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Independent Member BKR International

## **PUBLIC INSPECTION COPY**

# EXTENDED TO NOVEMBER 15, 2024 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Α	For the	2023 calendar year, or tax year beginning and e	ending								
В	Check if applicable	C Name of organization		D Employer identific	cation number						
	Addres	HCU NETWORK AMERICA									
	Name change			81-36460	06						
	Initial return Final return/	Number and street (or P.O. box if mail is not delivered to street address)  15 SOUTH MALLORY AVENUE	Room/suite	E Telephone number 630-360-2087							
	termin- ated			G Gross receipts \$	551,877.						
	Ameno	BATAVIA, IL 60510		H(a) Is this a group re							
	Applic tion			for subordinates	? Yes X No						
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No						
<u>L</u>	Tax-exe	empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1) o	or 527	If "No," attach a	list. See instructions						
	Websit			H(c) Group exemption							
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: $2016$ N	${f I}$ State of legal domicile: ${f PA}$						
P	art I	Summary									
9	1	Briefly describe the organization's mission or most significant activities: PROVI	IDE IN	FORMATION A	ND GG						
Governance	1 .	RESOURCES TO PATIENTS WITH HCU; CREATING									
/err		Check this box if the organization discontinued its operations or dispos		1 1							
ő	1			3	<u>9</u>						
જ		Number of independent voting members of the governing body (Part VI, line 1b)			2						
ties		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			$\frac{2}{14}$						
Activities &		Total number of volunteers (estimate if necessary)			0.						
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
	d	Net unrelated business taxable income from Form 990-T, Part I, line 11		7b	Current Year						
Revenue		Contributions and sweets (Dout VIII line 1b)		294,675.	325,744.						
		Contributions and grants (Part VIII, line 1h)		248,800.	209,103.						
		Program service revenue (Part VIII, line 2g)		35.	3,753.						
Be		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		4,518.	8,219.						
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		548,028.	546,819.						
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		64,000.	2,000.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		04,000.	0.						
		Benefits paid to or for members (Part IX, column (A), line 4)		67,086.	92,600.						
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0,,000.	0.						
Expenses	loa	Professional fundraising fees (Part IX, column (A), line 11e)  Total fundraising expenses (Part IX, column (D), line 25)  18,77	75	•	0.						
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		160,194.	181,816.						
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		291,280.	276,416.						
		Revenue less expenses. Subtract line 18 from line 12		256,748.	270,403.						
J.	19	nevenue less expenses. Subtract line 10 nonnine 12		ginning of Current Year	End of Year						
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		813,068.	940,976.						
ASS	21	Total liabilities (Part X, line 26)		166,665.	24,170.						
Net	22	Net assets or fund balances. Subtract line 21 from line 20		646,403.	916,806.						
P	art II	Signature Block		,							
		Ities of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the best of my	/ knowledge and belief, it is						
		t, and complete. Declaration of preparer (other than officer) is based on all information of whi									
Sig	n	Signature of officer		Date							
He		MARGARET MCGLYNN, PRESIDENT									
		Type or print name and title									
		Print/Type preparer's name Preparer's signature	I .	Date Check	PTIN						
Pai	d		CHRISTABEL VALLADARES CPACHRISTABEL VALLADARE 11/11/24 f P02451559								
	parer	Firm's name NISIVOCCIA LLP			2-1914888						
Use	Only	Firm's address 200 VALLEY RD. SUITE 300									
		MT. ARLINGTON, NJ 07856		Phone no. (9							
Ма	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No						
					E 000 (2222)						

rai	Check if Cabadula O contains a visco accomplishments	$\neg$
_	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 REIMBURSEMENTS;	—
	AND FUNDING RESEARCH FOR NEW THERAPIES.	—
	THE TONDING REGISTRON TON NEW TIMERITIES.	_
2	Did the organization undertake any significant program services during the year which were not listed on the	_
2	prior Form 990 or 990-EZ?	lo.
	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 N	ı
3	If "Yes," describe these changes on Schedule O.	JU
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
42	(Code: ) (Expenses \$ 210,561 • including grants of \$ 2,000 • ) (Revenue \$ 209,103 •	
Ta	PROVIDE INFORMATION AND RESOURCES TO PATIENTS WITH HCU; CREATING	_ /
	CONNECTIONS ACROSS PATIENTS; INFLUENCING POLICIES AND REIMBURSEMENTS;	—
	AND FUNDING RESEARCH FOR NEW THERAPIES.	—
		—
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4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$	
	/ Line to the control of the control	_ ′
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		_
		_
		_
		_
4c	(Code:) (Expenses \$	_)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
<u>4e</u>	Total program service expenses 210,561.	
	Form <b>990</b> (20)	23)

