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)

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.



Department of the Treasury Internal Revenue Service

AF	or the	2021 calendar year, or tax year beginning and	ending		
B c a	heck if pplicable	C Name of organization		D Employer identified	cation number
	Addres	HCU NETWORK AMERICA			
	Name chang	Doing business as		81-36460	06
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	15 SOUTH MALLORY AVENUE		630-360-2	2087
	termin ated			G Gross receipts \$	227,251.
	Ameno	BATAVIA, IL 60510		H(a) Is this a group re	turn
	Applic tion			for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	
IT	ax-exe	empt status: X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) (or 527		list. See instructions
		HCUNETWORKAMERICA.ORG		H(c) Group exemption	
		organization: X Corporation Trust Association Other ►	L Year		I State of legal domicile: PA
	nrt I	Summary	1		<u> </u>
	1	Briefly describe the organization's mission or most significant activities: SEE	SCHEDU	LE O	
Ce					
Governance	2	Check this box	ed of more	than 25% of its net ass	ets.
ver				3	7
ĝ		Number of independent voting members of the governing body (Part VI, line 1b)			6
		Total number of individuals employed in calendar year 2021 (Part V, line 12)		·····	1
ties				6	
Activities &		Total number of volunteers (estimate if necessary)			0.
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.
	a	Net unrelated business taxable income from Form 990-T, Part I, line 11			
				Prior Year	Current Year
ē		Contributions and grants (Part VIII, line 1h)		124,634.	134,958.
ent		Program service revenue (Part VIII, line 2g)		62,125.	87,300.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	6.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	1,111.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		186,759.	223,375.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		32,100.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		61,757.	62,992.
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25)	19.		
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		20,660.	36,683.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		114,517.	99,675.
		Revenue less expenses. Subtract line 18 from line 12		72,242.	123,700.
or			Be	ginning of Current Year	End of Year
lanc	20	Total assets (Part X, line 16)		291,845.	536,115.
Net Assets or	21	Total liabilities (Part X, line 26)	·····	25,890.	146,460.
Net	22	Net assets or fund balances. Subtract line 21 from line 20		265,955.	389,655.
	art II	Signature Block		,	,
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	s and stateme	ents, and to the best of my	knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			ano mougo una bonoi, it 13
a u0,	501100	יני מוום סטוויףוסנס. בסטומומנוסון סו ףוסטמיס (סנווסי נוומו סוווסטי) ום ממסט סוו מו וווסרוומנוסון סו אוו	ποτι μι σμαι σι		

Sign Here	Signature of officer MARGARET MCGLYNN, PRES Type or print name and title	IDENT	Date				
Paid	Print/Type preparer's name MICHAEL M. HARLAN	Preparer's signature	Date Check PTIN 08/11/22 self-employed P00002688	}			
Preparer	Firm's name 🕨 KUTCHINS, ROBBIN	S & DIAMOND, LTD.	Firm's EIN ▶ 36-3856676				
Use Only	Firm's address 1051 PERIMETER D	R. 9TH FLOOR					
	SCHAUMBURG, IL 6	0173	Phone no. $847 - 240 - 1040$				
May the I	May the IRS discuss this return with the preparer shown above? See instructions X Yes No						
			000				

