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# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Form 990 (2008)

	rtment of the	the Treasury ue Service	<b> </b>	The organization	ation may hav	ve to use a d	copy of this	return to s	atisfy st	ate rep	orting re	equirements.		Inspe	ection	n
-			endar ye	ar, or tax yea	ar beginning				,	and er	nding					
В	Check if ap	oplicable	Piease use IRS	C Name of o	organization	Hydroce	phalus As	sociation				D Employer	identifi	cation numbe	r	
╝	Address o	change	label or	Doing Bus	siness As							94-3000301				
<u>ا</u>	Name cha	ange	print or type.	Number a	nd street (or P C	box if mail i	s not delivered	d to street a	iddress)	Ro	om/suite	E Telephone	numbei	r		
ı []	nitial retu	ım	See	870 Market	t Street					70	5	(415) 732-70	040_			
	Terminati	ion	Specific Instruc-	City or tow	vn, state or coun	ntry, and ZIP +	- 4									
X/	Amended	retum	tions	San Franci	isco		+	CA	941	102		G Gross rece	ipts \$		<u>1,3(</u>	<u>08,913</u>
	Applicatio	on pending	FN	ame and add	ress of princip	pal officer					H(a) Is t	his a group retui	n for af	filiates?	_ Yes [	X No
			Rick Sm	nith 870 Mai	rket Street, S	Suite 705,	San Franc	isco, CA	94102	:	H(b) Are	e all affiliates inc	luded?	N/A	Yes	No
1	ax-exer	npt status			3) <b>◄</b> (insert		4947(a)(1	_	527			If "No," attach a	list (se	e instructions)		
				ssoc org	, (	· · · · · ·		, <del></del>			H(c) Gr	oup exemption n	umber	► N/A		
		ganization		rporation	Trust	Association	Other I			I Vesi	of forma			State of legal do	omicile	
	art I			poration		~3300IBU011			1	Lica	OI IOIIIIa	1900	1 100	oute or legar de		CA
	1		nmary	the organiza	ation's missi	on or mos	t significan	t activitie	s The	a Hydr	cocenha	alus Associa	tion se	eaks to elir	minate	
	1 -											t and educat				:
•				fessionals.	ioranicio	ocalon a	iid biov	141.19	adbbai.	t and cadoat	1011 101	. II I dividual	٠			
anc	1	101111100	unia pro													
Activities & Governance	2	Check th	nis hox	if the	e organizatio	nn disconti	nued its or	erations	or disp	osed i	of more	than 25% c	f its a	ssets		
ő					of the gover		•						3 1	00010		11
ත් ග	4			•	ing members	•	•		VI. line	1b)	•		4			11
ŧ	5				(Part V, line					,			5			10
ŞÇ.	6				(estimate if r	-							6			75
•	7a				èss revenue			2, colum	n (C) .				7a			0
	b	Net unre	elated bu	isiness taxa	able income	from Form	990-T, line	e 34					7b			0
												Prior Year		Curre	nt Year	
	8				art VIII, line							1,107				20,164
Revenue	9	_		-	Part VIII, line								0			56,485
eve.										5,321			<u>11,068</u>			
		Other revenue (Part VIII, column (A), lines 5 6d 6c 6c 9c 10c and 11e).  Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 1,1							3,583			8,833				
									A), line	12)	<u> </u>	1,14	1,665		1,28	96,550
	13				paid (Part∰ bers (Part IX				•	•			0			5,500 0
	14 15				on, employee				Lines f	5_10\	<b></b>	339	3,636	<del></del>		13,927
, ses					es (Part IX, c				, 111165	J-10)	ļ		0.000			36,978
Expenses					(Part IX, coli				26	2,553	<del></del>	_	──┤		<del></del>	30,010
					lumn (A), lin				<del></del>	-,,,,,,		651	1,981		68	83,097
	18				3-17 (must				e 25) .				0,617			39,502
	19		-		ibtract line 1	-			•			151	1,048			57,048
t Assets or											Be	eginning of Yea	r	End o	of Year	
sets	20			rt X, line 16						•		1,052				85,592
A As	21			Part X, line 2			•						3,052			69,526
Net Z					s. Subtract III	ne 21 from	line 20	<del></del>		•	<u> </u>	959	9,018		1,11	16,066
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	parer's Only	Firm:	s name (or		haffari Zara	goza LLP			7	•		EIN ►	57-11	155648		
UŞE	Cilly		if self-employed), address, and ZIP + 4 1330 Broadway, Suite 430, Oakland, CA 94612						Phone no ► (510) 834-6542							
May	the IR				e preparer s									X Y	es [	No

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

Pa	Statement of Program Service Accomplishments (see instructions)
1	Briefly describe the organization's mission
-	The Hydrocephalus Association seeks to eliminate the challenges of hydrocephalus by stimulating innovative research
	the state of a decade and and and and and additional affective and a set of a decade and
	and providing support and education for individuals, families and professionals.
2	Did the organization undertake any significant program services during the year which were not listed on
-	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O
_	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses.
	Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code: ) (Expenses \$ 522,278 including grants of \$ 5,500 ) (Revenue \$ 21,136 )
	Public support, education & advocacy - Continued development of new website with document access and social networking.
	Continued pilot program to deliver support at the local level to amplify our collective voice nationally. Produced educational
	materials which are available on the website and also sent free to over 10,000 families in 2008. Resources delivered to
	over 250 medical centers across the US. Quarterly newsletters sent to over 25,000 families, individuals and professionals
	worldwide Provided Direct one-on-one support, referrals for second opinions, and problem solving for families and individuals,
	over 120 cases a month. Launched a new Research program.
4b	(Code: \ \(\sum_{\text{Cypensor}} \text{\$\frac{1}{2}\$ including graphs of \$\frac{1}{2}\$ \(\sum_{\text{Cypensor}} \text{\$\frac{1}{2}\$} \\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4D	· · · · · · · · · · · · · · · · · · ·
	Hydrocephalus conference - Held 10th national conference on Hydrocephalus, "It's About Life," on June 19 -22 in Park City,
	Utah. The goal of the conference was to give individuals, families and professionals the tools and connections they need to
	address the medical, educational and social challenges of hydrocephalus. Over 500 people attended.
	•••••••••••••••••••••••••••••••••••••••
4c	(Code: ) (Expenses \$ 13,864 including grants of \$ 0 ) (Revenue \$ 0)
	Research - Formally decided and planned to launch a research grantmaking program in 2009.
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	•••••••••••••••••••••••••••••••••••••••
	•••••••••••••••••••••••••••••••••••••••
	***************************************
	***************************************
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

