

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

2016

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 2016 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		
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 301-202-3811
	4340 EAST WEST HIGHWAY,	905	
	City or town, state or province, country, and ZIP or foreign postal code BETHESDA, MD 20814		G Gross receipts \$ 5,210,201.
F Name and address of principal officer: DIANA GRAY SAME AS C ABOVE		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)	
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		H(c) Group exemption number ▶	
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		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: PROMOTE A CURE FOR HYDROCEPHALUS AND IMPROVE THE LIVES OF THOSE AFFECTED BY THE CONDITION.		
	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 2016 (Part V, line 2a)	5	24
	6 Total number of volunteers (estimate if necessary)	6	1320
	7 a 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)	3,540,508.	4,595,007.
	9 Program service revenue (Part VIII, line 2g)	0.	53,443.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	6,416.	6,143.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-189,547.	41,034.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,357,377.	4,695,627.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	946,670.
14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,112,592.	1,404,219.
16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 562,998.			
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,219,785.	1,715,182.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,279,047.	3,980,661.	
19 Revenue less expenses. Subtract line 18 from line 12	78,330.	714,966.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 3,017,833.	End of Year 4,082,568.
	21 Total liabilities (Part X, line 26)	69,668.	436,998.
	22 Net assets or fund balances. Subtract line 21 from line 20	2,948,165.	3,645,570.

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			
	DIANA GRAY, CEO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name FABIOLA SANTANA	Preparer's signature <i>Fabiola Santana</i>	Date 6/20/17	Check if self-employed <input type="checkbox"/>	PTIN P00238084
	Firm's name ▶ KIMBLE	Firm's EIN ▶ 20-8426521	Firm's address ▶ 6806 PARAGON PLACE, SUITE 250 RICHMOND, VA 23230	Phone no. 804-612-4380	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

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.

4a (Code:) (Expenses \$ 1,234,512. including grants of \$ 842,573.) (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 (AHCNRN). 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 AHCNRN 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 \$ 983,615. including grants of \$ 18,115.) (Revenue \$) SUPPORT AND EDUCATION

ONE-ON-ONE SUPPORT THE HYDROCEPHALUS ASSOCIATION (HA) IS DEEPLY COMMITTED TO IMPROVING THE LIVES OF THOSE AFFECTED BY HYDROCEPHALUS BY PROVIDING SUPPORT AND COLLABORATING WITH A WIDE RANGE OF STAKEHOLDERS TO RAISE AWARENESS. IN 2016, HA'S SUPPORT & EDUCATION DEPARTMENT PROVIDED ONE-ON-ONE SUPPORT TO THOSE AFFECTED BY HYDROCEPHALUS VIA 677 PHONE CALLS, 3,771 EMAILS AND 732 FACEBOOK MESSAGES, REPRESENTING AN INCREASE OF 29%, 72% AND 83% RESPECTIVELY FROM 2015 TOTALS.

WEBSITE/WEBSITE DOWNLOADS

THE HYDROCEPHALUS ASSOCIATION'S WEBSITE, WWW.HYDROASSOC.ORG,

4c (Code:) (Expenses \$ 466,305. including grants of \$ 572.) (Revenue \$ 53,443.) HA NATIONAL CONFERENCE

IN 2016, HA HELD ITS 14TH NATIONAL CONFERENCE IN MINNEAPOLIS, MN FROM JUNE 16-19. THE NATIONAL CONFERENCE ADDRESSES THE MEDICAL, EDUCATIONAL AND SOCIAL COMPLEXITIES OF LIVING WITH HYDROCEPHALUS. THE CONFERENCE ATTRACTED 462 ONSITE ATTENDEES FROM ALL OVER THE WORLD INCLUDING PHYSICIANS, RESEARCHERS, AND INDIVIDUALS LIVING WITH HYDROCEPHALUS, CAREGIVERS AND OTHERS. LIVE STREAMING WAS INTRODUCED AS A COMPONENT OF THE CONFERENCE AND 657 PEOPLE ATTENDED VIA THIS MEDIUM. THE 462 ONSITE ATTENDEES ALONE, REPRESENTED A 40% INCREASE IN ATTENDANCE OVER THE 2014 HA CONFERENCE ATTENDANCE, BUT WITH THE ADDITION OF LIVE STREAMING, THERE WAS A 239% INCREASE OVER 2014 ATTENDANCE. THE EXTENSIVE PROGRAM INCLUDED MORE THAN 70 SPEAKERS WHO

4d Other program services (Describe in Schedule O.) (Expenses \$ 121,452. including grants of \$) (Revenue \$)

4e Total program service expenses 2,805,884.