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

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Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	PROVIDE INFORMATION AND RESOURCES TO PATIENTS WITH HCU;	CREATING	
	CONNECTIONS ACROSS PATIENTS; INFLUENCING POLICIES AND RE		•
	AND FUNDING RESEARCH FOR NEW THERAPIES.		/
	AND FONDING REDEARCH FOR NEW THERAFTED.		
2	Did the organization undertake any significant program services during the year which were not listed on the		V .
	prior Form 990 or 990-EZ?	Yes	A No
	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?	Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$68,711. including grants of \$) (Rever	nue\$87,	300.)
	PROVIDE INFORMATION AND RESOURCES TO PATIENTS WITH HCU;	CREATING	
	CONNECTIONS ACROSS PATIENTS; INFLUENCING POLICIES AND RE	IMBURSEMENTS	;
	AND FUNDING RESEARCH FOR NEW THERAPIES.		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$)
<u>م ۸</u>	Other program services (Describe on Schedule O)		
40	Other program services (Describe on Schedule O.)	١	
	(Expenses \$ including grants of \$) (Revenue \$ Total program service expenses ► 68,711.))	
4e	Total program service expenses 68 , 711.		
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 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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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 Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
Ŭ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		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? If "Yes," complete Schedule D, Part II	7		x
•	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			- 22
8				x
~	Schedule D, Part III	8		
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?			
	If "Yes," complete Schedule D, Part IV	9		X X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		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? If "Yes," complete Schedule D, Part VII	11b		X
с	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? If "Yes," complete Schedule D, Part VIII	11c		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? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		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)? If "Yes," complete Schedule D, Part X	11f		x
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		x
h	Was the organization included in consolidated, independent audited financial statements for the tax year?	124		
~	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13		13		X
13 14a		14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	<u>а</u>		<u> </u>
D D	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		116		x
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u>^</u>
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	4-		v
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			- v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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? If "Yes," complete Schedule G, Part I. See instructions	17		X 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? If "Yes," complete Schedule G, Part II	18	X	L
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21		X
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 Part IV
 Checklist of Required Schedules (continued)
 (continued)

	continued)			
22	Did the exception report more than \$5,000 of grants or other exciptions to ar for demostic individuals on		Yes	No
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 22, if "Year" complete Schedule I. Parts Lond III.	22		x
23	Part IX, column (A), line 2? <i>If</i> "Yes," <i>complete Schedule I, Parts I and III</i> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current	22		
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	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 lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete	0.5%		x
06	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes." complete Schedule L. Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
24	contributions? If "Yes," complete Schedule M	30		X X
31 32	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>	31		
32	Osharida N. Davidu	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
00	and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	200	х	
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Δ	I
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	
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	TV Statements Regarding Other IRS Filings and Tax Compliance (continued)				
20	Enter the number of employees reported on Earm $W/2$. Transmittel of W/a and Tax Statements			Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 1			
h	filed for the calendar year ending with or within the year covered by this return		2b	х	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax return		20	Δ	
0 -	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file. See instructions		0-		x
			3a		
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a				
b	financial account in a foreign country (such as a bank account, securities account, or other financial a If "Yes," enter the name of the foreign country		<u>4a</u>		X
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).			
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 transact	tion?	5b		X
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	e organization solicit			
	any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution				
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and service a payment in excess of \$75 made partly as a contribution and partly for goods and service as a	vices provided to the payor?	7a		X
b			7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa				
	to file Form 8282?	-	7c		x
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
9 h	If the organization received a contribution of qualified intellectual property, did the organization me roll If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		79 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
0	sponsoring organization have excess business holdings at any time during the year?				
^					
9	Sponsoring organizations maintaining donor advised funds.		0-		
a L			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
0	Section 501(c)(7) organizations. Enter:	10-			
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
1	Section 501(c)(12) organizations. Enter:				
а	Gross income from members or shareholders	11a			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against				
_	amounts due or received from them.)	11b			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>		
-	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
4a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedul	e O	14b		
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner	ation or			
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
6	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		X
	If "Yes," complete Form 4720, Schedule O.				
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in a	any			
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				
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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 on Schedule O. See instructions.

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

X

Sec	tion 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	1 a	.7	4		
	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 on Schedule 0.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	6	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	o with	any other			
	officer, director, trustee, or key employee?			2		<u>x</u>
3	Did the organization delegate control over management duties customarily performed by or under the					
				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 9			4		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass			5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	•				
	more members of the governing body?			7a		<u> </u>
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st					
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
а	The governing body?			<u>8a</u>	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			<u>10a</u>		X X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch					
				10b	37	<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	y befo	re filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y	, -			v	
	on Schedule O how this was done			12c	Х	v
13	Did the organization have a written whistleblower policy?			13		X X
14	Did the organization have a written document retention and destruction policy?			14		
15	Did the process for determining compensation of the following persons include a review and approva	li by in	dependent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			45-	х	
	The organization's CEO, Executive Director, or top management official			15a	л	x
D	Other officers or key employees of the organization			15b		
40-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.					
108	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangen taxable optitu during the year?			16-		x
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluat			<u>16a</u>		- 23
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ		•			
				16b		
Sec	exempt status with respect to such arrangements?					
17	List the states with which a copy of this Form 990 is required to be filed CA , IL , MA , MD , M	E N	V OH PA CO	MS	N.T	СТ
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, ar					
18	for public inspection. Indicate how you made these available. Check all that apply.	NU 990		s or iiy)	avaiidi	
			abadula ()			
19	Own website Another's website Image: Constraint of the cons		,	1 finan	rial	
19	statements available to the public during the tax year.	a mict (or interest policy, and	a 1111di 10	Jai	
20	State the name, address, and telephone number of the person who possesses the organization's boo	oke on	d records			
20	DANAE' BARTKE - 630-360-2087	no an				
	15 SOUTH MALLORY AVENUE, BATAVIA, IL 60510					
120000				Form	990	(2021)
132006	12-09-21 SEE SCHEDULE O FOR FULL LIST OF STATES					(2021)

