## 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.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury

A For the 2022 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change HCU NETWORK AMERICA Name Ichange 81-3646006 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 15 SOUTH MALLORY AVENUE 630-360-2087 552,699. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ BATAVIA, IL 60510 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MARGARET MCGLYNN Yes X No for subordinates? ..... SAME AS C ABOVE **H(b)** Are all subordinates included? Yes Tax-exempt status: X 501(c)(3) 501(c) ( 527 (insert no.) 4947(a)(1) or If "No," attach a list. See instructions HCUNETWORKAMERICA.ORG **H(c)** Group exemption number K Form of organization: X Corporation Trust Other L Year of formation: 2016 M State of legal domicile: PA Association Part I Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance 2 if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7h Prior Year **Current Year** 134,958. 294,675. Contributions and grants (Part VIII, line 1h) 8 Revenue 87,300. 248,800. Program service revenue (Part VIII, line 2g) 6. 35. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 .111. 4,518. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 223,375. 548,028. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 64,000. 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 62,992. 67,086. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 36,683. 160,194.17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 99,675. 291,280. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 123,700. 256,748. Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 536,115. 813,068. 20 Total assets (Part X, line 16) 146,460. 166,665. 21 Total liabilities (Part X, line 26) 389,655. 646,403 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MARGARET MCGLYNN, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature 06/01/23 if self-employed P00002688 MICHAEL M. HARLAN Paid KUTCHINS, ROBBINS & DIAMOND, Firm's EIN 36-3856676 Preparer Firm's name Firm's address 1051 PERIMETER DR. 9TH FLOOR Use Only Phone no. 847-240-1040 SCHAUMBURG, IL 60173

X Yes

May the IRS discuss this return with the preparer shown above? See instructions

	1 990 (2022) HCU NETWORK AMERICA	81-3646006	Page 2
Pa	rt 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.	•	
2	Did the organization undertake any significant program services during the year which were not listed on the		
_	prior Form 990 or 990-EZ?	Yes [	X No
	If "Yes," describe these new services on Schedule O.		
2	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes	X No
3		L Yes [	A 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		_
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses, and	d
	revenue, if any, for each program service reported.		
4a			<u> 302.</u> )
	PROVIDE INFORMATION AND RESOURCES TO PATIENTS WITH HCU;		
	CONNECTIONS ACROSS PATIENTS; INFLUENCING POLICIES AND RE	<u>:IMBURSEMENTS;</u>	
	AND FUNDING RESEARCH FOR NEW THERAPIES.		
	-		
4b	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	)
4c	(Out) \(\sigma_{\text{constant}}\) \(\sigma_{\text{constant}}\)		
40	(Code:) (Expenses \$ including grants of \$) (Rever	nue \$	,
4d	Other program services (Describe on Schedule O.)		
<del>-t</del> u		1	
40	(Expenses \$ including grants of \$ ) (Revenue \$  Total program service expenses 255,111.		
<u>4e</u>	Total program service expenses 255, 111.	QC	0 (2022)
		FUIII 33	· • (CUCC)

11/60601 1610/1 6/0600

## Form 990 (2022) HCU NETWORK AMERICA 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	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	X	
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		Х
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		Х
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		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
·	provide advice on the distribution or investment of amounts in such funds or accounts? 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,	ГŬ		<del></del>
•	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? <i>If</i> "Yes," <i>complete</i>			1
8	, ,	ا ا		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
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		Х
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		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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			
124	Schedule D, Parts XI and XII	12a		x
h		IZa		1
ь	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E			X
13	Did the appropriation projection of the control of the Heiland Oletes O	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u> </u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	ا ا	v	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	X	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any		37	
	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			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> X</u>
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		<u> </u>
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	<u> </u>
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		Х
b		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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Form **990** (2022)

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# Form 990 (2022) HCU NETWORK AMERICA Part IV Checklist of Required Schedules (continued)