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 <i>Schedule B, Schedule of Contributors</i> ?	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? <i>If "Yes," complete Schedule H</i>		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? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>	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? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part I</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? <i>If "Yes," complete Schedule L, Part II</i>		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? <i>If "Yes," complete Schedule L, Part III</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		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? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		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? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes rows for backup withholding, employee reporting, unrelated business income, foreign accounts, prohibited transactions, and charitable contributions.

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

Section A. Governing Body and Management

		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.		
	1a 21		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 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.)

		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?		
10b			
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	
12c		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?		
16b			

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	4.50	X		X				0.	0.	0.
(2) CRAIG BROWN SENIOR VICE CHAIR	3.50	X		X				0.	0.	0.
(3) DAVID BROWDY VICE CHAIR	3.50	X		X				0.	0.	0.
(4) MIKE SCHWAB SECRETARY	3.50	X		X				0.	0.	0.
(5) RICK SMITH TREASURER	3.50	X		X				0.	0.	0.
(6) SALLY BALDUS DIRECTOR	3.50	X						0.	0.	0.
(7) PAM FINLAYSON DIRECTOR	3.50	X						0.	0.	0.
(8) SUSAN FIORELLA VICE CHAIR	3.50	X		X				0.	0.	0.
(9) CLIFF GOLDMAN DIRECTOR	3.50	X						0.	0.	0.
(10) MARK HAMILTON, MD DIRECTOR	3.50	X						0.	0.	0.
(11) JOHN KESTLE, MD, FRCS, FACS DIRECTOR	3.50	X						0.	0.	0.
(12) JOHN LAWRENCE DIRECTOR	3.50	X						0.	0.	0.
(13) TERESA MASTRANGELO DIRECTOR	3.50	X						0.	0.	0.
(14) BRETT WEITZ DIRECTOR	3.50	X						0.	0.	0.
(15) BARRETT O'CONNOR DIRECTOR	3.50	X						0.	0.	0.
(16) JENNIFER POPE DIRECTOR	3.50	X						0.	0.	0.
(17) JASON PRESTON DIRECTOR	3.50	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	3.50	X						0.	0.	0.
(19) TESSA VAN DER WILLIGEN DIRECTOR	3.50	X						0.	0.	0.
(20) MARION WALKER, MD DIRECTOR	3.50	X						0.	0.	0.
(21) MICHAEL WILLIAMS, MD DIRECTOR	3.50	X						0.	0.	0.
(22) DIANA GRAY CEO	54.00			X				200,000.	0.	4,666.
1b Sub-total								200,000.	0.	4,666.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								200,000.	0.	4,666.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	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	1,697,359.				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,897,648.				
	g Noncash contributions included in lines 1a-1f: \$		263,164.				
	h Total. Add lines 1a-1f		4,595,007.				
Program Service Revenue	2 a CONFERENCE FEES	Business Code					
		900099	53,443.	53,443.			
	b						
	c						
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f		53,443.					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,143.			6,143.	
	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					
		c Gain or (loss)					
	d Net gain or (loss)						
	8 a Gross income from fundraising events (not including \$ 1,697,359. of contributions reported on line 1c). See Part IV, line 18	a	0.				
		b Less: direct expenses					
c Net income or (loss) from fundraising events			-251,410.			-251,410.	
9 a Gross income from gaming activities. See Part IV, line 19	a	31,996.					
	b Less: direct expenses						
	c Net income or (loss) from gaming activities		31,996.			31,996.	
10 a Gross sales of inventory, less returns and allowances	a	12,105.					
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory		12,105.	12,105.			
Miscellaneous Revenue		Business Code					
11 a RETURN OF PRIOR YEAR GRANT	900099	247,242.	247,242.				
b OTHER INCOME	900099	1,101.	1,101.				
c							
d All other revenue							
e Total. Add lines 11a-11d		248,343.					
12 Total revenue. See instructions.		4,695,627.	313,891.	0.	-213,271.		