T al	Circonist of regular Solication		_	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A.	1	Yes	No
•	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
2 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C,			
	Part II	4		Χ
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5	N/A	
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		<u> X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
_	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes,"			
	complete Schedule D, Part IV	9		Х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D,			
	Parts VI, VII, VIII, IX, or X as applicable	11	Х	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		_X_
14a	Did the organization maintain an office, employees, or agents outside of the U.S.?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising,	4.41-		V
45	business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>	16		X
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17	Х	
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H.	20		Х
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete			.,
04-	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions			
	24b–24d and complete Schedule K. If "No," go to question 25	24a		Х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	N/A	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified			٠,
20	person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III.	27		Х

#### Checklist of Required Schedules (continued) Part IV No Yes 28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee: a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, 28a Х Have a family member who had a direct or indirect business relationship with the organization? If "Yes." Х 28b c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV. 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M... 29 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Х 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 Х Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 Х 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1 . . . . . . . . . . . . . 34 Х Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 36 organization? If "Yes," complete Schedule R, Part V, line 2 36 Х Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part

Form **990** (2008)

Form 9	990 (2008) Hydrocephalus Association 94-30	00301	Р	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			
	U.S. Information Returns. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable			
_	gaming (gambling) winnings to prize winners?	<u>1c</u>	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return.  2a 10	2b	х	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note</b> . If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see	<u>ZD</u>	-	
3a	instructions)  Did the organization have unrelated business gross income of \$1,000 or more during the year covered by			
Ja	this return?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b	N/A	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		Х
b	If "Yes," enter the name of the foreign country: ▶ N/A			
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank			
	and Financial Accounts			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity			
	Regarding Prohibited Tax Shelter Transaction?		N/A	
6a	Did the organization solicit any contributions that were not tax deductible?	6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or		   	
_	gifts were not tax deductible?	6b	N/A	
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than	7-		X
L	\$75?	<u>7a</u> 7b	N/A	<del>  ^-</del> -
ь	Did the organization rotify the donor of the value of the goods of services provided?  Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.0	INA	
С	required to file Form 8282?	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			<u> </u>
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal			
•	benefit contract?	7e		×
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g	N/A	
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as			
	required?	7h	N/A	
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section			
	509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring			ļ
	organization, have excess business holdings at any time during the year?	8	N/A	ļ
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.	-		İ
a	Did the organization make any taxable distributions under section 4966?	9a	N/A	
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	N/A	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12			
a b	Initiation fees and capital contributions included on Part VIII, line 12			<b> </b>
11	Section 501(c)(12) organizations. Enter			
''a	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
_	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	N/A	
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b   N/A			

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code)

Sect	ion A. Governing Body and Management			
			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the			
	circumstances, processes, or changes in Schedule O. See instructions			
1a	Enter the number of voting members of the governing body			
ь	Enter the number of voting members that are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with		j	
2	any other officer, director, trustee, or key employee?	2		Х
2	Did the organization delegate control over management duties customarily performed by or under the direct			
3	supervision of officers, directors or trustees, or key employees to a management company or other person?	3	x	
	·	4	-	
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?			$\hat{\mathbf{x}}$
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		
6	Does the organization have members or stockholders?	_6		_X_
7a	Does the organization have members, stockholders, or other persons who may elect one or more members	_		
	of the governing body?	7a		<u>X</u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			t
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9a	Does the organization have local chapters, branches, or affiliates?	9a	Х	
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	Х	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations			
	must describe in Schedule O the process, if any, the organization uses to review the Form 990	10		X
11	Is there any officer, director or 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.	11		Χ
Sect	ion B. Policies			
			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	x	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
-	describe in Schedule O how this is done	12c	х	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by			1
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
а	The organization's CEO, Executive Director, or top management official?	15a	x	
b	Other officers or key employees of the organization?	15b	N/A	
~	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			
104	with a taxable entity during the year?	16a	İ	Х
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	·Ju		
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b	N/A	
Sact	ion C. Disclosure	100	19//	
<u>3661</u> 17	List the states with which a copy of this Form 990 is required to be filed ► CA			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the states with which a copy of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of the states with which a copy of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s of this Form 1023 (or 1024 if applicable), 990, 990, 990, 990, 990, 990, 990, 99	nlv)		
. 0	available for public inspection. Indicate how you make these available. Check all that apply	'' '' <b>y</b> /		
40		201		
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interconduction makes and fine soil statements available to the public	รรเ		
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who possesses the books and records of the person who p			
	organization Rick Smith (415) 732-70	<i>1</i> 40		
	870 Market Street, Suite 705, San Francisco, CA, 94102			