2021.04012 HCU NETWORK AMERICA

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Form 990 (2021) HCU NETWORK AMERICA	81-3646006 Page 7										
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 Employee											
1a Complete this table for all persons required to be listed. Report compensation for the calendar ye	ending with or within the organization's tax year.										
 List all of the organization's current officers, directors, trustees (whether individuals or organiz 	ons), 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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.

See the instructions for the order in which to list the persons above.

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

Name and titleAverage hours per weekPosition (do not check more than one officer and a director/trustee)Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Reportable compensation from related organizations (W-2/1099-MISC/ 1099-NEC)Estimated amount of other compensation from related organizations(1) DANAE' BARTKE40.00xx58,516.0.0.(2) MARGARET MCGLYNN6.00xx0.0.0.(3) KRISTIN RAPP5.00xx0.0.0.TREASURER2.00xx0.0.0.(5) HARVEY LEVY2.00xx0.0.0.(6) MARK LEWIS1.00xx0.0.0.(7) BRITTANY PARKE2.00xx0.0.0.	(A)	(B)			(0	C)			(D)	(E)	(F)
hours per week (list any pour per week (list any pour per week (list any per per week (list any per per biol (list any per per per per per per per per per per			(do		Pos	ition					
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	(7) BRITTANY PARKE	2.00									
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			I								- 000 (

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	990 (2021) HCU NETWO									81-36	5460	06	Pa	age 8
Par	t VII Section A. Officers, Directors, Trus		ploy	ees,			ghes	t C	ompensated Employee	s (continued)				
	(A) Name and title	(B) Average hours per week	box offic	not c , unles	Pos heck i ss per	more rson i	1 than c is both pr/trus	n an	(D) Reportable compensation from	(E) Reportable compensatio from related	n	am	(F) timate ount o other	of
		(list any hours for related organizations below line)	Individual trustee or director	In stitutional trustee	Officer	Key em ployee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)		fro orga and	pensat om the anizati I relate nizatio	e on ed
	Subtotal								58,516.		0.			0.
	Total from continuation sheets to Part VI Total (add lines 1b and 1c)								0. 58,516.		0.			0.
2	Total number of individuals (including but n compensation from the organization	ot limited to th	ose	liste	d ab	ove	e) wh	o re	eceived more than \$100,	000 of reportable	•			0
3	Did the organization list any former officer,	director, truste	ee, k	ey e	empl	loye	e, or	hig	hest compensated emp	loyee on	Γ		Yes	No
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the su											3		X
5	and related organizations greater than \$150 Did any person listed on line 1a receive or a											4		X
Sec	rendered to the organization? If "Yes." com tion B. Independent Contractors	plete Schedule	e J fo	or su	ich i	pers	on .					5		Х
1	Complete this table for your five highest control the organization. Report compensation for the organization for the organization compensation compensation for the organization compensation compensation for the organization compensation c	•	•							•	ensatio	on fro	m	
	(A) Name and business	address	NC	ONE	2				(B) Description of s	ervices	Со	(C mpen) Isatior	ı
2	Total number of independent contractors (ii		nt lin	nitor	1 to 1	ther		ted	above) who received me	ore than				
2	\$100,000 of compensation from the organiz	•		met	0	(eu		ore unall	F	orm C	990 (2	0.21
											F			.021)