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

<i>Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.</i>	(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	754,296.	754,296.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	15,572.	15,572.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	91,392.	91,392.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	200,000.	113,464.	85,489.	1,047.
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	946,342.	666,666.	185,703.	93,973.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	4,666.	2,647.	1,995.	24.
9 Other employee benefits	169,892.	107,817.	50,209.	11,866.
10 Payroll taxes	83,319.	56,457.	20,145.	6,717.
11 Fees for services (non-employees):				
a Management				
b Legal	3,379.	3,321.	30.	28.
c Accounting	54,825.		54,825.	
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.)	339,935.	240,345.	30,625.	68,965.
12 Advertising and promotion	9,964.	7,044.	511.	2,409.
13 Office expenses	428,899.	206,584.	37,211.	185,104.
14 Information technology	96,188.	50,574.	10,593.	35,021.
15 Royalties				
16 Occupancy	107,601.	75,905.	16,506.	15,190.
17 Travel	293,795.	185,180.	60,849.	47,766.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	750.		750.	
20 Interest	439.	21.	414.	4.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	16,143.	11,379.	2,481.	2,283.
23 Insurance	20,136.	921.	8,955.	10,260.
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 FOOD, MEALS & CATERING	291,641.	181,531.	41,324.	68,786.
b DUES AND SUBSCRIPTIONS	20,546.	11,802.	1,176.	7,568.
c SITE EXPENSES	15,037.	13,198.	10.	1,829.
d TAXES AND OTHER FEES	5,846.	2,090.	1,072.	2,684.
e All other expenses	10,058.	7,678.	906.	1,474.
25 Total functional expenses. Add lines 1 through 24e	3,980,661.	2,805,884.	611,779.	562,998.
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	2,286,295.	1	2,591,551.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	328,489.	3	959,575.
	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	16,978.
	9 Prepaid expenses and deferred charges	36,599.	9	108,728.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 105,937.		
	b Less: accumulated depreciation	10b 49,182.	16,372.	10c 56,755.
	11 Investments - publicly traded securities	304,375.	11	310,192.
	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	40,396.	15	38,789.
16 Total assets. Add lines 1 through 15 (must equal line 34)	3,017,833.	16	4,082,568.	
Liabilities	17 Accounts payable and accrued expenses	69,668.	17	436,998.
	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	69,668.	26	436,998.
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	1,963,303.	27	1,362,347.
	28 Temporarily restricted net assets	893,744.	28	2,192,105.
	29 Permanently restricted net assets	91,118.	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	2,948,165.	33	3,645,570.
	34 Total liabilities and net assets/fund balances	3,017,833.	34	4,082,568.

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	4,695,627.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,980,661.
3	Revenue less expenses. Subtract line 2 from line 1	3	714,966.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,948,165.
5	Net unrealized gains (losses) on investments	5	-318.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	-17,244.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	1.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	3,645,570.

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 _____		

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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,247,530.	3,595,186.	3,366,289.	3,357,377.	4,595,007.	17,161,389.
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	2,247,530.	3,595,186.	3,366,289.	3,357,377.	4,595,007.	17,161,389.
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)						1,463,287.
6 Public support. Subtract line 5 from line 4.						15,698,102.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7 Amounts from line 4	2,247,530.	3,595,186.	3,366,289.	3,357,377.	4,595,007.	17,161,389.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	13,640.	5,502.	10,889.	7,534.	6,143.	43,708.
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.)	5,867.	15,351.	8,245.	6,294.	1,101.	36,858.
11 Total support. Add lines 7 through 10						17,241,955.
12 Gross receipts from related activities, etc. (see instructions)					12	289,841.
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 2016 (line 6, column (f) divided by line 11, column (f))	14	91.05 %
15 Public support percentage from 2015 Schedule A, Part II, line 14	15	96.27 %
16a 33 1/3% support test - 2016. 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 - 2015. 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 - 2016. 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 - 2015. 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 10 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(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 2016 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2015 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2015 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2016. 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 - 2015. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d 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? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

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? <i>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.</i>		
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? <i>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.</i>		

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)? <i>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).</i>		

