPHALUS ASSOCIATION

94-3000301

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 For grantmakers.** Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
EAST ASIA AND PACIFIC	0	0	GRANT TO RECIPIENT		22,000.
NORTH AMERICA	0	0	GRANT TO RECIPIENT		31,301.
3 a Sub-total	0	0			53,301.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			53,301.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2015

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO FUND THE CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH MECHANISMS OF	31,301.	CHECK	0.		
		EAST ASIA AND PACIFIC	HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH	22,000.	CHECK	0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.
 Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)

Part IV Foreign Forms

- 1** Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2** Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; do not file with Form 990)* Yes No
- 3** Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4** Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5** Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6** Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; do not file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information.

PART II, COLUMN (D):

REGION: NORTH AMERICA

(D) PURPOSE OF GRANT: TO FUND THE CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK

REGION: EAST ASIA AND PACIFIC

(D) PURPOSE OF GRANT: MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH ON HYDROCEPHALUS

PART I, LINE 2:

GRANTEES PROVIDE PROGRESS REPORTS AND THESE ARE MONITORED AGAINST OUR RESEARCH OBJECTIVES. THESE ARE THEN REVIEWED BY SENIOR STAFF AND MEMBERS OF THE RESEARCH COMMITTEE.

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

▶ Attach to Form 990 or Form 990-EZ.

Open to Public Inspection

▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

Part I

Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations e Solicitation of non-government grants
- b Internet and email solicitations f Solicitation of government grants
- c Phone solicitations g Special fundraising events
- d In-person solicitations
- 2 a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Total				▶		

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LA WALK 2015 (event type)	CHICAGO WALK 2015 (event type)	37 (total number)	
Revenue	1	194,078.	106,002.	1,227,830.	1,527,910.
	2	194,078.	106,002.	1,227,830.	1,527,910.
	3				
Direct Expenses	4				
	5				
	6				
	7				
	8				
	9	10,653.	7,155.	245,485.	263,293.
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶			263,293.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶			-263,293.

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		1			38,832.
Direct Expenses	2				
	3				
	4				
	5				
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No _____ %	<input checked="" type="checkbox"/> Yes 100 % <input type="checkbox"/> No _____ %	
7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶			38,832.	

SEE PART IV FOR FULL LIST OF STATES

9 Enter the state(s) in which the organization conducts gaming activities: NC, TN, IL, SC, CA, TX, NY, IN, OR, FL, KS, DC
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	100.00 %
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ RANDI COREY

Address ▶ 4340 EAST WEST HIGHWAY, SUITE 905 - BETHESDA, MD 20814

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ RANDI COREY

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ DIRECTOR OF SPECIAL EVENTS AND MANAGES THE WALK PROGRAM WHOSE VOLUNTEERS CONDUCT THE RAFFLES

- Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ 38,832.

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

SCHEDULE G, PART III, LINE 9, LIST OF STATES WITH GAMING ACTIVITIES:

NC, TN, IL, SC, CA, TX, NY, IN, OR, FL, KS, DC, WA

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Employer identification number
94-3000301

Name of the organization

HYDROCEPHALUS ASSOCIATION

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEILL CORNELL 525 EAST 68TH STREET, F-610 NEW YORK, NY 10065	13-1623978	501(C)(3)	71,278.	0.			TO FUND THE CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE, DESK J336 CLEVELAND, OH 44195	91-2153073	501(C)(3)	32,236.	0.			TO FUND THE CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK
PRIMARY CHILDREN'S MEDICAL CENTER FOUNDATION - P.O. BOX 58249 - SALT LAKE CITY, UT 84158-0249	87-0453633	501(C)(3)	205,165.	0.			TO FUND THE CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK
PRIMARY CHILDREN'S MEDICAL CENTER FOUNDATION - P.O. BOX 58249 - SALT LAKE CITY, UT 84158-0249	87-0453633	501(C)(3)	174,487.	0.			TO FUND THE CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK
SEATTLE CHILDREN'S HOSPITAL PO BOX 50020 MS 8200 SEATTLE, WA 98145	91-0564748	501(C)(3)	52,119.	0.			MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH ON HYDROCEPHALUS
WASHINGTON UNIVERSITY IN ST. LOUIS SPONSORED PROJECTS ACCOUNTING - CB 1034 700 ROSEDALE AVE - ST. LOUIS, MO 631	43-0653611	501(C)(3)	50,000.	0.			

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **13.**

3 Enter total number of other organizations listed in the line 1 table **0.**

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

HYDROCEPHALUS ASSOCIATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIANA UNIVERSITY PURDUE UNIVERSITY INDIANAPOLIS - OFFICE OF RESEARCH ADMINISTRATION DEPT 78867 P.O. BOX 78000 - DETROIT, MI CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE, ML 4900 - CINCINNATI, OH 45229-3039	35-6001673	501(C)(3)	50,000.	0.			MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH ON HYDROCEPHALUS
SANFORD RESEARCH 2301 E. 60TH STREET NORTH SIOUX FALLS, SD 57104	46-0450378	501(C)(3)	25,000.	0.			MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH ON HYDROCEPHALUS
UNIVERSITY OF ILLINOIS CHICAGO GRANTS AND CONTRACTS 28395 NETWORK CHICAGO, IL 60673-1283	37-6000511	501(C)(3)	49,784.	0.			MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH ON HYDROCEPHALUS
CINCINNATI CHILDRENS HOSPITAL MEDICAL CENTER - 3333 BURNET AVENUE - CINCINNATI, OH 45229-3026	31-0537130	501(C)(3)	133,000.	0.			MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH ON HYDROCEPHALUS

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
SCHOLARSHIP	1	1,000.	0.		