132008 12-09-21

			Check if Schedule O			onse	or note to any line	e in this Part VIII			
				201112				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated	(D) Revenue excluded
ts ts	1	а	Federated campaigns		1a						
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues								
<u> </u>		с	Fundraising events		1c		35,715.				
aifts ar A			Related organizations								
s, Dik			Government grants (contr								
ŝ			All other contributions, gifts,								
but			similar amounts not included				99,243.				
ē		g	Noncash contributions included in	lines 1a	a-1f 1g	\$					
aŭ		h	Total. Add lines 1a-1f				►	134,958.			
							Business Code				
θ	2	a	CONFERENCES,	COL	JRSES,		541700	84,125.	84,125.		
Program Service Revenue			NEWSLETTER		-		519100	2,175.	2,175.		
Ser		с	NETWORK AFFIL	IA	TE STA	Т	541700	1,000.	1,000.		
E S		d							-		
ß		е									
Pre		f	All other program service	reven	nue						
		g	Total. Add lines 2a-2f					87,300.			
	3	;	Investment income (incluc								
			other similar amounts)	-				6.			6.
	4	Ļ	Income from investment o								
	5	5	Royalties				ſ				
					(i) Rea	.1	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		с	Rental income or (loss)	6c							
		d	Net rental income or (loss)				>				
	7	a	a Gross amount from sales of (i) Securities			(ii) Other					
			assets other than inventory	7a							
		b	Less: cost or other basis								
e			and sales expenses	7b							
eni		с		7c							
Revenue			Net gain or (loss)				>				
er	8		Gross income from fundraisir								
₽₽			including \$35	,71	15. of						
			contributions reported on	line 1	Ic). See						
			Part IV, line 18			8a					
		b	Less: direct expenses			8b					
		с	Net income or (loss) from	fundr	aising ever	nts	►	1,099.			1,099.
	9	a	Gross income from gamin	g act	ivities. See						
			Part IV, line 19			9a					
		b	Less: direct expenses			9b					
		С	Net income or (loss) from	gamii	ng activitie	s	🕨				
	10	a	Gross sales of inventory, I	ess r	eturns						
			and allowances			10a					
		b	Less: cost of goods sold			10b					
		с	Net income or (loss) from	sales	of invento	ry	>				
G							Business Code				
e e	11	а	MISCELLANEOUS				900099	12.	12.		
ane		b									
scellaneo Revenue		с									
Miscellaneous Revenue		d	All other revenue								
-		е	Total. Add lines 11a-11d			<u></u>	►	12.			
	12	2	Total revenue. See instruction	ns			►	223,375.	87,312.	0.	1,105.
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Form 990 (2021) HCU NETWORK AMERICA Part VIII Statement of Revenue

Do r	not include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
7b,	8b, 9b, and 10b of Part VIII.	rotal expenses	expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
-	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members Compensation of current officers, directors,				
5	trustees, and key employees	58,516.	49,739.	7,022.	1,755.
6	Compensation not included above to disqualified	50,510.	± <i>J</i> ,755.	7,022.	1,755.
Ū	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
-	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	4,476.	3,804.	537.	135.
11	Fees for services (nonemployees):				
а	Management				
b	Legal	75.		75.	
с	Accounting	15,115.		15,115.	
d	Lobbying				
е	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 0.)	698.	698.		
12	Advertising and promotion				
13	Office expenses	613.		130.	483.
14	Information technology	138.		138.	
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PROGRAM SERVICES	14,470.	14,470.		
b	MISCELLANEOUS	5,073.		5,073.	
c	BANK FEES	501.		55.	446.
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	99,675.	68,711.	28,145.	2,819.
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)				

Form 990 (2021)

HCU NETWORK AMERICA Part IX Statement of Functional Expenses

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

Page 10 81-3646006

132010 12-09-21

12 2021.04012 HCU NETWORK AMERICA Form 990 (2021)