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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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 <i>(see instructions)</i> .		
a <input type="checkbox"/> The organization satisfied the Activities Test. <i>Complete line 2 below.</i>		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>		
c <input type="checkbox"/> The organization supported a governmental entity. <i>Describe in Part VI how you supported a government entity (see instructions).</i>		
2 Activities Test. <i>Answer (a) and (b) below.</i>		
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? <i>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.</i>	Yes	No
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? <i>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.</i>		
3 Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>		
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? <i>Provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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 (explain in Part VI.) **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			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	<input type="checkbox"/> 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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 Excess distributions carryover to 2017. Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

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

2016 AMOUNT: \$ 1,101

DISPOSAL OF FIXED ASSETS

2011 AMOUNT: \$ -639.

2012 AMOUNT: \$ -82.

2013 AMOUNT: \$ 0.

2014 AMOUNT: \$ 0.

2015 AMOUNT: \$ 0.

2016 AMOUNT: \$ 0.

Schedule A Identification of Excess Contributions Included on Part II, Line 5 2016

**** Do Not File **
 *** Not Open to Public Inspection *****

Contributor's Name	Total Contributions	Excess Contributions
BROWN FAMILY FOUNDATION, THE	1,250,000.	905,161.
CRAIG BROWN	686,527.	341,688.
FRANK CLINTON ESTATE	414,516.	69,677.
THEODORE W. BATTERMAN FAMILY FOUNDATIONS INC	491,600.	146,761.
Total Excess Contributions to Schedule A, Part II, Line 5		1,463,287.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2016

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 campaign activity expenditures ▶ \$ _____
- 3 Volunteer hours for political campaign activities

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) 2013	(b) 2014	(c) 2015	(d) 2016	(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?	X		
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?	X		
c Media advertisements?		X	
d Mailings to members, legislators, or the public?	X		
e Publications, or published or broadcast statements?	X		350.
f Grants to other organizations for lobbying purposes?		X	
g Direct contact with legislators, their staffs, government officials, or a legislative body?	X		2,200.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X		26,500.
i Other activities?		X	
j Total. Add lines 1c through 1i			29,050.
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X	
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?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?	3	

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 HYDROCEPAHLUS 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

2016

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, total number and acreage, number of easements on historic structures, and monitoring details.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include reporting requirements for art and historical treasures.

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

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	91,118.	81,118.	81,118.	81,118.	80,818.
b Contributions		10,000.			300.
c Net investment earnings, gains, and losses			628.	105.	4,731.
d Grants or scholarships			628.	105.	4,731.
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	91,118.	91,118.	81,118.	81,118.	81,118.

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(ii), 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		105,937.	49,182.	56,755.
e Other				

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 56,755.

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	4,695,309.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	-318.
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	-318.
3	Subtract line 2e from line 1	3	4,695,627.
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	4,695,627.

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	3,980,661.
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	3,980,661.
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	3,980,661.

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, 2016. FISCAL YEARS ENDING ON OR AFTER 2013 REMAIN SUBJECT TO EXAMINATION BY FEDERAL AND STATE AUTHORITIES.

PART V, LINE 4:

THE ORGANIZATION USES ENDOWMENT FUNDS FOR EDUCATIONAL SCHOLARSHIPS TO

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 noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
		NORTH AMERICA	TO FUND THE CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH	42,210.	CHECK	0.		
		NORTH AMERICA	MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH	49,182.	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 ▶ _____

SEE PART V FOR COLUMN (D) DESCRIPTIONS

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. See instructions.

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: NORTH AMERICA

(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.

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	
		LA WALK 2016 (event type)	SEATTLE WALK 2016 (event type)	38 (total number)	(add col. (a) through col. (c))	
Revenue	1	Gross receipts	175,987.	98,158.	1,423,214.	1,697,359.
	2	Less: Contributions	175,987.	98,158.	1,423,214.	1,697,359.
	3	Gross income (line 1 minus line 2)				
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses	13,461.	8,561.	229,388.	251,410.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				251,410.
	11	Net income summary. Subtract line 10 from line 3, column (d)				-251,410.

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	Gross revenue		
Direct Expenses	2	Cash prizes			
	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
	6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes 100.00 % <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)				31,996.

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	%
- 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 ▶ \$ 31,996.