Part IV Supplemental information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

GRANTEES PROVIDE PROGRESS REPORTS AND THESE ARE MONITORED AGAINST OUR

RESEARCH OBJECTIVES. THESE ARE THEN REVIEWED BY SENIOR STAFF AND

MEMBERS OF

THE RESEARCH COMMITTEE.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS

Part IV Supplemental Information

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE PUBLICATION OF BEST PRACTICE GUIDELINES ON THE TREATMENT OF HYDROCEPHALUS.

NAME OF ORGANIZATION OR GOVERNMENT: WEILL CORNELL MEDICAL COLLEGE

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE ESTABLISHMENT OF A CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK.

NAME OF ORGANIZATION OR GOVERNMENT: CLEVELAND CLINIC FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: TO FUND THE ESTABLISHMENT OF A CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK. "

SCHEDULE J (Form 990)

Compensation Information

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury Internal Revenue Service

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

Part I Questions Regarding Compensation

Main form area containing questions 1a through 9 and a Yes/No grid. Questions cover topics like travel, housing, substantiation, compensation committees, and contingent compensation.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.
 For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).
 Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (E) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(i) DAN MANGUSO FORMER CEO	157,569.	0.	0.	5,553.	0.	163,122.	0.
(ii)							
(iii)							
(iv)							
(v)							
(vi)							
(vii)							
(viii)							
(ix)							
(x)							
(xi)							
(xii)							
(xiii)							
(xiv)							
(xv)							
(xvi)							
(xvii)							
(xviii)							
(xix)							
(xx)							
(xxi)							
(xxii)							
(xxiii)							
(xxiv)							
(xxv)							
(xxvi)							
(xxvii)							
(xxviii)							
(xxix)							
(xxx)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **HYDROCEPHALUS ASSOCIATION** Employer identification number **94-3000301**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	11	151,527.	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (BIG HEAD CAPS)	X	1	1,641.	FAIR MARKET VALUE
26	Other ▶ ()				
27	Other ▶ ()				
28	Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

Part II

Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

Multiple horizontal lines for supplemental information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

CURE HYDROCEPHALUS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HA NETWORK FOR DISCOVERY SCIENCE (HANDS)

WORK ON THE HA NETWORK FOR DISCOVERY SCIENCE (HANDS) BEGAN IN EARNEST
THIS YEAR. DEVELOPED OUT OF DISCUSSIONS FROM HA AND NATIONAL INSTITUTES
OF HEALTH (NIH) SPONSORED WORKSHOPS, HANDS IS A PLATFORM FOR BOTH
COMMUNICATION AND COLLABORATION AMONG HYDROCEPHALUS BASIC,
TRANSLATIONAL, AND CLINICAL RESEARCHERS WITH A FOCUS ON MENTORSHIP,
INNOVATION, AND SHARED INFRASTRUCTURE TO SUPPORT HIGH-QUALITY, HIGH-
IMPACT RESEARCH. HANDS MEMBERSHIP ALREADY EXTENDS TO 18 COUNTRIES AND
IS HAVING A NOTICEABLE IMPACT ON THE COLLABORATIVE EFFORTS IN
HYDROCEPHALUS RESEARCH.

THE HANDS CEREBROSPINAL FLUID (CSF) REPOSITORY WAS CREATED AT
WASHINGTON UNIVERSITY SCHOOL OF MEDICINE IN ST. LOUIS, MISSOURI. THIS
REPOSITORY OPERATES WITHIN THE WASHINGTON UNIVERSITY TISSUE PROCUREMENT
CENTER, WHICH ALSO HOSTS THE CENTRAL SPECIMEN BANK FOR THE AMERICAN
COLLEGE OF SURGEONS ONCOLOGY GROUP, THE NEUROLOGIC AIDS RESEARCH
CONSORTIUM, THE HYDROCEPHALUS CLINICAL RESEARCH NETWORK, AND OTHER
MAJOR MULTI-INSTITUTIONAL STUDIES AND CONTAINS >400,000 BIOSPECIMENS.
BY BUILDING SHARED INFRASTRUCTURE, SUCH AS THE CSF REPOSITORY,
FORWARD-THINKING RESEARCHERS WILL BE ABLE TO TEST THEIR HYPOTHESES AT

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-300301

AN ACCELERATED PACE AND BRING NEW THERAPIES, PREVENTS, AND HOPEFULLY CURES TO THE HYDROCEPHALUS COMMUNITY.

ONGOING EFFORTS WILL BE FOCUSED ON EXPANDING THE NETWORK, DEVELOPING ADDITIONAL SHARED INFRASTRUCTURE, AND SUPPORTING NEW COLLABORATIVE EFFORTS AND RESEARCH STUDIES. IN 2016, HANDS WILL FOCUS ON SPURRING RESEARCH EFFORTS IN POSTHEMORRHAGIC HYDROCEPHALUS, THE MOST PREVALENT FORM OF PEDIATRIC HYDROCEPHALUS IN THE UNITED STATES.