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

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

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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 the organization did not compe	ensate any office	er, dir	ect	or, 1	trus	tee, o	r k	ey employee.		
(A)	(B)			(0	2)			(D)	(E)	(F)
Name and Title	Average hours per week	Individual trustee or director		_		Highest compensated employee	E Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Bob Jacobson President	5.	X		X				0	0	0
Deborah Phillips Vice President	5	Х		х				0	0	0
Marvin Sussman Director	5.	Х						0	0	0
George Breed Director	5.	х						0	0	0
Debby Buffa Secretary	5	Х		х				0	0	0
Raph Kistler Director	5	Х						0	0	0
Jim Kranz Director	5.	Х						0	0	0
Raymond Moser  Treasurer	5	Х		х				_0	0	0
Russell Fudge Director	5.	Х	ļ					0	0	0
Paul Gross Director	5	Х						0	0	0
Curt Stewart Director	5.	Х						0	0	0
Dory Kranz Executive Director	40			х				90,750	0	5,000
Richard Smith Interim Executive Director	19.5			x				0	0	0
	0			_				0	0	0
	0				L			0	0	0
	0							0	0	0
	0							0	0	0

Pa	rt VII Section A. Officers, Directors, Tr	ustees, Key En	ploy	ees,	and	l Hig	hes	t Co	mpensated Em	ployees (contin	ued)		
	(A)	(B)				C)			(D)	(E)	(F)		
	Name and title	Average hours per week					hat ap 음 등		Reportable compensation from	Reportable compensation from related	Estimated amount of other		
		WEEK	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations		
		0.				ļ ,			. 0	0			
		0.							0	0			
		0.							0	0			
		0							0	0			
		0.							0	0			
		0.							0	0	<u> </u>		
		0.							0	0			
		0.	<u></u>						0	0			
		0.							0	0	C		
		0.							0	0			
		0.			ļ				0	0			
		0.	0.	0.							0		
		0.						<u> </u>	0 750				
<u>1b</u>	Total		<u></u>		<del></del>	· · ·			90,750		5,000		
2	Total number of individuals (including those organization ► 0	in 1a) who rece	eived	mor	e tha	an \$1	100,0	)00 ii	n reportable cor	npensation from	the		
_	Did the organization list any former officer,	director or trust	00 k	014 01	mala		or b	iaho	ot componented		Yes No		
3	employee on line 1a? If "Yes," complete Sci					yee,				ľ	3 X		
4	For any individual listed on line 1a, is the su the organization and related organizations of individual	•		•					•		1 X		
5	Did any person listed on line 1a receive or a services rendered to the organization? If "You	•				•			•				
Sec	tion B. Independent Contractors	N/A					7		<u> </u>		<del>- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1</del>		
1	Complete this table for your five highest cor compensation from the organization		pend	ent o	contr	acto	rs th	at re	ceived more tha	n \$100,000 of			
	(A) Name and business a	nddress	_						(B) Description of ser	vices (	(C) Compensation		
		· · · · · · · · · · · · · · · · · · ·							· · · · · · · · · · · · · · · · · · ·				
		·						<del>                                     </del>		<del></del>			
	· · · · · · · · · · · · · · · · · · ·			-				<del>                                     </del>	<u>-</u>	-			
			•										
2	Total number of independent contractors (in compensation from the organization ▶	ncluding those in 0		vho r	ecei	ved	more	tha	n \$100,000 in				

Part	VIII	Statement of Revenue						
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats sta	1a	Federated campaigns	а	0				-
Contributions, gifts, grants and other similar amounts	b	Membership dues	b	0			i	
s, ç am	С	Fundraising events	<u>c                                    </u>	0				
gift ar a	d	Related organizations	d	0				
ıs,	е	Government grants (contributions) 1	е	0				
tior r si	f	All other contributions, gifts, grants, and	Ì					
ibu		similar amounts not included above 1	ıf	1,220,164				;
d o	g	Noncash contributions included in lines 1a-1f	f: \$	0				
a Co	h	Total. Add lines 1a-1f		•	1,220,164			
				Business Code	_			
ent	2a	Conference fees	[	541900	56,485	56,485	0	0
Rev	b				0	0	0	0
rice	С				0	0	0	0
Šen	d				0	0	0	0
Ē	е				. 0	0	0	0
ogra	f	All other program service revenue			0	0	0	0
Pr	g	Total. Add lines 2a–2f		▶	56,485			
	3	Investment income (including dividends, inter						
:		other similar amounts)			11,068	0	o	11,068
	4	Income from investment of tax-exempt bond			0	0		
	5	Royalties	•		0	0		
		(i) Re		(II) Personal		<del></del>		
	6a	Gross Rents	0	0				
		Less: rental expenses	- 0	<u></u>				
		Rental income or (loss)						,
	d	Net rental income or (loss)			o	0	0	0
		Gross amount from sales of (i) Secu		(ii) Other	<u>_</u>		J	,
	/ a	assets other than inventory	0	(II) Calei				
	<b>L</b>	Less: cost or other basis						'
	D	and sales expenses	o	م				,
		Gain or (loss)	<del></del>	0				
			<u> </u>	▶	0	0	o	. 0
		Net gain or (loss)  Gross income from fundraising	·r	· · · •			U	-
ne	oa							
en			1					,
ě		of contributions reported on line 1c).						
r R		See Part IV, line 18		<u> </u>				
Other Revenue		Less direct expenses					0	
Ò		Net income or (loss) from fundraising events		• •	0	0	0	0
	эа	Gross income from gaming activities.	_ [					
		See Part IV, line 19.		<u> </u>				
		Less: direct expenses	_					
		Net income or (loss) from gaming activities .	٠.٠.	· · · · <del>-</del>	0	0	0	0
	10a	Gross sales of inventory, less		24.422		,		
	_	returns and allowances		21,136				
		Less cost of goods sold	-				_	-
	С	Net income or (loss) from sales of inventory.	· · · · · ·		8,773	8,773	0	0
		Miscellaneous Revenue		Business Code	_			_ ,
	11a				0	0		
	þ				0	0		
	C			<u> </u>	0	0		
	đ	All other revenue			60	60	0	0
		Total. Add lines 11a–11d		▶	60			
	12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d,				_		
		9c, 10c, and 11e	<u> </u>	<u></u> ▶	1,296,550	65,318	0	
								Form <b>990</b> (2008)

### Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

other organizations must complete column (A) but are not required to complete columns (B), (C), a

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses				
1	Grants and other assistance to governments and								
	organizations in the U.S. See Part IV, line 21	0	0						
2	Grants and other assistance to individuals in	j							
	the U.S. See Part IV, line 22	5,500	5,500						
3	Grants and other assistance to governments,								
	organizations, and individuals outside the								
	U.S See Part IV, lines 15 and 16	0	0						
4	Benefits paid to or for members		0						
5	Compensation of current officers, directors,	104 422	76 450	10 600	6 500				
•	trustees, and key employees	101,422	76,150	18,692	6,580				
6	persons (as defined under section 4958(f)(1)) and								
	persons described in section 4958(c)(3)(B)	0	ol	٥	0				
7	Other salaries and wages	249,500	178,983	17,075	53,442				
8	Pension plan contributions (include section 401(k)	240,000	170,000	11,010	00,112				
•	and section 403(b) employer contributions)	اه	o	o	0				
9	Other employee benefits	34,652	18,675	15,977	0				
10	Payroll taxes	28,353	21,098	2,341	4,914				
11	Fees for services (non-employees):								
а	Management	o	0	o	0				
b	Legal [	4,130	0	4,130	0				
C	Accounting	23,144	. 0	23,144	0				
d	Lobbying	0	0	0	0				
е	Professional fundraising services. See Part IV, line 17	36,978			36,978				
f	Investment management fees	0	0	0	0				
g	Other	129,926	101,404	28,522	0				
12	Advertising and promotion	0	0	0	0				
13	Office expenses	209,090	59,065	22,659	127,366				
14	Information technology	36,384	33,502	1,575	1,307				
15	Royalties	0	0	0	0				
16	Occupancy	35,670 201,173	163,771	35,670 32,357	<u> </u>				
17 18	Travel	201,173	103,771	32,337	5,045				
10	for any federal, state, or local public officials	o	ol	o	0				
19	Conferences, conventions, and meetings	7,114	7,114	0	0				
20	Interest	0	0	o o	0				
21	Payments to affiliates	0	0	0	0				
22	Depreciation, depletion, and amortization	7,285	o	7,285	0				
23	Insurance	2,804	0	2,804	0				
24	Other expenses Itemize expenses not								
	covered above (Expenses grouped together	İ			•				
	and labeled miscellaneous may not exceed								
	5% of total expenses shown on line 25 below.)	<u> </u>			<del></del>				
а	Dues & Subscriptions	8,790	1,957	3,464	3,369				
b	Taxes & Other Fees	13,024	460	1,292	11,272				
С	Employment education	4,496	1,890	2,606	0				
d	Shared cost allocation	0	58,026	-70,280	12,254				
e		0	0	0	0				
f	All other expenses Miscellaneous expenses	67	0	41	26				
25	Total functional expenses. Add lines 1 through 24f	1,139,502	727,595	149,354	262,553				
26	Joint Costs. Check here ► X if following								
	SOP 98-2 Complete this line only if the organization								
	reported in column (B) joint costs from a combined								
	educational campaign and fundraising	40.050	44 750	4 400	-				
	solicitation	12,850	11,750	1,100	<u>0</u>				

	art X	Balance Sneet	(A) Beginning of year			(E	3) f year	
	1	Cash-non-interest-bearing	549,375	1			71	2,373
	2	Savings and temporary cash investments					29	3,773
	3	Pledges and grants receivable, net	0	3			12	24,758
	4	Accounts receivable, net	35,802	4				0
	5	Receivables from current and former officers, directors, trustees, key						
1		employees, or other related parties. Complete Part II of Schedule L	O	5				0
:	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
m	_	Part II of Schedule L	0					0 0
Assets	7	Notes and loans receivable, net		_				
436	8	Inventories for sale or use			<del> </del>			2,617
`	9	Prepaid expenses and deferred charges	14,791	9	<del> </del>			7,167
	10a		52					
	b		00.070	40-			_	
		Part VI of Schedule D			<del> </del> -			20,028
	11	Investments-publicly traded securities	387,153		<del> </del>			0
	12	Investments—other securities. See Part IV, line 11		12				0
	13	Investments-program-related. See Part IV, line 11	0		ļ			0
	14	Intangible assets	0		<del>                                     </del>			0
	15	Other assets See Part IV, line 11			<del> </del>			4,876
	16	Total assets. Add lines 1 through 15 (must equal line 34)			<del> </del>			35,592
	17	Accounts payable and accrued expenses	70,685				5	51,462
	18	Grants payable				0		
	19	Deferred revenue			-			0
	20	Tax-exempt bond liabilities						0
ies	21	Escrow account liability. Complete Part IV of Schedule D.	. 0	21	<b>.</b>			0
Liabilities	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	-			0
_	22	Secured mortgages and notes payable to unrelated third parties		_				0
	23 24	Unsecured notes and loans payable	0		<u> </u>			0
		Other liabilities Complete Part X of Schedule D					1	8.064
	25 26	Total liabilities. Add lines 17 through 25.			<del> </del>			9,526
	20		93,032	20				19,520
Section		Organizations that follow SFAS 117, check here ► X and complete lines 27 through 29, and lines 33 and 34.				-		
lar	27	Unrestricted net assets	745,087		<u> </u>			31,706
ä	28	Temporarily restricted net assets	136,283		ļ			54,142
P	29	Permanently restricted net assets	77,648	29	ļ		8	30,218
Net Assets or Fund Balances		Organizations that do not follow SFAS 117, check here▶ and complete lines 30 through 34.						
ets	30	Capital stock or trust principal, or current funds		30_				
SS	31	Paid-in or capital surplus, or land, building, or equipment fund		31				
¥,	32	Retained earnings, endowment, accumulated income, or other funds		32				
ž	33	Total net assets or fund balances	959,018	33			1,11	16,066
	34	Total liabilities and net assets/fund balances	1,052,070	34			1,18	35,592
Pa	rt XI	Financial Statements and Reporting						
1 2:		ccounting method used to prepare the Form 990				2a	Yes	No
		ere the organization's financial statements audited by an independent ac			,	2b	Х	
		"Yes" to lines 2a or 2b, does the organization have a committee that assu		ight of	f the			
		idit, review, or compilation of its financial statements and selection of an i				2c	X	1
3		s a result of a federal award, was the organization required to undergo an		in				
						3a		Х
1		"Yes," did the organization undergo the required audit or audits?				3b	N/A	