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

2016

Open to Public
Inspection

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

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 noncash assistance	(h) Purpose of grant or assistance
WEILL CORNELL 525 EAST 68TH STREET, F-610 NEW YORK, NY 10065	13-1623978	501(C)(3)	45,191.	0.			TO FUND THE CLINICAL RESEARCH SITE FOR THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK
CLEVELAND CLINIC FOUNDATION 9500 EUCLID AVE; DESK JJ36 CLEVELAND, OH 44195	91-2153073	501(C)(3)	39,502.	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)	207,882.	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)	308,607.	0.			TO FUND THE CLINICAL RESEARCH SITE FOR THE HYDROCEPHALUS CLINICAL RESEARCH NETWORK
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.			MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH ON HYDROCEPHALUS
YALE UNIVERSITY 150 MUNSON STREET, 3RD FLOOR NEW HAVEN, CT 06520	06-0646973	501(C)(3)	50,000.	0.			MECHANISMS OF HYDROCEPHALUS RESEARCH GRANT - TO FUND BASIC RESEARCH ON HYDROCEPHALUS

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **7.**
- 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.

Schedule I (Form 990) (2016)

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 noncash assistance
SCHOLARSHIP	0	15,572.	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

2016

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|---|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as, maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2	X	
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2016

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 aren't 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 (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) DIANA GRAY CEO	(i)	200,000.	0.	0.	4,666.	0.	204,666.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2016

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	263,164.	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 ()				
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 isn't 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 nonstandard 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 didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

2016

Open to Public
Inspection

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

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

HA NETWORK FOR DISCOVERY SCIENCE (HANDS)

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 19 COUNTRIES AND OVER 100 MEMBERS AND IS HAVING A NOTICEABLE IMPACT ON THE COLLABORATIVE EFFORTS IN HYDROCEPHALUS RESEARCH.

ON JULY 25 AND 26 IN BETHESDA, MD, THE HA NETWORK FOR DISCOVERY SCIENCE (HANDS) HOSTED AN INTERNATIONAL WORKSHOP ON POSTHEMORRHAGIC HYDROCEPHALUS (PHH). THE WORKSHOP BROUGHT TOGETHER A DIVERSE GROUP OF RESEARCHERS INCLUDING PEDIATRIC NEUROSURGEONS, NEUROLOGISTS, AND NEUROPSYCHOLOGISTS WITH SCIENTISTS IN THE FIELDS OF BRAIN INJURY AND DEVELOPMENT, CEREBROSPINAL FLUID DYNAMICS, AND FLUID BARRIERS IN THE BRAIN. RESPONSE TO THE WORKSHOP HAS BEEN OVERWHELMING. DR. SHENANDOAH ROBINSON A PEDIATRIC NEUROSURGEON FROM JOHNS HOPKINS UNIVERSITY WROTE, "BY GETTING SUCH A VARIETY OF PEOPLE TOGETHER WITH DIVERSE EXPERTISE IN A CONTAINED ENVIRONMENT, THIS WORKSHOP IN 2 DAYS LIKELY ADVANCED THE SCIENCE TOWARDS TRANSFORMING THE FIELD MORE THAN ANYTHING ELSE IN THE PAST 20 YEARS."