2015 INNOVATOR AWARDS

THROUGH THE HA NETWORK FOR DISCOVERY SCIENCE (HANDS), HA LAUNCHED THE FIRST EVER INNOVATOR AWARD FOR INVESTIGATORS IN HYDROCEPHALUS THERAPEUTICS RESEARCH IN LATE 2015. THE GOAL OF THIS AWARD WAS TO PROVIDE SEED FUNDING FOR BOLD AND INNOVATIVE RESEARCH WITH THE POTENTIAL TO TRANSFORM THE FIELD OF HYDROCEPHALUS THROUGH THE UNDERSTANDING OF DISEASE MECHANISMS AND THE DEVELOPMENT OF NOVEL THERAPIES.

HYDROCEPHALUS CLINICAL RESEARCH NETWORK (HCRN)

IN LATE OCTOBER, THE HYDROCEPHALUS CLINICAL RESEARCH NETWORK (HCRN) PRINCIPAL INVESTIGATORS AND CLINICAL RESEARCH COORDINATORS MET IN DEER VALLEY, UTAH TO DISCUSS STUDY PROGRESS IN THE NETWORK. SIGNIFICANT MILESTONES WERE REACHED IN A NUMBER OF STUDIES. THE QUALITY IMPROVEMENT (QI) SHUNT SURGERY PROTOCOL, AIMED AT REDUCING RATES OF SURGERY COMPLICATIONS SUCH AS SHUNT INFECTION, WAS DISCUSSED AND PLANS WERE MADE TO EVALUATE MODIFICATIONS FOR THE THIRD ITERATION OF THE PROTOCOL AT THE SPRING MEETING. A RELATED STUDY FOCUSED ON

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

IMPLEMENTATION OF THE QI PROTOCOL IN NON-HCRN HOSPITALS. THE SURVEY REVEALED SIGNIFICANT PRACTICE VARIATION AMONG NEUROSURGEONS, BUT A UNANIMOUS INTEREST IN AN HCRN-DRIVEN IMPLEMENTATION STUDY. DR. MANDEEP TAMBER WITH THE HYDROCEPHALUS ASSOCIATION'S RESEARCH AND SUPPORT & EDUCATION DEPARTMENTS ARE DEVELOPING SUCH AN INITIATIVE.

THE STUDY, "VENTRICULAR INVOLVEMENT IN NEUROPSYCHOLOGICAL OUTCOMES FOR HYDROCEPHALUS (VINOH)," FUNDED BY THE HYDROCEPHALUS ASSOCIATION, HAS COMPLETED PATIENT ACCRUAL. ANALYSIS OF THE VINOH STUDY WILL BEGIN AFTER NEUROPSYCHOLOGICAL TESTING FOLLOW-UPS ARE COMPLETED. IN ADDITION, THE PILOT STUDY, "ENDOSCOPIC THIRD VENTRICULOSTOMY WITH CHOROID PLEXUS COAGULATION (ETV/CPC)," HAS BEEN COMPLETED AND RESULTS ARE CURRENTLY BEING EVALUATED TO DETERMINE IF A RANDOMIZED CONTROL TRIAL IS WARRANTED.

OTHER ACTIVE STUDY TOPICS INCLUDED ACCRUAL FOR THE PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI) FUNDED SHUNT ENTRY SITE TRIAL AND PRELIMINARY FINDINGS FROM THE BIOMARKERS IN POST HEMORRHAGIC HYDROCEPHALUS STUDY. HA'S OWN DR. JENNA KOSCHNITZKY, DIRECTOR OF RESEARCH PROGRAMS, PRESENTED UPDATES ON HYDROCEPHALUS ASSOCIATION INITIATIVES, INCLUDING A PCORI-FUNDED WORKSHOP, AND THE DEPARTMENT OF DEFENSE CONGRESSIONALLY DIRECTED MEDICAL RESEARCH PROGRAMS. DR. MARK HAMILTON, CHAIR OF THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK (AHCNRN) PRESENTED AN UPDATE ON NETWORK PROGRESS AND NEXT STEPS.

ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK (AHCNRN) IN NOVEMBER 2015, THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK (AHCNRN) MET IN SALT LAKE CITY, UTAH TO DISCUSS THE PROGRESS AND NEXT STEPS FOR THE NETWORK. SINCE THE BEGINNING OF THE CORE DATA PROJECT IN LATE 2014, THE AHCNRN HAS ENROLLED NEARLY 200 PATIENTS.

Name of the organization HYDROCEPHALUS ASSOCIATION	Employer identification number 94-3000301
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THE CORE DATA PROJECT COLLECTS PATIENT DEMOGRAPHICS, HYDROCEPHALUS ETIOLOGY, DIAGNOSTIC INFORMATION, AND SURGICAL AND MEDICAL MANAGEMENT INFORMATION. THIS INITIAL DATA WILL BE USED TO UNDERSTAND THE VARIABILITY, PROGRESSION, AND CURRENT TREATMENT PRACTICES FOR HYDROCEPHALUS IN ADULTS AND INFORM THE DEVELOPMENT OF HYPOTHESIS-DRIVEN RESEARCH.