#### SCHEDULE A (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. ► See separate instructions. Inspection

Name	of the	organization								r identificat	ion numb	er	
		halus Associa		14 Ot 4 - (All -					94-3000				
Pa				harity Status (All or					rt.) (see i	nstructio	ins)		
ine	orgar		•	ation because it is: (Pl		-	_		/b\/4\/ <i>b</i> \/i	`			
2	H	•		on 170(b)(1)(A)(ii). (Ai			icu iii sec		( <b>-</b> )( •)( <b>-</b> )(	<i>j</i> .			
	H			nospital service organi			section	170/b\/1\	/A\/iii\ //	ttach Sc	hadula k	4 1	
3	H	•	•	•									
4		hospital's na	me, city, and st										
5	Ш			r the benefit of a colle (Complete Part II )	ge or univ	ersity owi	ned or ope	erated by	a govern	mental ui	nit descr	ibed	
6		A federal, st	ate, or local gov	ernment or governme	ntal unit d	lescribed	in <b>sectio</b> i	n 170(b)(	1)(A)(v).				
7	X	•		ly receives a substanti (1)(A)(vi). (Complete	•	its suppo	rt from a ç	governme	ntal unit o	or from th	e gener	al publ	ic
8		A community	y trust described	d in section 170(b)(1)	( <b>A)(vi)</b> . (C	omplete	Part II)						
9		An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III)											
10		An organization organized and operated exclusively to test for public safety. See section 509(a)(4). (see instructions)											
11		An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.											
	_	a Type		Type II c			ctionally in	•			Type III-		
е		persons other		y that the organization on managers and othe			-		-				on
f		If the organiz	zation received	a written determination				e I, Type	II, or Typ	e III supp	orting		
g		-		the organization acce	pted any			from any	of the	•			
				or indirectly controls,	either alo	ne or toge	ther with	persons	described	ın (iı)		Yes	No
				verning body of the su						٠,	11g(i)		
				person described in (i							11g(ii)		
_		• •		y of a person describe						•	11g(iii)		
<u>h</u>		Provide the		ation about the organi (iii) Type of organization		e organiz organization		ports. ou notify	I (vil)	ls the	l (viii)	Amount	of
(i)		of supported	(ii) EIN	(described on lines 1–9 above or IRC section	in col (I) lis	sted in your document?	the organ	nization in of your	organizat (i) organi	tion in col zed in the		support	. 01
				(see instructions))	Yes	No	Yes	No	Yes	S? No	1		
				,	1						<del> </del>		
								ļ					0
													^
-					<u></u>						<del>                                     </del>		0
													0
													0
													0
Tota	 I												0

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Schedule A (Form 990 or 990-EZ) 2008 Hydrocephalus Association Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) Section A. Public Support (a) 2004 Calendar year (or fiscal year beginning in) (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants"). . . . . 354,662 794,163 1,077,450 1,107,761 1,220,164 4,554,200 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . . . 0 0 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge 0 1,077,450 Total Add lines 1-3. 354,662 794,163 1,107,761 1,220,164 4,554,200 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 565.598 amount shown on line 11, column (f) 3,988,602 Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total 794,163 1,077,450 1,107,761 1,220,164 4,554,200 Amounts from line 4 354,662 Gross income from interest, dividends, R payments received on securities loans, rents, royalties and income from similar 8.352 11,090 12,817 25,321 11,068 68,648 sources . . \_ . . . . . . . . . Net income from unrelated business activities, whether or not the business is 0 0 0 0 0 Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) . . . . . . 11 Total support. Add lines 7 through 10. 4,622,848 12 304,336 12 Gross receipts from related activities, etc. (see instructions ) 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) 13 organization, check this box and stop here Section C. Computation of Public Support Percentage 86.28% Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) 14 14 . . . . . 15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f 15 77.51% 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box .**▶** X 33 1/3% support test-2007. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this 17a 10%-facts-and-circumstances-test-2008. 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 IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2007. 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 IV how

the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

Page 3 Support Schedule for Organizations Described in Section 509(a)(2) Part III N/A (Complete only if you checked the box on line 9 of Part I.) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . 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. Gross receipts from activities that are not an unrelated trade or business under section 513 0 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . . . . . . . 0 0 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . . . 0 Total. Add lines 1-5 . . . . . . ol 0 0 0 0 0 7a Amounts included on lines 1, 2, and 3 received from disqualified persons. 0 b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for 0 the year or \$5,000 0 Add lines 7a and 7b. Public support (Subtract line 7c from line 6). Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2004 (b) 2005 (c) 2006 (d) 2007 (e) 2008 (f) Total Amounts from line 6 . . . 0 0 0 Gross income from interest, dividends, payments received on securities loans. rents, royalties and income from similar sources . . 0 . . . . . . . Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . 0 0 0 0 n Add lines 10a and 10b Net income from unrelated business 11 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 IV.). 0 Total support. (Add lines 9, 10c, 11, and 12.) 0 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) Section C. Computation of Public Support Percentage Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) . . . . . . . 15 15 0 00% 16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g. 0 00% Section D. Computation of Investment Income Percentage Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)). 17 0.00% Investment income percentage from 2007 Schedule A, Part IV-A, line 27h . . . 18 0.00% 18 19a 33 1/3% support tests-2008. 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-2007. 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 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . 20