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

13 2021.04012 HCU NETWORK AMERICA

Form 990 (2021) Part X Balance Sheet HCU NETWORK AMERICA

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

		Check in Schedule O contains a response of note to any line in this	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	278,989.	1	511,932.
	2	Savings and temporary cash investments		2	
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	17,183.
	5	Loans and other receivables from any current or former officer, dire			
		trustee, key employee, creator or founder, substantial contributor, o			
				5	
	6	Loans and other receivables from other disqualified persons (as de			
	-	under section 4958(f)(1)), and persons described in section 4958(c)		6	
6	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
As	9	Prepaid expenses and deferred charges		9	
		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
	Ь	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	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			7,000.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	001 045		536,115.
	17	Accounts payable and accrued expenses		17	260.
	18	Grants payable		18	
	19	Deferred revenue		19	146,200.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule		21	
s	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, o	or 35%		
lide		controlled entity or family member of any of these persons		22	
Ë	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 th	ird		
		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		26	146,460.
		Organizations that follow FASB ASC 958, check here 🕨 🔀			
Ses		and complete lines 27, 28, 32, and 33.			
ano	27	Net assets without donor restrictions	260,505.	27	356,947.
Bal	28	Net assets with donor restrictions		28	32,708.
pu		Organizations that do not follow FASB ASC 958, check here			
Ъ		and complete lines 29 through 33.			
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds		29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
As	31	Retained earnings, endowment, accumulated income, or other fund		31	
Net	32	Total net assets or fund balances	265,955.	32	389,655.
_	33	Total liabilities and net assets/fund balances		33	536,115.

Form **990** (2021)

548500_1

Form	1990 (2021) HCU NETWORK AMERICA	81-	-3646006	Pag	_{ge} 12
Pa	rt 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	223		
2	Total expenses (must equal Part IX, column (A), line 25)	2			75.
3	Revenue less expenses. Subtract line 2 from line 1	3			00.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	265	5,9	<u>55.</u>
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	389	9,6	<u>55.</u>
Pa	rt 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: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	Х	
	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:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2 b		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?				X
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	igle Aud	dit		
	Act and OMB Circular A-133?		За		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			000	

Form **990** (2021)

SCHEDULE A	١
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Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2021
Open to Public Inspection

Nar	ne of	f the organization							identification number			
_			NETWORK AM						1-3646006			
Pa	art I	Reason for Public (Charity Status.	(All organizations must c	omplete th	nis part.) S	ee instruction	S.				
The	orga	anization is not a private found	lation because it is: (For lines 1 through 12, cl	neck only	one box.)						
1		A church, convention of ch	urches, or associatio	on of churches described	in sectio	n 170(b) (1	1)(A)(i).					
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Form	n 990).)							
3		A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(ii	ii).					
4] A medical research organiz	ation operated in co	njunction with a hospital	described	in sectio	on 170(b)(1)(A)	(iii). Enter	the hospital's name,			
		city, and state:										
5		An organization operated for	or the benefit of a co	llege or university owned	or operat	ed by a go	overnmental u	nit describe	ed in			
		section 170(b)(1)(A)(iv). (0	Complete Part II.)									
6		A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7		An organization that norma						e general p	oublic described in			
		section 170(b)(1)(A)(vi). (C			0			0 1				
8		A community trust describe		(1)(A)(vi). (Complete Parl	t II.)							
9		An agricultural research org				ed in coniu	unction with a	land-orant	college			
		or university or a non-land-g	-			-		-	-			
		university:		, , , , , , , , , , , , , , , , , , ,		, ,		0				
10												
	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.)											
11												
12												
	more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on											
		lines 12a through 12d that	-									
a		Type I. A supporting orga						-	aivina			
		the supported organization		-	• • • •	-						
		organization. You must o			, ,				11 5			
k	, [Type II. A supporting org	-		ion with it	s supporte	ed organizatio	n(s), by hay	vina			
		control or management o	-				-		•			
		organization(s). You mus						, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
c	: [Type III functionally inte			in connect	tion with, a	and functional	lv integrate	d with.			
	_	its supported organization						, ,				
c	ıГ	Type III non-functionally		-				ted organiz	zation(s)			
		that is not functionally int						•				
		requirement (see instruct	•	e ,			•					
e	, Г	Check this box if the orga	,	•				I. Type III				
		functionally integrated, or					· / - · · / - ·	., ., .,				
1	En	iter the number of supported of			9 - 9							
Ċ		ovide the following information	•	d organization(s).								
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount of	monetary	(vi) Amount of other			
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ir	structions)	support (see instructions)			
Tot	al											