THIS YEAR, THE AHCNRN EXPANDED TO TWO ADDITIONAL CENTERS, WASHINGTON UNIVERSITY, SEATTLE, WA AND JOHNS HOPKINS HOSPITAL, BALTIMORE, MD. BY BUILDING A LARGER NETWORK, THE AHCNRN WILL BE ABLE TO CONDUCT HIGH-QUALITY, HIGH IMPACT RESEARCH MORE QUICKLY, LEADING TO IMPROVEMENT IN THE LIVES OF THOSE LIVING WITH THE CONDITION. THE AHCNRN IS CHAIRED BY MARK HAMILTON, M.D., PH.D., DIRECTOR OF THE ADULT HYDROCEPHALUS PROGRAM AT THE UNIVERSITY OF CALGARY. HE IS JOINED BY AN EXCEPTIONALLY DEDICATED GROUP OF NEUROSURGEONS, NEUROLOGISTS, AND A NEUROPSYCHOLOGIST.

HA PUBLISHING:

IN 2012, HYDROCEPHALUS ASSOCIATION AND NATIONAL INSTITUTES OF HEALTH (NIH) SPONSORED A SYMPOSIUM ON HYDROCEPHALUS RESEARCH, "OPPORTUNITIES FOR HYDROCEPHALUS RESEARCH: PATHWAYS TO BETTER OUTCOMES." THE PRIMARY GOAL OF THIS CONFERENCE WAS TO COLLECTIVELY IDENTIFY HYDROCEPHALUS RESEARCH PRIORITIES THAT HELD EARLY PROMISE FOR IMPROVING PATIENT CARE. RECOGNIZED EXPERTS PROVIDED EDUCATED GUIDANCE ON AREAS OF RESEARCH THAT HOLD THE MOST PROMISE FOR EARLY "WINNABLE" ACHIEVEMENTS IN IMPROVING PATIENT CARE. THE GATHERED EXPERTS ALSO IDENTIFIED LONG-TERM GOALS THAT MAY LEAD TO ADVANCED TREATMENT OPTIONS OR POTENTIAL CURES FOR

Name of the organization HYDROCEPHALUS ASSOCIATION	Employer identification number 94-3000301
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HYDROCEPHALUS.

IN LATE 2015, THE PRIORITIES AND RECOMMENDATIONS IDENTIFIED DURING THIS CONFERENCE WERE PUBLISHED IN THE JOURNAL OF NEUROSURGERY. THE PAPER, "AN UPDATE ON RESEARCH PRIORITIES IN HYDROCEPHALUS: OVERVIEW OF THE THIRD NATIONAL INSTITUTES OF HEALTH-SPONSORED SYMPOSIUM "OPPORTUNITIES FOR HYDROCEPHALUS RESEARCH: PATHWAYS TO BETTER OUTCOMES", " OUTLINES HYDROCEPHALUS RESEARCH PRIORITIES THAT HAVE THE POTENTIAL TO IMPACT PATIENT CARE IN THE NEXT FIVE YEARS. THE PRIORITIES ARE DIVIDED INTO FOUR THEMES: (1) CAUSES OF HYDROCEPHALUS, (2) DIAGNOSIS OF HYDROCEPHALUS, (3) TREATMENT OF HYDROCEPHALUS, AND (4) OUTCOMES IN HYDROCEPHALUS.

THE RESEARCH PRIORITIES RELATED TO THE CAUSES OF HYDROCEPHALUS INCLUDE OBTAINING A GREATER UNDERSTANDING OF HOW THE CONDITION DEVELOPS IN CONJUNCTION WITH DEVELOPING BETTER RESEARCH MODELS. NORMAL PRESSURE HYDROCEPHALUS (NPH) WAS THE MAIN FOCUS FOR THE THEME DIAGNOSIS OF HYDROCEPHALUS. PRIORITIES INCLUDED IMPLEMENTATION OF STANDARDIZED PROTOCOLS, DEVELOPMENT OF SHARED REPOSITORIES, AND IMPLEMENTATION OF PROSPECTIVE STUDIES RELATED TO BIOMARKER IDENTIFICATION AND NEW IMAGING TECHNIQUES. PRIORITIES UNDER THE THEME TREATMENT OF HYDROCEPHALUS FOCUSED ON IMPROVING SHUNT TECHNOLOGY AND PREVENTING SHUNT OBSTRUCTION THROUGH ADVANCES IN BIOENGINEERING AS WELL AS CLINICAL TESTING OF ALTERNATIVE INTERVENTIONS SUCH AS ENDOSCOPIC THIRD VENTRICULOSTOMIES WITH CHOROID PLEXUS CAUTERIZATION (ETV/CPC). FINALLY, PRIORITIES FOR OUTCOMES IN HYDROCEPHALUS KEYED INTO THE NEED FOR OUTCOME MEASURES SPECIFIC TO THE HYDROCEPHALUS COMMUNITY, THE NEED FOR BETTER LONG TERM NEUROPSYCHOLOGICAL AND NEUROCOGNITIVE STUDIES, AND BETTER UNDERSTANDING OF THE PREVALENCE AND INCIDENCE OF HYDROCEPHALUS ACROSS OUR DIVERSE

Name of the organization HYDROCEPHALUS ASSOCIATION	Employer identification number 94-3000301
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POPULATION.