Schedule A (Form 9	990 or 990-EZ) 2008	Hydrocephalu	s Association			94-3000301	Page 4
Part IV	Supplemental	Information.	Complete this	part to provide	the explanation require	ed by Part II, line 10,	
	Part II, line 17a	or 17b; or Par	t III, line 12. P	rovide any othe	r additional information	. (see instructions)	N/A
				· <u> </u>			
		<b></b>					
	• • • • • • • • • • • • • • • • • • • •						
	• • • • • • • • • • • • • • • • • • • •						

#### SCHEDULE D (Form 990)

# **Supplemental Financial Statements**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Inspection

	or the organization	1 ' '		
	ocephalus Association	94-30003		
Par		nds or Ac	counts. Complete it	Ī
	the organization answered "Yes" to Form 990, Part IV, line 6			N/A
	(a) Donor advised funds	(b) Fi	unds and other accounts	
1	Total number at end of year			
2	Aggregate contributions to (during year)			
3	Aggregate grants from (during year) .		· · · · · · · · · · · · · · · · · · ·	
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing that the assets held	in donor ac	dvised	
	funds are the organization's property, subject to the organization's exclusive legal control		1 1 - 1	No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gran		be	•
_	used only for charitable purposes and not for the benefit of the donor or donor advisor of			
	impermissible private benefit?		Tyes	No
Par	The state of the s	to Form 99	90 Part IV line 7	N/A
_		10 1 01111 00	50, 1 art (V, mic 1.	
1	Purpose(s) of conservation easements held by the organization (check all that apply).			
	Preservation of land for public use (e.g., recreation or pleasure) Preservation	of an histori	ically important land a	rea
	Protection of natural habitat Preservation	of certified I	historic structure	
	Preservation of open space			
2	Complete lines 2a–2d if the organization held a qualified conservation contribution in the	e form of a	conservation easemer	nt
_	on the last day of the tax year			
			Held at the End of the	Year
а	Total number of conservation easements .	. 2a		
b	Total acreage restricted by conservation easements	. 2b	,	
c	Number of conservation easements on a certified historic structure included in (a) .	. 2c		<del></del>
d	Number of conservation easements included in (c) acquired after 8/17/06			
3	Number of conservation easements modified, transferred, released, extinguished, or tel		the organization	
·	during the taxable year			
4	Number of states where property subject to conservation easement is located			
5	Does the organization have a written policy regarding the periodic monitoring, inspectio	n violations	s and	
•	enforcement of the conservation easements it holds?		Yes Yes	No
6	Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements du	ring the vea		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing easements during		<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements		<b>*</b>	
·	170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?	0.000	Tyes	No
9	In Part XIV, describe how the organization reports conservation easements in its revenue	ie and evne		, ,,,
3	balance sheet, and include, if applicable, the text of the footnote to the organization's fir			
	the organization's accounting for conservation easements	ianoiai statt	cincins that accombes	
Par		Similar As	sets	N/A
. a.	Complete if the organization answered "Yes" to Form 990, Part IV, line 8	· · · · · · · · · · · · · · · · · · ·		
		-4	d b alaman abanduundu	
та	If the organization elected, as permitted under SFAS 116, not to report in its revenue start, historical treasures, or other similar assets held for public exhibition, education, or no			S OT
	service, provide, in Part XIV, the text of the footnote to its financial statements that desc			
b	If the organization elected, as permitted under SFAS 116, to report in its revenue staten			art
D	historical treasures, or other similar assets held for public exhibition, education, or research			ait,
	service, provide the following amounts relating to these items.		icianice of public	
	•		<b>.</b> .	
	(i) Revenues included in Form 990, Part VIII, line 1		<b>5</b>	
	(ii) Assets included in Form 990, Part X		- 5	
2	If the organization received or held works of art, historical treasures, or other similar ass	sets for final	ncial gain, provide the	
	following amounts required to be reported under SFAS 116 relating to these items:			
а	Revenues included in Form 990, Part VIII, line 1		<b>\$</b>	
b	Assets included in Form 990, Part X		<b>&gt;</b> \$	

þ	If "Yes" to 3a(ii), are the related organizate	tions listed as require	d on Schedule R?		3b   N/A			
4	Describe in Part XIV the intended uses of							
⊃art	art VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10							
	Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value			
1a	Land	0	0		0			
b	Buildings	0	0	0	0			
С	Leasehold improvements	0	0	0	0			
d	Equipment	0	53,652	33,624	20,028			
е	Other	0	0	0	0			
	. Add lines 1a-1e (Column (d) should equ	ual Form 990, Part X,	column (B), line 10(	c))	20,028			