PRESENTATIONS COVERED A WIDE-RANGE OF PROMISING RESEARCH. PRAVEEN

BALLABH, MD, A PROFESSOR AT NEW YORK MEDICAL COLLEGE, SPOKE ABOUT HIS

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

RESEARCH WHICH ATTEMPTS TO UNDERSTAND THE VULNERABILITY OF BLOOD VESSELS AND WHY THEY BECOME DAMAGED. INSIGHT INTO WHY THE BLOOD VESSELS OF INFANTS, ESPECIALLY THOSE WHO ARE PRETERM, ARE PARTICULARLY SUSCEPTIBLE TO DAMAGE OPENS THE POSSIBILITY FOR RESEARCH ON PREVENTATIVE INTERVENTIONS FOR HEMORRHAGE. STEPHEN A. BACK, MD, PHD OF OREGON HEALTH & SCIENCE UNIVERSITY AND JOSEPH SCAFIDI, DO OF CHILDREN'S NATIONAL MEDICAL CENTER BOTH GAVE TALKS ON THE REPAIR OF WHITE MATTER. WHITE MATTER IS RESPONSIBLE FOR RELAYING INFORMATION BETWEEN BRAIN AREAS AND OTHER PARTS OF THE NERVOUS SYSTEM. DAMAGE CUTS OFF OR LIMITS THIS COMMUNICATION. THE REPAIR OF WHITE MATTER COULD REVERSE THE ADVERSE EFFECTS CAUSED BY THE INITIAL INJURY. JOANNE CONOVER, PHD OF THE UNIVERSITY OF CONNECTICUT SPOKE ABOUT THE CONSEQUENCES OF HEMORRHAGE ON BRAIN DEVELOPMENT; THIS RESEARCH MAY LEAD TO A BETTER UNDERSTANDING OF WHY CHILDREN WITH PHH OFTEN HAVE COGNITIVE ISSUES. HOWEVER, WE MAY BE IN CONTROL OF SOME EXTERNAL FACTORS THAT CAN IMPROVE QUALITY OF LIFE. NEUROPSYCHOLOGIST H. GERRY TAYLOR, PHD OF RAINBOW BABIES & CHILDREN'S HOSPITAL DISCUSSED HOW ENVIRONMENTAL FACTORS PLAY A ROLE IN NEUROBEHAVIORAL OUTCOMES AND HOW HEALTHY PARENT-CHILD RELATIONSHIPS MIGHT IMPROVE A CHILD'S LONG TERM OUTLOOK.

ONGOING EFFORTS WILL BE FOCUSED ON EXPANDING THE NETWORK, DEVELOPING ADDITIONAL SHARED INFRASTRUCTURE, AND SUPPORTING NEW COLLABORATIVE EFFORTS AND RESEARCH STUDIES. IN 2017, HANDS WILL CONTINUE RESEARCH EFFORTS IN POSTHEMORRHAGIC HYDROCEPHALUS, THE MOST PREVALENT FORM OF PEDIATRIC HYDROCEPHALUS IN THE UNITED STATES, AND POSTINFECTIOUS HYDROCEPHALUS.

2016 INNOVATOR AWARDS

Name of the organization

HYDROCEPHALUS ASSOCIATION

Employer identification number

94-3000301

THROUGH THE HA NETWORK FOR DISCOVERY SCIENCE (HANDS), HA LAUNCHED THE SECOND ANNUAL INNOVATOR AWARD FOR POSTHEMORRHAGIC HYDROCEPHALUS. 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. THREE GRANTS WERE AWARDED:

KRISTOPHER KAHLE, MD, PHD FROM THE YALE SCHOOL OF MEDICINE WILL EVALUATE HOW INTRAVENTRICULAR HEMORRHAGE IMPACTS CHOROID PLEXUS CSF PRODUCTION.

SHENANDOAH ROBINSON, MD FROM JOHNS HOPKINS UNIVERSITY WILL TEST CLINICALLY AVAILABLE DRUGS TO ENHANCE NATURAL REPAIR PROCESSES IN HOPES OF REVERSING THE DAMAGE CAUSED BY INTRAVENTRICULAR HEMORRHAGE AND HYDROCEPHALUS.

JENNIFER STRAHLE, MD FROM WASHINGTON UNIVERSITY WILL DETERMINE HOW IRON GETS INTO AND DAMAGES THE CELLS LINING THE VENTRICLES AND HOW THIS CONTRIBUTES TO THE DEVELOPMENT OF HYDROCEPHALUS.

TRANSLATION TO TRANSFORM (T2T) PROJECT

IN RECENT YEARS, THERE HAS BEEN A PUSH FROM PATIENT ADVOCACY GROUPS AND OTHER ORGANIZATIONS TO INCREASE PATIENT AND CAREGIVER PARTICIPATION IN THE DEVELOPMENT OF CLINICAL TRIALS. IT IS BELIEVED THAT EARLY ENGAGEMENT WILL HELP CLINICAL RESEARCHERS OVERCOME COMMON CHALLENGES, SUCH AS LOW PATIENT RECRUITMENT AND RETENTION, AND THAT CLINICAL TRIALS WILL IN TURN PROVIDE THE PATIENT COMMUNITY WITH MEANINGFUL RESULTS.