THE PAPER WAS WRITTEN BY THE HYDROCEPHALUS SYMPOSIUM EXPERT PANEL LED BY DR. JAMES 'PAT' MCALLISTER AND DR. SAMUEL BROWD. DR. MCALLISTER IS A PROFESSOR OF NEUROSURGERY AT WASHINGTON UNIVERSITY IN ST. LOUIS. DR. MCALLISTER IS A MEMBER OF THE HA MEDICAL ADVISORY BOARD AND THIS YEAR RECEIVED A HANDS INNOVATOR AWARD FOR HIS RESEARCH, THERAPEUTIC MODULATION OF POSTHEMORRHAGIC HYDROCEPHALUS. DR. BROWD IS A NEUROSURGEON AND DIRECTOR OF THE HYDROCEPHALUS PROGRAM AT SEATTLE CHILDREN'S HOSPITAL.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:
ABOUT RESEARCH, MEDICAL TECHNOLOGIES AND PROTOCOLS, AND EDUCATIONAL RESOURCES. WHETHER SOMEONE IS NEWLY DIAGNOSED, LIVING WITH THE CONDITION FOR MANY YEARS, OR A LOVED ONE, HA'S RESOURCES EMPOWER PATIENTS AND CAREGIVERS TO MAKE INFORMED DECISIONS ABOUT THEIR CARE, PROVIDE ANSWERS, AND ADDRESS CONCERNS THAT ARE SPECIFIC TO THE NEEDS OF THE ENTIRE COMMUNITY.

IN AN EFFORT TO SUPPORT AND REACH MORE PATIENTS AND CAREGIVERS IMPACTED BY THIS NEUROLOGICAL CONDITION, HA BELIEVES IT IS IMPERATIVE TO INCREASE AND ENHANCE ITS COLLABORATION WITH HEALTHCARE PROFESSIONALS AND HOSPITALS. IN ORDER TO ACCOMPLISH THIS, HA DEVELOPED NEW, FREE PUBLICATIONS AND CONDUCTED HOSPITAL AND PATIENT OUTREACH AT COMMUNITY AND PROFESSIONAL EVENTS. IN 2015, HA CONNECTED WITH OVER 550 NEW MEDICAL PROFESSIONALS.

THE HYDROCEPHALUS ASSOCIATION'S WEBINAR SERIES, DELIVERED SEVEN

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

INFORMATIVE TOPICS OF INTEREST TO THE COMMUNITY, INCLUDING, BUT NOT LIMITED TO, HEALTH INSURANCE, ADVOCACY, AND THE LATEST TREATMENT METHODS AND RESEARCH. THESE INTERACTIVE, FREE SESSIONS WERE VIEWED BY OVER 1,000 PEOPLE AND FEATURED PRESENTATIONS FROM RENOWNED MEDICAL PROFESSIONALS, RESEARCHERS, AND OTHER EXPERTS WORKING IN THE FIELD OF HYDROCEPHALUS.

TO ENHANCE THE ONLINE RESOURCES READILY AVAILABLE TO PATIENTS AND CAREGIVERS, HA CONTINUED ITS VIDEO SERIES, THROUGH A MOTHER'S EYES: A JOURNEY WITH HYDROCEPHALUS. VIEWED BY NEARLY 3,000 INDIVIDUALS, THE SERIES ANSWERED QUESTIONS AND OFFERED VALUABLE TIPS, TOOLS, AND KNOWLEDGE SHARED FROM PERSONAL EXPERIENCES.

COMPLEMENTING OUR NATIONAL CONFERENCE ON HYDROCEPHALUS, HA HOSTED ITS SECOND HYDROCEPHALUS EDUCATION DAY. IN COLLABORATION WITH CHILDREN'S NATIONAL MEDICAL CENTER IN WASHINGTON, D.C., LOCAL EXPERTS IN THE FIELD DISCUSSED VITAL MEDICAL AND LIFE MANAGEMENT INFORMATION. OVER 200 PEOPLE RECEIVED EDUCATIONAL RESOURCES, PERSONALIZED SUPPORT AND NETWORKING OPPORTUNITIES.

THE HYDROCEPHALUS ASSOCIATION'S NEW MOBILE APP, HYDROASSIST, IS THE FIRST MOBILE APP THAT ALLOWS PATIENTS AND CAREGIVERS TO TAKE THEIR ENTIRE HYDROCEPHALUS TREATMENT HISTORY WITH THEM ON THEIR MOBILE DEVICE AND HAVE IT ACCESSIBLE IMMEDIATELY WHEN NEEDED. DEVELOPED BY AN ADULT NEUROLOGIST, PEDIATRIC NEUROSURGEON, A MEDICAL APP DEVELOPER AND A REPRESENTATIVE FROM THE HYDROCEPHALUS ASSOCIATION, OVER 1,000 PEOPLE ARE CURRENTLY USING HYDROASSIST TO TRACK TREATMENT METHODS, OPERATIONS, AND SHUNT SETTING ADJUSTMENTS OVER TIME.