Part VII	Investments—Other Securities	See Form 990, Part X,	line 12.	N/A
c	(a) Description of security or ategory (including name of security)	(b) Book value	(c) Method of value Cost or end-of-year ma	
Financial deriv	ratives and other financial products	0		
Closely-held	d equity interests	0		
Other		0		
		0		
		0		
		0		
		0	<del>                                     </del>	<del></del>
		0	•	
		0	<del></del>	
		0	<del></del>	<u> </u>
	should equal Form 990, Part X, col (B) line 12)	0	<u> </u>	
Part VIII	Investments—Program Relate	d. See Form 990, Part X,	line 13.	N/A
	(a) Description of investment type	(b) Book value	(c) Method of value Cost or end-of-year ma	
		0		
		0		
		0		
		0		
		0		·
		0		
		0		
		0		=
		0		. <u></u>
		0	<del></del>	
	should equal Form 990, Part X, col (B) line 13)	0		
Part IX	Other Assets. See Form 990, P			
	()	a) Description		(b) Book value
<u>Deposits</u>				4,876
				0
				0
	· · · · · · · · · · · · · · · · · · ·		<u> </u>	0
····				0
				0
				0
	· · · · · · · · · · · · · · · · · · ·			0
				0
Total (Colu	ımn (b) should equal Form 990, Part X	col (B) line 15 )		4,876
Part X	Other Liabilities. See Form 990			1,070
I alt A	(a) Description of liability	(b) Amount		
Federal inco		(-)		
Lease paya		18,0	<b></b> ≚	
Lease paya	<u> </u>		0	
			0	
		· <del></del>	0	
			0	
	· · · · · · · · · · · · · · · · · · ·		0	
		· · · · · · · · · · · · · · · · · · ·	0	
	- "		<u> </u>	
			<u></u>	
		· · · · · · · · · · · · · · · · · · ·	0	
Total. (Column (b	a) should equal Form 990, Part X, col (B) line 25)	18,0		
	provide the text of the footnote to the			tion's liability for

Sched	ule D (Form 990) 2008			Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to Financial Statement	ents	,	
1	Total revenue (Form 990, Part VIII, column (A), line 12)	1_	<u> </u>	1,296,550
2	Total expenses (Form 990, Part IX, column (A), line 25)	2		1,139,502
3	Excess or (deficit) for the year Subtract line 2 from line 1	3_	<u> </u>	157,048
4	Net unrealized gains (losses) on investments	4	↓	0
5	Donated services and use of facilities	5		0
6	Investment expenses	6	<u> </u>	0
7	Prior period adjustments	7	_	0
8	Other (Describe in Part XIV)	8	<u> </u>	0
9	Total adjustments (net). Add lines 4–8	9	↓	0
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	<u> </u>	157,048
	t XII Reconciliation of Revenue per Audited Financial Statements With Revenue			
1	Total revenue, gains, and other support per audited financial statements		1	1,171,882
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains on investments	9	- 1	
b	Donated services and use of facilities	9		
Ç	Recoveries of prior year grants	0		
d	Other (Describe in Part XIV)			
ę	Add lines 2a through 2d	-	2e	-137,031
3	Subtract line 2e from line 1	-	3	1,308,913
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	0		
b	Other (Describe in Part XIV)			40.000
C	Add lines 4a and 4b.	·  -	4c	-12,363
5	Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)		5	1,296,550
	Reconciliation of Expenses per Audited Financial Statements With Expens	es p		
1	Total expenses and losses per audited financial statements	-	1	1,014,834
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.			
<b>a</b>	Donated services and use of facilities			
b	Prior year adjustments	씟		
C	Losses reported on Form 990, Part IX, line 25	<del>,</del>		
d			<u>.                                    </u>	10 202
e	Add lines 2a through 2d	-	2e   3	12,363 1,002,471
3	Subtract line 2e from line 1	-	<del>*  </del>	1,002,471
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  Other (Describe in Part XIV)	34		
b	<u> </u>	$\neg$	4.	127.024
c	Add lines 4a and 4b	. ⊦	4c 5	137,031
5	Total expenses Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)		<u> </u>	1,139,502
	t XIV Supplemental Information			
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and	14; P	art IV	, lines 1b
	2b, Part V, line 4; Part X, Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.			
Part	V Line 4 The organization intends to use endowment funds for educational scholarships to young	adult	s with	hydrocephalus.
				2115
Part	XII Line 2d Expenses related to solicitation of contributions through Walk and Swim events netted	agai	ust iu	come per GAAP.
	WW			
Part	XIII Line 4b Cost of good sold included in expenses per GAAP			
	WWW. 010 . f . l . l . l . l			
Part	XIII Line 2d Cost of good sold included in expenses per GAAP			
D	Will I im a 45. For any and stand to published an of combinity time through 14/ally and Crytina arounds matter		:4 :-	
Part	XIII Line 4b Expenses related to solicitation of contributions through Walk and Swim events netted	aga	iijst it	icome per GAAP.
	•••••••••••••••••••••••••••••••••••••••			

Hydrocephalus Association 94-3000301 Schedule D (Form 990) 2008 Page 5 Part XIV Supplemental Information (continued) N/A

#### SCHEDULE G (Form 990 or 990-EZ)

# **Supplemental Information Regarding Fundraising or Gaming Activities**

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

Open To Public Inspection

Name of the organization				·	Employer identificati	on number
Hydrocephalus Association 94-3000301						<del> </del>
Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.						
1 Indicate whether the organization	raised funds thro	_		<del>-</del>	: : <del>-</del>	
a X Mail solicitations				of non-government	-	
b Email solicitations f Solicitation of government grants c Phone solicitations g Special fundraising events						
c Phone solicitations		g 🔲 🤄	peciai tuno	draising events		
d X In-person solicitations		4		. (ia)		
2a Did the organization have a writte or key employees listed in Form 9						
b If "Yes," list the ten highest paid in to be compensated at least \$5,00						
(i) Name of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have or control of outlons?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Newman Tullis and Associates	Consulting - Major gifts		х	0	15,489	0
				0	0	0
11. 2222 A. J. J. J. J. J. J. J. J. J. J. J. J. J.				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	. 0
				0	0	0
				0	0	0
				0	0	0
Total			▶	o	15,489	0
3 List all states in which the organiz registration or licensing.	ation is registered	d or license	ed to solicit	funds or has been	notified it is exemp	ot from
CA						
						•••••