FOR HYDROCEPHALUS RESEARCH, EFFECTIVE ENGAGEMENT REQUIRES UNDERSTANDING THE DIVERSITY OF HYDROCEPHALUS PATIENT POPULATIONS, INCLUDING INFANTS

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WITH CONGENITAL HYDROCEPHALUS, CHILDREN AND ADULTS WHO DEVELOP HYDROCEPHALUS DUE TO INJURY OR INFECTION, AND ADULTS WHO DEVELOP IDIOPATHIC NORMAL PRESSURE HYDROCEPHALUS (INPH).

THE T2T PROJECT, WITH FUNDING FROM THE PATIENT CENTERED OUTCOMES RESEARCH INSTITUTE (PCORI), WAS DESIGNED TO START AN ACTIVE DIALOGUE BETWEEN PATIENT REPRESENTATIVES AND HYDROCEPHALUS RESEARCHERS WHILE PROVIDING PATIENT-CENTERED FEEDBACK FOR CLINICAL TRIAL DESIGN AND IMPLEMENTATION. THE PROJECT CONSISTED OF A WEBINAR (MAY 2016) FOR PATIENTS AND CAREGIVERS FOLLOWED BY AN IN-PERSON WORKSHOP (JUNE 2016) ATTENDED BY PATIENTS, CAREGIVERS, MEDICAL PROFESSIONALS, AND RESEARCHERS. THE WHITEPAPER IS CURRENTLY BEING WRITTEN.

HYDROCEPHALUS CLINICAL RESEARCH NETWORK (HCRN)
IN OCTOBER 2016, 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 STUDY, "VENTRICULAR INVOLVEMENT IN NEUROPSYCHOLOGICAL OUTCOMES FOR HYDROCEPHALUS (VINOH)," FUNDED BY THE HYDROCEPHALUS ASSOCIATION, HAS COMPLETED PATIENT ACCRUAL AND ANALYSIS IS UNDERWAY. IN ADDITION, THE PILOT STUDY, "ENDOSCOPIC THIRD VENTRICULOSTOMY WITH CHOROID PLEXUS COAGULATION (ETV/CPC)," HAS BEEN COMPLETED AND DISCUSSIONS ARE UNDERWAY WITH THE NATIONAL INSTITUTES OF HEALTH TO DETERMINE THE BEST ROUTE TO APPLY FOR FUNDING TO CONDUCT A RANDOMIZED CONTROL TRIAL.

ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK (AHCN)
IN NOVEMBER 2016, THE ADULT HYDROCEPHALUS CLINICAL RESEARCH NETWORK

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(AHCN) 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 AHCN HAS ENROLLED OVER 500 PATIENTS.

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. TWO PAPERS ARE CURRENTLY UNDERWAY. THE FIRST WILL FOCUS ON THE DEVELOPMENT OF THE NETWORK. THE SECOND WILL PROVIDE DEMOGRAPHIC AND BASELINE DATA ON THE FIRST 273 PATIENTS ENROLLED IN THE CORE DATA PROJECT.

THE AHCN 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 RESEARCH PRESENTATIONS:

THE NATIONAL INSTITUTES OF HEALTH (NIH) NATIONAL INSTITUTE OF NEUROLOGICAL DISORDERS AND STROKE (NINDS) HOSTED THEIR ANNUAL 2016 NONPROFIT FORUM ON TUESDAY, SEPTEMBER 13, THROUGH WEDNESDAY, SEPTEMBER 14, 2016. THE PROGRESS THROUGH PARTNERSHIP FORUM PROVIDED AN OPPORTUNITY FOR NONPROFIT LEADERS TO NETWORK WITH COLLEAGUES AND TO ENGAGE IN DISCUSSIONS WITH NINDS STAFF. THE FORUM ALSO PROMOTES THE ROLE NONPROFITS PLAY IN LINKING SCIENTISTS AT NINDS WITH THE PATIENT COMMUNITY FOR BETTER RESEARCH OUTCOMES.

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THE AGENDA FEATURED PANEL DISCUSSIONS ON NATURAL HISTORY DATABASES, BIOMARKER IDENTIFICATION, DATA INTEGRATION AND MANAGEMENT, CLINICAL OUTCOME MEASURES, AND SUCCESS STORIES. DR. JENNA KOSCHNITZKY, THE HYDROCEPHALUS ASSOCIATION DIRECTOR OF RESEARCH PROGRAMS, SERVED AS A PANELIST FOR CULTIVATING COLLABORATIONS ON A SHOESTRING AND INVESTING IN THE INTELLECTUAL PIPELINE. THE PANEL FOCUSED ON HOW TO BUILD A NETWORK COMPRISED OF MANY DIFFERENT INTERESTS AS WELL AS FINDING AND FUNDING THE RESEARCHERS.