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HA'S COMMUNITY NETWORKS CONTINUED TO STRENGTHEN AND EXPAND ACROSS THE UNITED STATES. THE COMMUNITY NETWORKS PROVIDE LOCALIZED SUPPORT, EDUCATION AND EMPOWERMENT BY HOSTING EDUCATIONAL EVENTS, SUPPORT GROUP MEETINGS, ADVOCACY ACTIVITIES AND OTHER GATHERINGS THAT ENABLE INDIVIDUALS AND FAMILIES TO CONNECT AND THRIVE. IN 2015, HA'S 46 COMMUNITY NETWORKS INCREASED PATIENT ENGAGEMENT BY HOSTING 74 EVENTS THROUGHOUT THE COUNTRY WITH OVER 1,000 INDIVIDUALS IN ATTENDANCE. IN ADDITION, OUR 23 ACTIVE VIRTUAL NETWORKS THROUGH FACEBOOK GROUPS INVOLVED ONLINE DISCUSSIONS AND INTERACTIONS OF MORE THAN 2,500 MEMBERS. THESE CLOSED GROUPS ALLOW THOSE LIVING WITH HYDROCEPHALUS, AND THEIR LOVED ONES, TO CONNECT AND SHARE IN A PRIVATE FORUM IN THEIR OWN REGION AS WELL AS THROUGHOUT THE WORLD.

EXPANDING OUR ABILITY TO REACH MORE INDIVIDUALS AND FAMILIES IMPACTED BY HYDROCEPHALUS IS CRITICAL TO ENSURE WE MEET THE DEMANDS OF THE ENTIRE COMMUNITY. TO STRENGTHEN AND SUPPORT VOLUNTEER COMMUNITY NETWORK CHAIRS, IN HELD ITS FIRST ANNUAL TRAINING IN 2015. OVER 50% PARTICIPATED AND RECEIVED INPUT FROM HA STAFF, MEDICAL PROFESSIONALS AND OTHER EXPERTS IN THE FIELD REGARDING PEER SUPPORT, PRACTICAL ASPECTS OF HOSTING LOCAL EVENTS, ADVOCACY, AND HYDROCEPHALUS RESEARCH. ATTENDEES ENGAGED IN SHARING BEST PRACTICES AND RAISING IMPORTANT QUESTIONS AND CHALLENGES.

RESIDENT'S PRIZE

EACH YEAR THE HYDROCEPHALUS ASSOCIATION PRESENTS A RESIDENT'S PRIZE AWARD TO THE MOST PROMISING HYDROCEPHALUS-RELATED RESEARCH PAPER PRESENTED BY A NEUROSURGICAL RESIDENT AT THE PEDIATRIC SECTION MEETING

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OF THE AMERICAN ASSOCIATION OF NEUROLOGICAL SURGEONS/CONGRESS OF NEUROLOGICAL SURGEONS. THE PRIZE IS DESIGNED TO ENCOURAGE YOUNG DOCTORS TO FOCUS THEIR RESEARCH EFFORTS ON ADVANCING THE TREATMENT AND CARE OF INDIVIDUALS WITH HYDROCEPHALUS.

SCHOLARSHIPS

SINCE THE HYDROCEPHALUS ASSOCIATION'S (HA) SCHOLARSHIP PROGRAM WAS ESTABLISHED IN 1994, HA HAS AWARDED 135 SCHOLARSHIPS TO DESERVING FUTURE LEADERS OF THE HYDROCEPHALUS COMMUNITY.

IN 2015, HA OFFERED 14 EDUCATIONAL SCHOLARSHIPS TO YOUNG ADULTS LIVING WITH HYDROCEPHALUS WHO EXHIBIT PROMISING LEADERSHIP SKILLS AND ARE INVOLVED IN THEIR COMMUNITIES. DESPITE THE TREMENDOUS CHALLENGES AND OBSTACLES THEY FACE, THESE STUDENTS CONTINUE TO EXCEL IN THE CLASSROOM, VOLUNTEER, AND INSPIRE THEIR PEERS.

TEENS TAKE CHARGE

THE TEENS TAKE CHARGE (TTC) PROGRAM CONTINUES TO FACILITATE AN ACTIVE ONLINE COMMUNITY OF MORE THAN 1,500 TEENS AND YOUNG ADULTS AFFECTED BY HYDROCEPHALUS, AND THEIR SIBLINGS. THIS FORUM PROVIDES AN OPPORTUNITY FOR YOUNG ADULTS TO OPENLY SHARE THEIR JOURNEY AND PROVIDE PEER-TO-PEER SUPPORT, ENCOURAGEMENT AND ADVICE. TTC MEMBERS ARE INVOLVED IN VARIOUS FUNDRAISING AND AWARENESS ACTIVITIES - FROM PRESENTING AT HIGH SCHOOL AND COLLEGE ASSEMBLIES AND IN HA WEBINARS, TO TAKING PART IN LOCAL HEALTH FAIRS, AND REPRESENTING THE PROGRAM AT OUR WALK EVENTS. IN ADDITION, TTC'S ADVISORY COUNCIL AND MEMBERS PUBLISH ARTICLES AND SHARE THEIR PERSONAL STORIES OF ENCOURAGEMENT THAT ARE POSTED ON OUR WEBSITE AND VARIOUS SOCIAL MEDIA PLATFORMS TO INSPIRE YOUTH LIVING WITH THIS

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CONDITION.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

CAREGIVER PERSPECTIVE ON THE IMPACT OF THE RESEARCH ON ISSUES SUCH AS DISEASE PREVENTION, SCREENING, DIAGNOSIS, TREATMENT, AND QUALITY OF LIFE AFTER TREATMENT.