	· · · · · · · · · · · · · · · · · · ·		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 2? If "Yes," complete Schedule I, Parts I and III	22		<u>X</u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			7.7
	Schedule J	23		<u> </u>
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	24a		х
h	Schedule K. If "No," go to line 25a	24b		
	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		
25 a	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			
	Schedule L, Part I	25b		<u>X</u>
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%	00		Х
27	controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i> Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	26		
21	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? <i>If</i> "Yes," <i>complete Schedule L, Part III</i>	27		Х
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		<u>X</u>
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? If "Yes," complete Schedule M	29		<u>X</u>
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		Х
31	contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
	Schedule N, Part II	32		Х
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		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>X</u>
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?	26		Х
37	If "Yes," complete Schedule R, Part V, line 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
		38	Х	
Par	Note: All Form 990 filers are required to complete Schedule O  t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
	1 1 -		Yes	No
	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 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	4	Х	
	(gambling) winnings to prize winners?	1c	47	

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MCU NETWORK AMERICA
Statements Regarding Other IRS Filings and Tax Compliance (continued) Page 5 Part V

			Yes	No					
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								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
За									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		<u> </u>					
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		X					
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	, , , , , , , , , , , , , , , , , , , ,	5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		<del></del>					
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			v					
	any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>					
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Ch							
7	were not tax deductible?  Organizations that may receive deductible contributions under section 170(c).	6b							
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		х					
a b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b							
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	10							
٠	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 contract?	7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
h									
8									
	sponsoring organization have excess business holdings at any time during the year?								
9	9 Sponsoring organizations maintaining donor advised funds.								
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	<b>b</b> Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?								
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12	_							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders 11a	_							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
100	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	10-							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
	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.	104							
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								
С	Enter the amount of reserves on hand								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		X					
	If "Yes," see the instructions and file Form 4720, Schedule N.								
16	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.								
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in 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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HCU NETWORK AMERICA 81-3646006 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 **Section A. Governing Body and Management** No Yes 8 **1a** Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. **b** Enter the number of voting members included on line 1a, above, who are independent ..... Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Did the organization have members or stockholders? 6 Х 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? Х 7a **b** Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Х a The governing body? 8a **b** Each committee with authority to act on behalf of the governing body? Х 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes." provide the names and addresses on Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes Nο Х 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Х 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Х 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 to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe Х 12c on Schedule O how this was done Did the organization have a written whistleblower policy? Х 13 13 Did the organization have a written document retention and destruction policy? Х 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a Х 15b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed CA, IL, MA, MD, ME, NY, OH, PA, CO, MS, NJ, CT Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. X Upon request \_\_ Other (explain on Schedule O) Own website Another's website Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records

> SEE SCHEDULE O FOR FULL LIST OF STATES

BATAVIA

Form **990** (2022)

IL

DANAE' BARTKE - 630-360-2087 SOUTH MALLORY AVENUE,

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

- 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.

(A) Name and title	(B) Average hours per	box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation	(E) Reportable compensation	(F) Estimated amount of			
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee		from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) DANAE' BARTKE EXECUTIVE OFFICER/SECRETAR	40.00	x		х				62,319.	0.	0.
(2) MARGARET MCGLYNN	6.00							02,317.	0.	0 •
PRESIDENT		х		х				0.	0.	0.
(3) KRISTIN RAPP	5.00									
TREASURER		X		Х				0.	0.	0.
(4) KIMBERLY CHAPMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(5) HARVEY LEVY	2.00									
DIRECTOR		Х						0.	0.	0.
(6) MARK LEWIS	1.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) BRITTANY PARKE	2.00									
DIRECTOR		Х						0.	0.	0.
(8) JONATHON DEVEAUX	2.00									
DIRECTOR		Х						0.	0.	0.
		-								
		-								