Schedule A	(Form	990	202
		000	1202

8	1	- 3	6	4	6	0	0	6	Page 2	2
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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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
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)						
	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support			<u>.</u>			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources \dots						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stop	here					····· >
Se	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), c	ivided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	1 33 1/3% support test - 2021. If the o	organization did no	ot check the box o	on line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	ו <u>.</u> ו			▶∟
k	33 1/3% support test - 2020. If the c	organization did no	ot check a box on	line 13 or 16a, and	d line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			▶∟
17a	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	ie 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	s box and stop h e	ere. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a p	ublicly supported o	organization		
k	0 10% -facts-and-circumstances test	- 2020. If the org	anization did not	check a box on lin	ie 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne facts-and-circur	nstances test, che	eck this box and s	stop here. Explain i	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	y supported organi	zation	
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s ►
						Schedule A	(Form 990) 2021

132022 01-04-22

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

Sec	LION A. FUDIIC Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	151,686.	140,658.	162,296.	124,634.	134,958.	714,232.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose			62,500.	62,125.	87,300.	211,925.	
3	Gross receipts from activities that							
	are not an unrelated trade or bus- iness under section 513					4,975.	4,975.	
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
F								
5	The value of services or facilities furnished by a governmental unit to the organization without charge							
6	Total. Add lines 1 through 5	151,686.	140,658.	224,796.	186,759.	227,233.	931,132.	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons		108,650.	101,175.	48,850.	30,200.	288,875.	
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		100 650	101 185	40.050	75,000.	75,000.	
	Add lines 7a and 7b		108,650.	101,175.	48,850.	105,200.	363,875.	
8	Public support. (Subtract line 7c from line 6.)						567,257.	
		()	(1) 00 / 0	() == (=	()) 00000	()	(0	
	ndar year (or fiscal year beginning in) Amounts from line 6	(a) 2017 151,686.	(b) 2018 140,658.	(c) 2019 224,796.	(d) 2020 186,759.	(e) 2021 227,233.	(f) Total 931,132.	
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	131,000.	140,000	224,750	100,755	6.	6.	
b	Unrelated business taxable income (less section 511 taxes) from businesses							
	acquired after June 30, 1975					6.	6.	
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on					0.	0.	
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.)	151,686.	140,658.	224,796.	186,759.	227,239.	931,138.	
14	First 5 years. If the Form 990 is for th	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	/ear as a section 5	01(c)(3) organizatic	, n,	
Sec	check this box and stop here	c Support Per					>	
	Public support percentage for 2021 (I			column (f))		15	60.92 %	
16	Public support percentage from 2020	Schedule A, Part	III, line 15			16	64.44 %	
	tion D. Computation of Inves							
17	Investment income percentage for 20)21 (line 10c, colun	nn (f), divided by li	ne 13, column (f))		17	.00 %	
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%	
19a	33 1/3% support tests - 2021. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17		
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	b 33 1/3% support tests - 2020. 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%, che		•	-		-		
	Private foundation. If the organization	n did not check a l	box on line 14, 19a	a, or 19b, check th	is box and see ins		·····	
13202	132023 01-04-22 Schedule A (Form 990) 2021							

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3a

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? *If* "Yes." *complete Part I of Schedule L (Form 990).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

132024 01-04-21

3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

Schedule A (Form 990) 2021

18

Schedule A (Form 990) 2021	HCU	NETWORK	AMERICA
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Pa	t IV Supporting Organizations (continued)		
		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and		
	11c below, the governing body of a supported organization? 11a		
b	A family member of a person described on line 11a above? 11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide		
	detail in Part VI.		
Sec	tion B. Type I Supporting Organizations		
		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers.		

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

supervised, or controlled the supporting organization.