HA CONTINUES TO BE ACTIVE IN ADVOCACY MEETINGS AND SIGN-ON LETTERS PUT TOGETHER AS PART OF THE NATIONAL HEALTH COUNCIL (NHC), THE AMERICAN BRAIN COALITION (ABC), THE RARE DISEASE LEGISLATIVE ADVOCATES (RDLA), AND THE NATIONAL ORGANIZATION FOR RARE DISORDERS (NORD). TOPICS HAVE INCLUDED INCREASES IN FUNDING FOR THE NIH, THE CREATION OF A NATIONAL NEUROLOGICAL DISEASE SURVEILLANCE SYSTEM UNDER THE 21ST CENTURY CURES ACT/SENATE INNOVATION INITIATIVE, TELEHEALTH SERVICES FOR OUR VETERANS, AND CHRONIC CARE AND REIMBURSEMENT MECHANISMS FOR HOME BASED CARE AND EXPANDED TELEHEALTH CARE. IN ADDITION, WE HAVE LAUNCHED A GRASSROOTS CAMPAIGN TO FIND CO-SPONSORS FOR THE ADVANCING RESEARCH FOR HYDROCEPHALUS ACT (H.R.2313) INTRODUCED BY CONGRESSMAN CHRIS SMITH (NJ-04). THIS WOULD ESTABLISH A NATIONAL HYDROCEPHALUS REGISTRY THAT WOULD HELP US BETTER UNDERSTAND THE CONDITION WITHIN OUR POPULATION AND HELP TO INFORM DECISIONS AROUND RESEARCH, WHICH IS ESSENTIAL TO FINDING TREATMENT OPTIONS - AND, ONE DAY, A CURE(S).

RAISING OUR VOICES ON CAPITOL HILL

ON SEPT. 17, 2015, THE HYDROCEPHALUS ASSOCIATION PARTNERED WITH MORE THAN 300 INSTITUTIONS AND ADVOCACY ORGANIZATIONS REPRESENTING RESEARCHERS, CLINICIANS, PATIENTS, AND OTHER ADVOCACY GROUPS TO PARTICIPATE IN THE THIRD-ANNUAL RALLY FOR MEDICAL RESEARCH HILL DAY. HA

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WAS PROUD TO SERVE AS A GOLD-LEVEL SPONSOR AND A MEMBER OF THE COMMUNICATIONS PLANNING COMMITTEE FOR THIS EVENT.

MEMBERS OF THE HYDROCEPHALUS ACTION NETWORK (HAN) FROM FLORIDA, ILLINOIS, MARYLAND, VIRGINIA, AND WASHINGTON, D.C, JOINED HUNDREDS OF ADVOCATES FROM ACROSS THE COUNTRY ON CAPITOL HILL TO MEET WITH MORE THAN 200 HOUSE AND SENATE OFFICES. WITH CONGRESS DEBATING HOW TO FUND THE GOVERNMENT INTO FISCAL YEAR (FY) 2016 AND SETTING BUDGETARY PRIORITIES FOR THE COMING YEAR, THIS WAS A CRITICAL TIME FOR ADVOCATES TO STRESS THE IMPORTANCE OF INCREASING OUR NATION'S INVESTMENT IN MEDICAL RESEARCH. THIS WAS ALSO AN OPPORTUNITY FOR OUR ADVOCATES TO RAISE AWARENESS ABOUT THE CHALLENGES OF LIVING WITH HYDROCEPHALUS AND THE IMPORTANCE OF RESEARCH INTO ALTERNATIVE TREATMENT OPTIONS AND, ULTIMATELY, A CURE FOR OUR PATIENT COMMUNITY.

HYDROCEPHALUS AWARENESS MONTH UNITED OUR GRASSROOTS ADVOCATES AROUND THE COUNTRY TO WORK WITH THEIR STATE AND CITY GOVERNMENTS TO RECOGNIZE SEPTEMBER AS HYDROCEPHALUS AWARENESS MONTH (HAM) AND TO HAVE KEY LANDMARKS ILLUMINATED BLUE. THANKS TO THE WORK OF OUR DEDICATED HA VOLUNTEERS, SEVEN NEW STATES JOINED THE UNITED STATES CONGRESS IN PROCLAIMING SEPTEMBER AS HYDROCEPHALUS AWARENESS MONTH. THEY WERE CONNECTICUT, NEW YORK, VIRGINIA, TENNESSEE, SOUTH CAROLINA, ILLINOIS AND COLORADO. THEY JOINED THE STATES OF INDIANA, PENNSYLVANIA, WEST VIRGINIA AND WASHINGTON, WHICH ALREADY HELD PROCLAMATIONS. IN ADDITION, CHICAGO MAYOR RAHM EMANUEL AND CHATTANOOGA MAYOR ANDY BERKE PROCLAIMED SEPTEMBER 9TH AS HYDROCEPHALUS AWARENESS DAY IN THEIR RESPECTIVE CITIES AND THE CITY GOVERNMENT OF GRAND ISLAND, NEW YORK, PROCLAIMED SEPTEMBER 19TH AS HYDROCEPHALUS AWARENESS DAY.