Part	Occilon A. Onicers, Directors, 1143		oloy	ees,			ghes	st C		•	
	(A)	(B)	(C)				(D)	(E)	(F)		
	Name and title	Average	Position (do not check more than one					one	Reportable	Reportable	Estimated
		hours per					is both or/trus		compensation	compensation	amount of
		week (list any	officer and a director/trustee) from							from related	other
		hours for	director				_		organization	organizations (W-2/1099-MISC/	compensation from the
		related	e 0r (	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization
		organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
		below	Individual trustee or	Institutional trustee	<u>ا</u>	Key employee	Highest compensated employee	le.	,		organizations
		line)	Indiv	Instit	Officer	Key e	High	Former			
1b	Subtotal								62,319.	0.	0.
	Total from continuation sheets to Part VI								0.	0.	
	Total (add lines 1b and 1c)								62,319.	0.	0.
	Total number of individuals (including but n										
_	compensation from the organization	or invited to the	000		<b>u</b> u.	,,,,	,	0.0	, solved more than \$100,		0
	osmponeation normalic organization										Yes No
3	Did the organization list any <b>former</b> officer,	director truste	مم ا	(ev e	mnl	OVE	e or	hia	hest compensated empl	lovee on	
Ū	line 1a? If "Yes," complete Schedule J for si	•		•		•	-	•		•	3 X
4	For any individual listed on line 1a, is the su										
•	and related organizations greater than \$150										4 X
5	Did any person listed on line 1a receive or a										
•	rendered to the organization? If "Yes." com					,			· ·		5 X
Sect	ion B. Independent Contractors	piete Schedule	<i>,</i> 0 1	UI SL	ICIT L	<i>)</i> 6/3	OII .				<u> </u>
	Complete this table for your five highest co	mpensated ind	lene	nde	nt co	ntr	acto	rs th	nat received more than \$	100 000 of compens	ation from
•	the organization. Report compensation for										
	(A)		- C		· <u>g</u> ···				(B)		(C)
	Name and business	address	NO	INC	3				Description of s	ervices	Compensation
								$\neg$			
								$\neg$			
								$\dashv$			
2	Total number of independent contractors (in	ncluding but p	ot lin	niter	t to t	thos	se lie	ted	above) who received mo	ore than	
_	\$100,000 of compensation from the organization	ŭ	J. 111			(	_			S triair	
											Form <b>990</b> (2022)

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art VIII	Statement of	Revenue
----------	--------------	---------

		Check if Schedule O contains a response or	note to any line	e in this Part VIII			
		onsolvii consolui e comaine a respense o		(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
					function revenue	business revenue	sections 512 - 514
· · ·	4 .	a Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts	' '						
رِيَّ جَا اع ق			56,403.				
ts, An	•		30,403.				
ig ig	,	d Related organizations 1d					
ns,	•	e Government grants (contributions) 1e					
e ë	1	f All other contributions, gifts, grants, and					
혈퓦			38,272.				
dit	!	g Noncash contributions included in lines 1a-1f 1g \$					
<u>5 g</u>		h Total. Add lines 1a-1f		294,675.			
		<u> </u>	Business Code				
e l	2 :	a CONFERENCES, COURSES,	541700	242,500.	242,500.		
ξ	- 1	b NEWSLETTER	900099	3,300.	3,300.		
Se		c NETWORK AFFILIATE STAT	541700	3,000.	3,000.		
am		d					
Program Service Revenue		e					
4	1	f All other program service revenue					
		g Total. Add lines 2a-2f		248,800.			
	3	Investment income (including dividends, interest					
		other similar amounts)		35.			35.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
	_	(i) Real	(ii) Personal				
	6	a Gross rents 6a	. ,				
		b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
	•	assets other than inventory 7a	(-7				
		b Less: cost or other basis					
۵							
Ĭ.							
e		. ,					
her Revenue		d Net gain or (loss)					
	8	a Gross income from fundraising events (not including \$ 56,403. of					
ŏ							
		contributions reported on line 1c). See	0 107				
		Part IV, line 18 8a	9,187. 4,671.				
		b Less: direct expenses 8b	4,0/1.	1 E16			1 E16
		c Net income or (loss) from fundraising events		4,516.			4,516.
	9 :	a Gross income from gaming activities. See					
		Part IV, line 19 9a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory					
<u>o</u>		<u> </u>	Business Code				
e en	11 :	a MISCELLANEOUS	900099	2.	2.		
Miscellaneous Revenue	١	b					
Sel Sel	•	c					
ĭ≅∃	(	d All other revenue					
	(	e Total. Add lines 11a-11d		2.	0.40 0.00		4 ==4
	12	Total revenue. See instructions		548,028.	248,802.	0.	4,551.