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

PUBLICATIONS, AND VIDEOS PROVIDE EDUCATIONAL RESOURCES TO HA'S CONSTITUENCY. 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 2016 THERE WERE 6,133 PUBLICATIONS DOWNLOADS FROM THE HA WEBSITE.

HOSPITAL OUTREACH

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 2016, 108 HOSPITALS ORDERED A TOTAL OF 5,782 PUBLICATIONS, A 104% INCREASE OVER 2015 NUMBERS.

HYDROASSIST MOBILE APP

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THE HYDROCEPHALUS ASSOCIATION'S 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 OVERTIME.

COMMUNITY NETWORKS

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 2016, HA'S 48 COMMUNITY NETWORKS INCREASED PATIENT ENGAGEMENT BY HOSTING 60 EVENTS THROUGHOUT THE COUNTRY WITH OVER 1,000 INDIVIDUALS IN ATTENDANCE.

SCHOLARSHIPS

SINCE THE HYDROCEPHALUS ASSOCIATION'S (HA) SCHOLARSHIP PROGRAM WAS ESTABLISHED IN 1994, HA HAS AWARDED 149 SCHOLARSHIPS TO DESERVING FUTURE LEADERS OF THE HYDROCEPHALUS COMMUNITY. IN 2016, 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.

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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 CONDITION.

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

PRESENTED OVER 95 INTERACTIVE SESSIONS, RESEARCH UPDATES, AND EDUCATIONAL SEMINARS ADDRESSING A BROAD RANGE OF TOPICS.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

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 \$300 MILLION, WHICH ARE USED TO FUND THE BEST SCIENTIFIC AND MEDICAL RESEARCH AIMED AT PREVENTING, CONTROLLING, AND CURING DISEASE. WE ARE

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PROUD OF THIS CONTINUED ACCOMPLISHMENT. IN ADDITION, FIVE INDIVIDUALS FROM THE HYDROCEPHALUS COMMUNITY WERE CHOSEN TO SERVE AS CONSUMER REVIEWERS OF RESEARCH GRANTS, REPRESENTING THE PATIENT AND 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 (RDIA), 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. 22, 2016 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 MARYLAND, VIRGINIA, NEW YORK, PENNSYLVANIA 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) 2017 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). THANKS TO THE WORK OF OUR DEDICATED HA VOLUNTEERS, SIXTEEN NEW STATES JOINED THE UNITED STATES CONGRESS IN PROCLAIMING SEPTEMBER AS HYDROCEPHALUS AWARENESS MONTH.

WE GARNERED OVER 2.7M IMPRESSIONS IN OUR MAKE WAVES FOR HYDROCEPHALUS 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 TAKING PHOTOS OR MAKING VIDEOS OF THEIR OWN INTERPRETATION OF A WAVE AND POSTING THEM TO FACEBOOK, TWITTER OR INSTAGRAM. OUR POSTS WERE SEEN OVER 1.5 MILLION TIMES.

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EXPENSES \$ 121,452. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

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 11B:

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

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EXECUTIVE COMMITTEE.

4) EXECUTIVE COMMITTEE 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 EXECUTIVE COMMITTEE MINUTES.

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

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 ORGANIZATION'S OFFICE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

ROUNDING 1.

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.

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

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868 .**

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. HYDROCEPHALUS ASSOCIATION	Employer identification number (EIN) or 94-3000301
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 4340 EAST WEST HIGHWAY, , NO. 905	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. BETHESDA, MD 20814	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

DIANA GRAY

• The books are in the care of ▶ **4340 EAST WEST HIGHWAY, NO 905 - BETHESDA, MD 20814**
 Telephone No. ▶ **301-202-3811** Fax No. ▶ **301-202-3813**

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

1 I request an automatic 6-month extension of time until **NOVEMBER 15, 2017**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶ calendar year **2016** or
- ▶ tax year beginning _____, and ending _____.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.