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THERE WERE ALSO A NUMBER OF LANDMARKS AROUND THE COUNTRY ILLUMINATED A STUNNING HYDROCEPHALUS BLUE TO COMMEMORATE HAM. THE CITY OF WICHITA, KANSAS, LIT THE PILLARS ON THEIR DOWNTOWN AREA FOR THE ENTIRE MONTH. IN ST. LOUIS, MISSOURI, THE JAMES S. MCDONNELL PLANETARIUM AND SCIENCE CENTER SHONE LIKE A BLUE BEACON IN THE EVENINGS. IN CHATTANOOGA, TENNESSEE, THE LIBERTY BUILDING TURNED BLUE. MOST NOTABLY, NIAGARA FALLS AND THE PEACE BRIDGE, THE LARGEST MAJOR CROSSING INTO CANADA IN THE NORTH EAST, WERE ILLUMINATED BLUE.

FOR THOSE NOT ABLE TO TRAVEL TO SEE THESE AMAZING SITES, OVER 2000 PEOPLE PARTICIPATED IN OUR TURN THE COUNTRY HYDROCEPHALUS BLUE CHALLENGE ONLINE. HA CHALLENGED EVERYONE ACROSS THE COUNTRY TO HELP SPREAD AWARENESS ABOUT HYDROCEPHALUS AND EDUCATE THE PUBLIC ON KEY FACTS ABOUT THE CONDITION BY PRINTING OUT INFORMATIONAL SIGNS, TAKING PHOTOS, AND POSTING THEM TO FACEBOOK, TWITTER OR INSTAGRAM. OUR POSTS WERE SEEN OVER 400,000 TIMES AND RECEIVED CLOSE TO 38,000 LIKES. THE STATE WITH THE MOST POSTS WAS TENNESSEE, FOLLOWED CLOSELY BY MINNESOTA, NORTH CAROLINA, ARIZONA, AND WEST VIRGINIA.

FORM 990, PART VI, SECTION A, LINE 1:

ACCORDING TO OUR BYLAWS, THE EXECUTIVE COMMITTEE, UNLESS LIMITED IN A RESOLUTION OF THE BOARD, SHALL HAVE AND MAY EXERCISE ALL OF THE AUTHORITY OF THE BOARD IN THE MANAGEMENT OF THE BUSINESS AND AFFAIRS OF THE CORPORATION BETWEEN MEETINGS OF THE BOARD.

FORM 990, PART VI, SECTION B, LINE 11:

ALL BOARD MEMBERS RECEIVE AN ELECTRONIC OR PAPER COPY OF THE IRS FORM 990

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PRIOR TO ITS SUBMISSION. BOARD MEMBERS MUST SUBMIT ANY QUESTIONS OR CHANGES TO THE CHIEF EXECUTIVE OFFICER, WHO SUBMITS THE CHANGES TO THE TAX PREPARER.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH YEAR BOARD MEMBERS GET A COPY OF THE CONFLICT OF INTEREST POLICY AND A DISCLOSURE FORM TO FILL OUT WITH DETAILS OF ANY POSSIBLE CONFLICTS THAT MAY EXIST. CONFLICTS ARE REVIEWED AT EACH BOARD MEETING.

FORM 990, PART VI, SECTION B, LINE 15A:

THE PROCESS FOR DETERMINING THE COMPENSATION FOR THE CHIEF EXECUTIVE OFFICER (WHO IS ALSO IN CHARGE OF FINANCIAL MANAGEMENT OF THE ORGANIZATION) POSITION INCLUDES THE FOLLOWING STEPS:

- 1) THE BOARD CHAIR AND CHIEF EXECUTIVE OFFICER EACH COLLECT COMPARABLE SALARY INFORMATION (E.G., SALARY STUDIES).
- 2) THE SALARY COMPARISON INFORMATION IS FORWARDED TO THE TREASURER WHO DOCUMENTS FINDINGS FROM THE DATA COLLECTED.
- 3) THE TREASURER MAKES A RECOMMENDATION FOR CEO COMPENSATION TO THE FULL BOARD.
- 4) BOARD MEMBERS (WITHOUT A CONFLICT OF INTEREST) VOTE ON THE RECOMMENDATION BY THE TREASURER FOR PROPOSED CEO COMPENSATION, AND A RECORD OF THE VOTE IS RECORDED IN BOARD MINUTES.

OTHER SALARIES OF SENIOR MANAGERS ARE BENCHMARKED USING CURRENT SALARY SURVEY DATA; OUR GOAL IS TO PROVIDE THE MEDIAN SALARY PROVIDED BY SIMILAR ORGANIZATIONS. THIS PROCESS IS FOLLOWED ON A PERIODIC BASIS FOR THE CEO, BASED ON CONTRACT RENEWAL DATES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:

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AL, AK, AR, CA, CT, FL, GA, IL, KS, KY, ME, MD, MA, MI, MN, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA
RI, SC, TN, UT, VA, WV, WI, CO, WA, DC

FORM 990, PART VI, SECTION C, LINE 18:

FORM 990 IS AVAILABLE ON THE HYDROCEPHALUS ASSOCIATION WEBSITE AT
[HTTP://WWW.HYDROASSOC.ORG/ABOUT-US/WHO-WE-ARE/FINANCIAL-REPORTS/](http://www.hydroassoc.org/about-us/who-we-are/financial-reports/)

FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND
FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC AT THE ORAGANIZATION'S
OFFICE UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE SELECTS AND OVERSEES AN INDEPENDENT ACCOUNTING
FIRM TO CONDUCT THE AUDIT. NO CHANGE IN THE SELECTION METHOD OCCURRED
THIS YEAR.