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Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (**D**)
Fundraising (C) Management and general expenses Do not include amounts reported on lines 6b. Program service expenses Total expenses 7b, 8b, 9b, and 10b of Part VIII. expenses Grants and other assistance to domestic organizations 28,000. 28,000. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 ....... 36,000. 36,000. Benefits paid to or for members ..... Compensation of current officers, directors, 62,319. 49,855. 9,348. 3,116. trustees, and key employees Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits ..... 9 4,767. 3,814. 715. 238. 10 Payroll taxes Fees for services (nonemployees): Management 95. 95. Legal 12,692. 12,692. Accounting Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees ..... Other. (If line 11g amount exceeds 10% of line 25, 4,183. 4,183. column (A), amount, list line 11g expenses on Sch O.) Advertising and promotion 12 576. 167. 409. Office expenses 13 Information technology 14 Royalties 15 16 Occupancy 26. 26. 17 Travel 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... Conferences, conventions, and meetings 19 20 Payments to affiliates 21 Depreciation, depletion, and amortization ..... 22 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 O.) 133,233. 133,233. PROGRAM SERVICES LICENSES AND PERMITS 7,100. 7,100. 1,883. 1,283. 600. MISCELLANEOUS 406. 48. 358. d BANK FEES e All other expenses 291,280. 255,111. 31,448. 4,721. Total functional expenses. Add lines 1 through 24e 25 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)

Par	t X	Balance Sheet				
		Check if Schedule O contains a response or r	note to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		511,932.	1	689,028
	2	Savings and temporary cash investments		2		
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		17,183.	4	122,240
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
		controlled entity or family member of any of the	nese persons		5	
	6	Loans and other receivables from other disqu	alified persons (as defined			
		under section 4958(f)(1)), and persons describ	oed in section 4958(c)(3)(B)		6	
2	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
Ĭ	9	Description of the second seco			9	
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D	10a			
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		11		
	12	Investments - other securities. See Part IV, lin		12		
	13	Investments - program-related. See Part IV, lir	ne 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11	7,000.	15	1,800	
	16	Total assets. Add lines 1 through 15 (must e	qual line 33)	536,115.	16	813,068
	17	Accounts payable and accrued expenses	260.	17	66!	
	18	Grants payable			18	
	19	Deferred revenue	146,200.	19	166,000	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple	te Part IV of Schedule D		21	
3	22	Loans and other payables to any current or for	ormer officer, director,			
		trustee, key employee, creator or founder, su	bstantial contributor, or 35%			
Liabilities		controlled entity or family member of any of the	nese persons		22	
۱	23	Secured mortgages and notes payable to unr			23	
	24	Unsecured notes and loans payable to unrela	ted third parties		24	
	25	Other liabilities (including federal income tax,	payables to related third			
		parties, and other liabilities not included on lin	nes 17-24). Complete Part X			
				1.16.160	25	1.66.66
	26	Total liabilities. Add lines 17 through 25		146,460.	26	166,665
,		Organizations that follow FASB ASC 958, o	heck here X			
2		and complete lines 27, 28, 32, and 33.		256 047		F0C 020
7	27	Net assets without donor restrictions		356,947.	27	506,026
ַ בַ	28	Net assets with donor restrictions		32,708.	28	140,377
Ĭ		Organizations that do not follow FASB ASC	958, check here			
-		and complete lines 29 through 33.				
١	29	Capital stock or trust principal, or current fun			29	
200	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets of Fully Balances	31	Retained earnings, endowment, accumulated		200 655	31	646 400
Z	32	Total net assets or fund balances		389,655.	32	646,403
	33	Total liabilities and net assets/fund balances		536,115.	33	813,068 Form <b>990</b> (20)