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

Section D. All Type in 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?	1				
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported					
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how					
	the organization maintained a close and continuous working relationship with the supported organization(s).	2				
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a					
	significant voice in the organization's investment policies and in directing the use of the organization's					
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's					
	aurorated experience played in this report	3				

Section E. Type III Functionally Integrated Supporting Organizations

1	Check the box next to the method that the org	anization used to satisfy	the Integral Part Test durin	a the year (see instructions).
-				

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** ____ The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

с		The organization supported a governmental entity.	Describe in Part VI how you supported a go	overnmental entity (see instruction <u>s).</u>
---	--	---	--	--

2 Activities Test. Answer lines 2a and 2b below.

the supported organization(s)

- **a** Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**

a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.*

Yes No

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Pa	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 qualifyi	ng trust on I	Nov. 20, 1970 (<i>explain in</i> I	Part VI). See instructions.	
	All other Type III non-functionally integrated supporting organizations mu				
Sect	ion 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			
Sect	ion 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			
е	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 0.015 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 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-function	ally integrate	ed Type III supporting orga	nization (see	

instructions).

Schedule A (Form 990) 2021

Schedule A (Form 990) 2021

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e Excess from 2021

Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2021	IS	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
a	From 2016				
b	From 2017				
C	From 2018				
d	From 2019				
e	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				

Schedule A (Form 990) 2021

 Schedule A (Form 990) 2021
 HCU NETWORK AMERICA

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

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Schedule A	(Form 990) 2021 HCU	NETWORK	AMERICA		81-3646006 Page 8
Part VI	Supplemental Information Part IV, Section A, lines 1, 2, 3b, line 1; Part IV, Section D, lines 2 a	3c, 4b, 4c, 5a, 6, and 3; Part IV, Se	9a, 9b, 9c, 11a, 1 ction E, lines 1c, 2	ed by Part II, line 10; Part II, line 17a 1b, and 11c; Part IV, Section B, line: 2a, 2b, 3a, and 3b; Part V, line 1; Par Also complete this part for any addit	s 1 and 2; Part IV, Section C, rt V, Section B, line 1e; Part V,
132028 01-04-2	2		22		Schedule A (Form 990) 2021

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities							OMB No. 1545-0047
(Form 990)	Complete if the	or if the	2021					
Department of the Treasury Attach to Form 990 or Form 990-EZ.					0-EZ.			Open to Public
Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification nu							•	
		WORK AMERICA					81-3646	
	complete this part	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E2	I filers are not
 a Mail solicitat b Internet and c Phone solicitat d In-person so 2 a Did the organization key employees list b If "Yes," list the 10 	ions email solicitations tations licitations on have a written o ed in Form 990, Pa I highest paid indiv	f Solicitat g Special or oral agreement with any individual art VII) or entity in connection with pr viduals or entities (fundraisers) pursu	tion of tion of fundra (includ	non-g gover iising ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?		Yes	
(i) Name and address of individua or entity (fundraiser)		(ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization	
			Yes	No	-			
Total				►				
		n is registered or licensed to solicit c	ontrib	utions	or has been notified	it is (exempt from re	egistration
LHA For Paperwork Re	eduction Act Noti	ice, see the Instructions for Form 9	90 or	990-E	Ζ.		Schedul	e G (Form 990) 2021

Schedule G (Form 990) 2021 HCU NETWORK AMERICA

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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 of fundraising event contribution n \$5 000

		of fundraising event contributions and gro				
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
			VIRTUAL RACE		6	(add col. (a) through
			(event type)	(event type)	(total number)	- col. (c))
Hevenue	1	Gross receipts	31,918.		8,772.	40,690
r	2	Less: Contributions	27,248.		8,467.	35,715
		Gross income (line 1 minus line 2)	4,670.		305.	4,975
	4	Cash prizes				
	5	Noncash prizes				
Denses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				
	9	Other direct expenses				3,876.
	-	Direct expense summary. Add lines 4 through			•	3,876
		Net income summary. Subtract line 10 from li				1,099
Peverine		-	(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c
╧┥	1	Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
\downarrow	5	Other direct expenses			N 0/	
	6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes % └── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		►	
- I					•	
	8	Net gaming income summary. Subtract line 7	' from line 1, column (d)			<u> </u>
<u> </u>						1
а	Ent Is t	er the state(s) in which the organization conduct he organization licensed to conduct gaming ac	ucts gaming activities: ctivities in each of these s	states?		Yes No
а	Ent Is t	er the state(s) in which the organization condu	ucts gaming activities: ctivities in each of these s	states?		Yes No
a b Da	Ent Is t If "I We	er the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain: re any of the organization's gaming licenses re	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax y		
a b a	Ent Is t If "I We	ter the state(s) in which the organization conduct he organization licensed to conduct gaming a No," explain:	ucts gaming activities: ctivities in each of these s evoked, suspended, or te	states? rminated during the tax y		