#### 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	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	4		х
_	during the tax year? If "Yes," complete Schedule C, Part II  Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
5	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		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			<del></del>
0	Schedule D, Part III	8		Х
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		х
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		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 Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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 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		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		<del></del>
.,	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<del></del> -
	1c and 8a? If "Yes," complete Schedule G, Part II	18	х	
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		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	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		Х

#### Part IV Checklist of Required Schedules (continued)

	<del></del>		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		Х
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			.,
0.4	Schedule J	23		Х
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
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	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		Х
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,	20		1
_,	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		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		Х
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			x
00	"Yes," complete Schedule L, Part IV	28c		X
29 30	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	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			
0.5	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?  If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	35a		
ü	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?	000		
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Da	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pal	rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
12	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 3		162	140
	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	

### 023) HCU NETWORK AMERICA Statements Regarding Other IRS Filings and Tax Compliance (continued) 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 2							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х					
3а			3a		Х				
	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								
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х				
b	If "Yes," enter the name of the foreign country								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A				37				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5b		Х				
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		0-		Х				
	any contributions that were not tax deductible as charitable contributions?		6a						
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?		- 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 set	vices provided to the payor?	7a	х					
a h	b If "Yes," did the organization notify the donor of the value of the goods or services provided?								
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w		7b	Х					
·	to file Form 8282?	•	7с		Х				
d	If "Yes," indicate the number of Forms 8282 filed during the year	I I							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		Х				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		Х				
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g						
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by the							
	sponsoring organization have excess business holdings at any time during the year?		8						
9	Sponsoring organizations maintaining donor advised funds.								
a Did the sponsoring organization make any taxable distributions under section 4966?									
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? $\dots$		9b						
10	Section 501(c)(7) organizations. Enter:	1 1							
а	Initiation fees and capital contributions included on Part VIII, line 12	10a							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b							
11	Section 501(c)(12) organizations. Enter:	l I							
а	Gross income from members or shareholders	11a							
D	Gross income from other sources. (Do not net amounts due or paid to other sources against	446							
120	amounts due or received from them.)  Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	11b	12a						
		12b	IZa						
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.								
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							
14a			14a		X				
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu	le O	14b						
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	eration or							
	excess parachute payment(s) during the year?		15		Х				
	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	nt 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 ac								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17						
	If "Yes," complete Form 6069.								

332005 12-21-23

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 1a	9						
	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 1b	8						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?		2		Х			
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-	_					
Ū	of officers, directors, trustees, or key employees to a management company or other person?		3		Х			
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		4		X			
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		5		X			
6 Did the organization have members or stockholders?								
	Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or	··· ├	6		Х			
1 a			7a		х			
<b>h</b>	more members of the governing body?  Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	··· ├	1 a		-25			
D			<b>7</b> 6		х			
	persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		7b		21			
8			0-	Х				
	The governing body?	··· ├	8a	X				
b	Each committee with authority to act on behalf of the governing body?	··· ├	8b	Λ				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the				Х			
8	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9		Λ			
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
				Yes	No X			
	Did the organization have local chapters, branches, or affiliates?	Ļ	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	77				
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form	? [	11a	X				
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X				
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Ľ	12b	X				
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe							
	on Schedule O how this was done	⊢	12c	Х				
13	Did the organization have a written whistleblower policy?		13		X			
14	Did the organization have a written document retention and destruction policy?	L	14		Х			
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	L	15a	Х				
	Other officers or key employees of the organization		15b		Х			
	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							
	taxable entity during the year?		16a		X			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	[-	16b					
Sec	tion C. Disclosure							
17	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			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 5016)							
	for public inspection. Indicate how you made these available. Check all that apply.	,	,,					
	Own website Another's website X Upon request Other (explain on Schedule O)							
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy	, and	finar	ncial				
	statements available to the public during the tax year.	, 4.14						
20	State the name, address, and telephone number of the person who possesses the organization's books and records							
	DANAE BARTKE - 603-360-2087							
	15 SOUTH MALLORY AVENUE, BATAVIA, IL 60510							
	SEE SCHEDILE O FOR FILL LIST OF STATES		Form	aan	(2022)			