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	5	48,	028.		
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	91,	280.		
3							
4							
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	6	46,	403.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
	•			Ye	s 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	Ο.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a X	:		
	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	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	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2	С	X		
	If the organization changed either its oversight process or selection process during the tax year, explain on Scho	edule C	). <u> </u>				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the						
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3	а	X		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3	b			

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

HCU NETWORK AMERICA 81-3646006 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 X 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 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 on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations										
<b>g</b> Provide the following information										
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed ng document?	(v) Amount of monetary	(vi) Amount of other				
organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see instructions)	support (see instructions)				
		, , , , , , , , , , , , , , , , , , , ,								
Total										

### 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.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(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						
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	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First 5 years. If the Form 990 is for the	· ·			•	. , ,	
800	organization, check this box and stor						
	etion C. Computation of Publi			1 (6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the control of the control o					15	%
IOa	stop here. The organization qualifies	-					
h	33 1/3% support test - 2021. If the o		ŭ			or more, check this	
b	and <b>stop here.</b> The organization qual	-					
170	10% -facts-and-circumstances test	•	· · · · · · · · · · · · · · · · · · ·			and line 14 is 10% o	
ıı d	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	viriow the organiza	
h	10% -facts-and-circumstances test	-	-			 17a_and line 15 is 1	
b	more, and if the organization meets the	_					0/0 OI
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-		•		
10	Titale roundation. If the organization	n did not oneon a l	SOA OIT III TO, TO	a, 100, 17a, 01 17k	, or con tries box a		Form 990) 2022

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#### 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.)

Sed	ction A. Public Support									
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Gifts, grants, contributions, and									
	membership fees received. (Do not									
	include any "unusual grants.")	140,658.	162,296.	124,634.	134,958.	294,675.	857,221.			
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.	248,800.	460.725.			
3	Gross receipts from activities that		02,000	02,123	- · · · · · · · ·					
3	are not an unrelated trade or bus- iness under section 513				4,975.	9,187.	14,162.			
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf									
5	The value of services or facilities furnished by a governmental unit to the organization without charge									
6	Total. Add lines 1 through 5	140,658.	224,796.	$186,7\overline{59}$ .	227,233.	$552,6\overline{62}$ .	1332108.			
	Amounts included on lines 1, 2, and 3 received from disqualified persons  Amounts included on lines 2 and 3 received	108,650.	101,175.	48,850.	30,200.	25,000.	313,875.			
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year					164,573.	239,573.			
c	Add lines 7a and 7b	108,650.	101,175.	48,850.	105,200.	189,573.	553,448.			
	Public support. (Subtract line 7c from line 6.)						778,660.			
Sec	ction B. Total Support				,	1				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total			
	Amounts from line 6	140,658.	224,796.	186,759.	227,233.	552,662.	1332108.			
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources		_		6.	35.	41.			
b	Unrelated business taxable income						<del></del>			
	(less section 511 taxes) from businesses acquired after June 30, 1975									
	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				6.	35.	41.			
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.)	140,658.	224,796.	186,759.	227,239.	552,697.	1332149.			
14	First 5 years. If the Form 990 is for the	e organization's fir	st, second, third, f	ourth, or fifth tax y	ear as a section 50	01(c)(3) organizatio	n,			
	ction C. Computation of Publi						EO 4E			
	Public support percentage for 2022 (li	, (,,	,	olumn (f))		15	58.45 % 60.92 %			
	Public support percentage from 2021					16	60.92 %			
	Section D. Computation of Investment Income Percentage  17 Investment income percentage for 2022 (line 10c, column (f), divided by line 13, column (f))									
						18	.00 %			
	8 Investment income percentage from 2021 Schedule A, Part III, line 17									
.56							X			
b	more than 33 1/3%, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organizationX <b>b</b> 33 1/3% support tests - 2021. 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%, chec									
20	Private foundation If the organization			•		ŭ				

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Schedule A (Form 990) 2022

#### Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of 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.)