Sch	edule G (Form 990) 2021	HCU NETWORK	AMERICA	81-3646006 Page 3
			nembers?	
12	Is the organization a grantor, ber	neficiary or trustee of a true	st, or a member of a partnership or other entity forme	d
	to administer charitable gaming?	?		
	Indicate the percentage of gamir			1 1
14	Enter the name and address of t	he person who prepares th	ne organization's gaming/special events books and re	cords:
	Name 🕨			
	Address 🕨			
15a	Does the organization have a co	ntract with a third party frc	om whom the organization receives gaming revenue?	Yes 🛄 No
b	If "Yes." enter the amount of gar	ming revenue received by t	the organization 🕨 \$ and the	amount
	of gaming revenue retained by th			
с	If "Yes," enter name and address			
	Name			
	Address 🕨			
16	Gaming manager information:			
	Nama 🕨			
	Name			
	Gaming manager compensation	► \$		
	Description of services provided	▶		
	Director/officer	Employee	Independent contractor	
17	Mandatory distributions:			
а	Is the organization required unde	er state law to make charita	able distributions from the gaming proceeds to	
	retain the state gaming license?			Yes No
b		•	to be distributed to other exempt organizations or sp	ent in the
Pa	organization's own exempt activ rt IV Supplemental Info			d (.); and Dart III, lines 0, 0h, 10h
га			planations required by Part I, line 2b, columns (iii) and any additional information. See instructions.	1 (V); and Part III, lines 9, 90, 100,
	150, 150, 10, and 175, a			
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	Supplemental Informa	(continued)		
				Osta tota O/F
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SCHEDULE O (Form 990)

Name of the organization

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 Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.



HCU NETWORK AMERICA

Employer identification number 81 - 3646006

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

PROVIDE INFORMATION AND RESOURCES TO PATIENTS WITH HCU; CREATING

CONNECTIONS ACROSS PATIENTS; INFLUENCING POLICIES AND REIMBURSEMENTS;

AND FUNDING RESEARCH FOR NEW THERAPIES.

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

AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM (CPA) PREPARES THE

ORGANIZATION'S FORM 990 AND SUBMITS THE FORM TO THE EXECUTIVE DIRECTOR,

TREASURER, AND PRESIDENT FOR REVIEW. QUESTIONS AND COMMENTS ON THE FORM ARE

DIRECTED BACK TO THE CPA FOR RESOLUTION. AFTER ALL DISCUSSION POINTS ARE

RESOLVED, THE FORMS ARE FINALIZED AND PROVIDED TO THE EXECUTIVE DIRECTOR

AND PRESIDENT FOR FINAL REVIEW AND SIGNATURE.

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

ALL BOARD MEMBERS ARE REQUIRED TO ACKNOWLEDGE AND ACCEPT THE CONFLICT OF INTEREST POLICY ANNUALLY. ALL BOARD MEMBERS ARE REQUIRED TO DISCLOSE CONFLICTS AND POTENTIAL CONFLICTS IN WRITING ANNUALLY. IF AN INDIVIDUAL IS DEEMED AS HAVING A CONFLICT OF INTEREST, THE INDIVIDUAL WILL NOT VOTE OR PARTICIPATE IN AN ACTIVITY INVOLVING THE CONFLICT OF INTEREST.

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

COMPENSATION FOR THE EXECUTIVE DIRECTOR IS APPROVED BY THE BOARD OF

DIRECTORS.

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

CA, IL, MA, MD, ME, NY, OH, PA, CO, MS, NJ, CT, SC, VA

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 31

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DOCUMENTS AVAILABLE UPON REQ	
FORM 990, PART VI, SECTION C	TITNE 19:

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Employer identification number

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Schedule O (Form 990) 2021

HCU NETWORK AMERICA

Name of the organization