07077R01

## 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.
- 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.
- 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		orga	aniza			npe	nsat	•			
(A)	(B)	(C) Position		(D)	(E)	(F)					
Name and title	Average	(do	not c	heck	more	than	one	Reportable	Reportable	Estimated	
	hours per				erson i			compensation	compensation	amount of other	
	week	_	T				<u> </u>	from the	from related		
	(list any hours for	lirect				_		organization	organizations (W-2/1099-MISC/	compensation from the	
	related	e or c	stee			satec		(W-2/1099-MISC/	1099-NEC)	organization	
	organizations	Individual trustee or director	Institutional trustee		yee	mper		1099-NEC)	10001120,	and related	
	below	idual	ution	 	Key employee	est co oyee	er	,		organizations	
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Form				
(1) DANAE' BARTKE	40.00										
EXECUTIVE OFFICER/SECRETARY		Х		Х				68,551.	0.	0.	
(2) MARGARET MCGLYNN	6.00										
PRESIDENT		Х		Х				0.	0.	0.	
(3) MARK LEWIS	1.00										
VICE PRESIDENT		Х		Х				0.	0.	0.	
(4) KRISTIN RAPP	5.00										
TREASURER		Х		Х				0.	0.	0.	
(5) BRITTANY PARKE	2.00										
DIRECTOR		Х						0.	0.	0.	
(6) GRACE TALBERT	2.00										
DIRECTOR		Х						0.	0.	0.	
(7) PETER BAKER	2.00										
DIRECTOR		Х						0.	0.	0.	
(8) KIMBERLY CHAPMAN	2.00										
BOARD MEMBER		Х						0.	0.	0.	
(9) HARVEY LEVY	2.00							_	_	_	
BOARD MEMBER		Х						0.	0.	0.	
					$ldsymbol{f eta}$						
					╙						
					igspace						
		1									
					$ldsymbol{f eta}$						
		1									
					<u> </u>						
		1									
		_			<u> </u>	_					
		4									
		<u> </u>		_	<u> </u>	-					
		-									
		1	1	1		l	l	l			

Section A. Officers, Directors, Trus	tees, Key Em	рюу	ees	, and	a Hi	gne	st C	compensated Employe	es (continuea)				
(A) Name and title	(B) Average hours per week	box, offic	Position (do not check more than one box, unless person is both an officer and a director/trustee)				h an	( <b>D</b> ) Reportable compensation from	(E) Reportable compensation from related		am	(F) timate nount o other	of
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	ormer	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MIS 1099-NEC)	)-MISC/ IEC)		pensatiom the anization of the community anizati	e on ed
				0									
		П											
		П											
		П											
		$\prod$											
1b Subtotal c Total from continuation sheets to Part VI								68,551. 0.		0.			0.
d Total (add lines 1b and 1c)  Total number of individuals (including but n								68,551.	000 of reportable	0.			0.
compensation from the organization	ot innited to ti							cocived more than proc	,,000 of reportable		$\overline{}$	Yes	No
3 Did the organization list any <b>former</b> officer, line 1a? If "Yes," complete Schedule J for s											3		X
<ul> <li>For any individual listed on line 1a, is the su</li> <li>and related organizations greater than \$150</li> </ul>	ım of reportab	le cc	omp	ensa	ation	n and	d oth	•			4		X
Did any person listed on line 1a receive or a rendered to the organization? If "Yes," com-	accrue compe	nsati	ion f	rom	any	unr/			idual for services		5		X
Section B. Independent Contractors									Ф4 00 000 -f			I	
Complete this table for your five highest co the organization. Report compensation for								n the organization's tax		pens:			
(A) Name and business	address	NC	ONE	3				(B) Description of s	ervices	C	(C comper	;) nsatior	1
	1 10 1 1				.,								
Total number of independent contractors (i \$100,000 of compensation from the organi		ot III	nite	a to	tno:	se lis	sted	above) who received m	iore than			000	00=
											⊦orm !	<b>990</b> (2	(023)

Pa	rt V	<u> </u>	Statement of Reve	enue					
			Check if Schedule O cor	ntains a respon	se or note to any lir				<u></u>
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	( <b>D</b> ) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts		b c d e f	Membership dues Fundraising events Related organizations Government grants (contributions, gifts, grasimilar amounts not included ab Noncash contributions included in line	1c 1d 1d 1e	45,872. 279,872.	325,744.			
					Business Code				
Program Service Revenue	2	b	CONFERENCES NEWSLETTER NETWORK AFFILI	ATE STA	541700 900099 541700	201,503. 6,600. 1,000.			
P			All other program service rev	/enue					
			Total. Add lines 2a-2f			209,103.			
	3		Investment income (including other similar amounts)	g dividends, in	d proceeds	3,753.			3,753.
	5		Royalties						
	6		Gross rents 6 Less: rental expenses 6	+	(ii) Personal				
			Rental income or (loss) 6	+					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securitie	s (ii) Other				
			assets other than inventory 7	а					
Revenue			Less: cost or other basis and sales expenses						
eve			Gain or (loss) 70						
Other B	8	а	Net gain or (loss)	events (not					
		<b>h</b>	contributions reported on lin Part IV, line 18		8a 13,277. 8b 5,058.				
			Less: direct expenses  Net income or (loss) from fur	L		8,219.			8,219.
			Gross income from gaming a Part IV, line 19	activities. See		3,2231			3,223
		b	Less: direct expenses		9b				
			Net income or (loss) from gain	·					
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold		10b				
		C	Net income or (loss) from sal	ies of inventory	Business Code				
ons e	11	а							
Miscellaneous Revenue		b							
Seve		С							-
Mis			All other revenue						
	<u> </u>		Total. Add lines 11a-11d			E46 010	200 102		11 070
	12		Total revenue. See instructions			. 540,819 <b>.</b>	209,103.	0.	11,972.