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		

Schedule A (Form 990) 2022

E10E00

Par	t IV   Supporting Organizations (continued)			
	• • • • • • • • • • • • • • • • • • • •		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
	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.	11c		
Sect	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,			
	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.	1		
	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.	2		
	tion C. Type II Supporting Organizations	•		
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	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		
	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 <b>Part VI</b> the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	s).		
а	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 governmental entity (see	instruction	ıs).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	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.	2a		
	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.	2b		
	Parent of Supported Organizations. <b>Answer lines 3a and 3b below.</b>			
	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.	3a		
	Did the organization exercise a substantial degree of direction over the policies programs and activities of each			

3b | Schedule A (Form 990) 2022

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of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2022 HCU NETWORK AMERICA			81-3646006 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting	Orga	nizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	trust or	n Nov. 20, 1970 ( explain	in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must c		•	•
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	tion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	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		

Schedule A (Form 990) 2022

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

Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions).

5

6

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continue	ed)	,
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 exemp	<u> </u>			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	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 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022	s	Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
a	From 2017				
b	From 2018				
С	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2018				
b	Excess from 2019				
с	Excess from 2020				
d	Excess from 2021				
е	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022

#### SCHEDULE F (Form 990)

#### **Statement of Activities Outside the United States**

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

Attach to Form 990.

2022
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OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Name of the organization

HCU NETWORK AMERICA

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

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

X Yes No

For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) (a) Region (b) Number of (c) Number of (d) Activities conducted in the region (e) If activity listed in (d) (f) Total employees, agents, and expenditures offices (by type) (such as, fundraising, prois a program service, for and in the region gram services, investments, grants to describe specific type independent investments contractors of service(s) in the region recipients located in the region) in the region in the region EUROPE (INCLUDING 36,000. ICELAND & GREENLAND) GRANTS TO ORGANIZATIONS RESEARCH 0 0 36,000. 3 a Subtotal **b** Total from continuation 0 sheets to Part I ..... c Totals (add lines 3a 36,000. and 3b)

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Schedule F (Form 990) 2022

81-3646006

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

(i) Method of valuation (book, FMV, appraisal, other)					1	Schedule F (Form 990) 2022
(n) Description of noncash assistance						Sched
(g) Amount of noncash assistance	.0				•	
(f) Manner of cash disbursement	СНЕСК				ecognized as a tax ivalency letter	
(e) Amount of cash grant	32,000.				oreign country, r ion 501(c)(3) equ	
(d) Purpose of grant	RESEARCH				Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	
(c) Region	EUROPE (INCLUDING ICELAND & GREENLAND)				is listed above that are re or for which the grantee o	r entities
(b) IRS code section and EIN (if applicable)					recipient organizatior nization by the IRS, o	other organizations o
1 (a) Name of organization					2 Enter total number of rexempt 501(c)(3) organ	3 Enter total number of other organizations or entities

Page 3

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Schedule F (Form 990) 2022

Part III Grants and Other

HCU NETWORK AMERICA

Part III can be duplicated if additional space is needed.

(h) Method of valuation (book, FMV, appraisal, other)					Schediile E (Eorm 990) 2022
(g) Description of noncash assistance					Sch
(f) Amount of noncash assistance					
(e) Manner of cash disbursement					
(d) Amount of cash grant					
(c) Number of recipients					
(b) Region					
(a) Type of grant or assistance (b) Region					

Page 4

### Part IV Foreign Forms

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

Schedule F (Form 990) 2022

Schedule F (Form 990) 2022

## SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

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

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

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Name of the organization HCU NETWORK AMERICA							Employer identification number 81-3646006			
Part I Fundraising Activities.	Complete if the organization answe	red "Y	es" or	n Form 990, Part IV, li						
required to complete this part  1 Indicate whether the organization rais  a Mail solicitations  b Internet and email solicitations  c Phone solicitations  d In-person solicitations  2 a Did the organization have a written o  key employees listed in Form 990, Pa  b If "Yes," list the 10 highest paid indiv  compensated at least \$5,000 by the	ed funds through any of the following e Solicitat f Solicitat g Special r oral agreement with any individual art VII) or entity in connection with priduals or entities (fundraisers) pursua	ion of ion of fundra (includ	non-governising of onal fu	overnment grants nment grants events ficers, directors, trust undraising services?		Yes				
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization			
		Yes	No							
S List all states in which the organization or licensing.	n is registered or licensed to solicit c		utions	or has been notified	it is e	exempt from req	gistration			