Pa	rt II		ts. Complete if the orga on Form 990-EZ, line 6				r repo	rted N/A
•			(a) Event #1	(b) Event #2	(c) Other Events  O (total number)	(d) Tota (Add col	al Events (a) throu	s
Revenue	1	Gross receipts	0	0	0			0
Reve	2	Less Charitable contributions	0	0	0		-	0
	3	Gross revenue (line 1 minus line 2)	0	0	0			0
	4	Cash prizes	0	0	0			0
sesue	5	Non-cash prizes	0	0	0			0
Direct Expenses	6	Rent/facility costs	0	0	0			0
Dire	7	Other direct expenses .	0	0	0			0
Pa	8 9 rt III		mbine lines 3 and 8 in col	lumn (d)	<u>•</u>	eported m	ore	0)
		than \$15,000 on Fo	rm 990-EZ, line 6a. (a) Bingo	(b) Pull tabs/Instant	(c) Other gaming	(d) Total g		N/A
enne			(a) Billigo	bingo/progressive bingo	(c) Other gaming	col (a) thre		
Revenue	1_	Gross revenue						0
ses	2	Cash prizes						0
=xpens	3	Non-cash prizes						0
Direct Expenses	4	Rent/facility costs						0
_	5	Other direct expenses						0
	6	Volunteer labor .	Yes %	Yes%	Yes%  No			
	7	Direct expense summary.	Add lines 2 through 5 in a	column (d)				0)
	8	Net gaming income summ	nary. Combine lines 1 and	d 7 in column (d)				0
							Yes	No
9		nter the state(s) in which the the organization licensed to			?	 .   9a		
b		'No," Explain.	y operate gammig actions					
		ere any of the organization 'Yes," Explain:				10a		-
11	 D	pes the organization operat				. 11		
12	ls	the organization operat the organization a grantor, rmed to administer charitab	beneficiary or trustee of a	a trust or a member of a p	partnership or other entity			

Page 3 N/A Yes No 13 Indicate the percentage of gaming activity operated in: 13a 13b 14 Provide the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming 15a N/A b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the c If "Yes," enter name and address: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ \_\_\_\_\_0 Description of services provided Independent contractor Director/officer Employee Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to 17a N/A b Enter the amount of distributions required under state law distributed to other exempt organizations or spent

in the organization's own exempt activities during the tax year ▶\$

Schedule G (Form 990 or 990-EZ) 2008

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.

<b>JMB No 1545-0047</b>	2008	pen to Public	Inspection
ō		o	

Employer identification numbe

▶ Attach to Form 990.

å (h) Purpose of grant ۲Ž or assistance Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use X Yes Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" on Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and non-cash assistance 94-3000301 (g) Description of (f) Method of valuation (book, FMV, appraisal, other) Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Ö O 0 (d) Amount of cash grant Part IV and Schedule I-1 (Form 990) if additional space is needed. Enter total number of section 501(c)(3) and government organizations. General Information on Grants and Assistance the selection criteria used to award the grants or assistance? (c) IRC section if applicable Enter total number of other organizations. (p) EIN 1 (a) Name and address of organization Hydrocephalus Association or government Part I Partl

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

Schedule I (Form 990) 2008

94-3000301

Schedule I (Form 990) 2008
Part III Grants at

Page 2 Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Use Schedule I-1 (Form 990) if additional space	tional space is needed	paped			
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
scholarships to young adults with hydrocephalus	11	5,500	0	N/A	N/A
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
	0	0	0		
Part IV Supplemental Information. Complete this part		to provide the information required in Part I	equired in Part I, line	e 2, and any other additional information	ional information.
Part I Line 2 - All grant recipients must demonstrate that they have been accepted to an institution of higher learning. Grant recipients submit a narative about the use of	that they have beer	accepted to an institu	ition of higher learning	. Grant recipients submit	a narative about the use of
scholarship funds that is reviewed by program staff					
			1	1	
	1				
	; 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

### SCHEDULE O (Form 990)

# **Supplemental Information to Form 990**

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the OMB No 1545-0047 Open to Public Inspection

94-3000301

Department of the Treasury Internal Revenue Service Name of the organization Form 990 or to provide any additional information. Employer identification number

Hydrocephalus Association	94-3000301
Form 990 Part Item B	
Amended return	
Part I line 3 and line 4, and Part VI line 1a and 1b have been changed from 14 to 11 members	:
Form 990 Part VI Section A Line 3	
Rick Smith, a consultant, was hired as Interim.Executive Director.	
Form 990 Part VI Section A Line 10	
All board members receive an electronic or paper copy of the IRS form 990 prior to its submiss	sion. Board members must submit
any questions or changes to the Executive Director within 7 days of receiving their copy, who s	submits the changes to the tax
preparer	
Form 990 Part VI Section B Line 12c	
Each year board members gets a copy of the conflict of interest policy and a disclosure form w	hich is filled out if any possible
conflicts may exist.	
Form 990 Part VI Section B Line 15a	
The process for determining the Executive Director's (who is also in charge of financial manag	ement of the organization) salary
includes the following steps	
1) board president and executive director each collect comparable salary information (e.g., sal	ary studies)
2) the information is forwarded to the treasurer who documents findings from the data collected	d
3) treasurer makes a recommendation to the full board	
4) the board votes on the proposed salary.	
Other salaries of senior managers are benchmarked using current salary survey data; our goa	l is to provide the median salary
provide by sımılar organizations.	
Form 990 Part VI Section C Line 19	
All governing documents, conflict of interest policy, and financial statements are available to the	
upon request.	