232081 10-27-22

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Schedule G (Form 990) 2022

81-3646006 Page 2 HCU NETWORK AMERICA Schedule G (Form 990) 2022 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 **(b)** Event #2 (c) Other events (d) Total events (add col. (a) through VIRTUAL RACE col. (c)) (event type) (event type) (total number) 56,890. 8,700. 65,590. Gross receipts 1 6,288. 50,115. 56,403. 2 Less: Contributions 6,775 2,412. 9,187. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expenses 6 Rent/facility costs 7 Food and beverages 8 Entertainment 4,671. Other direct expenses **10** Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue col. (a) through col. (c)) bingo/progressive bingo Gross revenue 2 Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes Yes Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states?

Schedule G (Form 990) 2022

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

**b** If "No," explain:

**b** If "Yes," explain:

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Sch	edule G (Form 990) 2022	ICU NETWORK AMERICA	81-	3646006	Page <b>3</b>
11	Does the organization conduct ga	ng activities with nonmembers?		Yes	No No
12			of a partnership or other entity formed	Yes	□No
13	Indicate the percentage of gaming				
				13a	%
				13b	%
14	Enter the name and address of the	erson who prepares the organization's	gaming/special events books and records:		
	Name				
	Address				
15a	Does the organization have a conf	ct with a third party from whom the org	ganization receives gaming revenue?	Yes	No
k	If "Yes," enter the amount of gam	revenue received by the organization	\$ and the amount		
	of gaming revenue retained by the	ird party \$			
c	If "Yes," enter name and address	he third party:			
	Name				
	Address				
16	Gaming manager information:				
	Name				
	Gaming manager compensation	\$			
	Description of services provided				
	Director/officer	Employee Indepe	endent contractor		
17	Mandatory distributions:				
a	•	ate law to make charitable distribution	s from the gaming proceeds to		
	retain the state gaming license?			Yes	L No
k			to other exempt organizations or spent in the		
Pa	organization's own exempt activiti		red by Part I, line 2b, columns (iii) and (v); and P	ort III. linno O	0h 10h
	•	plicable. Also provide any additional in	•	art III, IIIIes 5,	90, 100,
	, ,	,			
_					

Schedule G	(Form 990) HCU NETWORK AMERICA  Supplemental Information (continued)	81-3646006 Page 4
Part IV	Supplemental Information (continued)	

# SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

% ⊠ **Employer identification number** 81-3646006 (h) Purpose of grant or assistance Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any RESEARCH RESEARCH Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 0 Ö (e) Amount of assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. 8,000 (d) Amount of 20,000 cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 501(C)(3) 501(C)(3) Enter total number of other organizations listed in the line 1 table HCU NETWORK AMERICA 04-3167352 13-3223946 General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization UMASS CHAN MEDICAL SCHOOL or government Name of the organization WORCESTER, MA 01605 55 KENOSIA AVENUE CT 06810 55 LAKE NORTH DANBURY, Part I Part II

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Schedule I (Form 990) 2022

Page 2

(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other)			information.				Schedule I (Form 990) 2022
(d) Amount of non-cash assistance (book			; and any other additiona				
(c) Amount of cash grant			2; Part III, column (b)				38
(b) Number of recipients			ired in Part I, line				
(a) Type of grant or assistance			Part IV   Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.				232102 10-31-22

#### SCHEDULE O (Form 990)

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.

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

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.

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Name of the organization HCU NETWORK AMERICA	Employer identification number 81-3646006
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FORM 990, PART VI, SECTION C, LINE 19:	
DOCUMENTS AVAILABLE UPON REQUEST.	