#### Part IX | Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		X
	not include amounts reported on lines 6b,	(A) Total expenses	<b>(B)</b> Program service	(C) Management and	<b>(D)</b> Fundraising
	8b, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations	2,000.	2,000.		
_	and domestic governments. See Part IV, line 21	4,000.	4,000.		
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				
4	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	68,551.	47,986.	6,855.	13,710
6	trustees, and key employees  Compensation not included above to disqualified	00,331.	47,500.	0,055.	15,710
6	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7		17,450.	12,215.	1,745.	3,490
7 8	Other salaries and wages  Pension plan accruals and contributions (include	11,450	12,213.	1,113	5,450
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	6,599.	4,619.	660.	1,320
11	Fees for services (nonemployees):	0,000	1,013.		1,520
''	Management				
b		95.		95.	
C	Legal Accounting	18,950.		18,950.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g g	Other. (If line 11g amount exceeds 10% of line 25,				
3	column (A), amount, list line 11g expenses on Sch 0.)	111,669.	97,202.	14,467.	
12	Advertising and promotion	•	•		
13	Office expenses	6,106.	5,051.	1,055.	
14	Information technology	1,721.	1,662.	59.	
15	Royalties	-	-		
16	Occupancy				
17	Travel	13,622.	13,622.		
18	Payments of travel or entertainment expenses	-	-		
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	14,027.	14,027.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	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	6,426.	6,426.		
b	MATERIALS AND SUPPLIES	3,424.	3,424.		
С	LICENSES AND PERMITS	2,617.	40.	2,577.	
d	MISCELLANEOUS	1,844.	1,589.		255
е	All other expenses	1,315.	698.	617.	
25	Total functional expenses. Add lines 1 through 24e	276,416.	210,561.	47,080.	18,775
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)				

Pa	rt 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		689,028.	1	616,945
	2	Savings and temporary cash investments		0.	2	303,672
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		122,240.	4	2,350
	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		5		
	6	Loans and other receivables from other disqu				
		under section 4958(f)(1)), and persons descri	bed in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges			9	18,009
	10a	Land, buildings, and equipment: cost or othe	r			
		basis. Complete Part VI of Schedule D				
	b	Less: accumulated depreciation			10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, lin			12	
	13	Investments - program-related. See Part IV, lin			13	
	14	Intangible assets		1 000	14	
	15	Other assets. See Part IV, line 11		1,800.	15	0.40.076
	16	Total assets. Add lines 1 through 15 (must e		813,068.	16	940,976
	17	Accounts payable and accrued expenses		665.	17	14,000
	18	Grants payable		166 000	18	10 170
	19	Deferred revenue		166,000.	19	10,170
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Comple			21	
ies	22	Loans and other payables to any current or fo				
<u> </u>		trustee, key employee, creator or founder, su				
Liabilities		controlled entity or family member of any of the			22	
	23	Secured mortgages and notes payable to uni			23	
	24	Unsecured notes and loans payable to unrela			24	
	25	Other liabilities (including federal income tax, parties, and other liabilities not included on lir	• •			
			·		25	
	26	Total liabilities. Add lines 17 through 25		166,665.	26	24,170
	20	Organizations that follow FASB ASC 958, or		100,0031	20	21/1/0
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		506,026.	27	656,038
Bal	28	Net assets with donor restrictions		140,377.	28	260,768
nd		Organizations that do not follow FASB ASC				
교		and complete lines 29 through 33.				
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fund	ds		29	
set	30	Paid-in or capital surplus, or land, building, or			30	
As	31	Retained earnings, endowment, accumulated			31	
Ě	32	Total net assets or fund balances		646,403.	32	916,806
_	33	Total liabilities and net assets/fund balances		813,068.	33	940,976.
_	•			· · · · · · · · · · · · · · · · · · ·		Form <b>990</b> (2023

Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI				Ш.		
1	Total revenue (must equal Part VIII, column (A), line 12)	1		6,8			
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,4			
3	Revenue less expenses. Subtract line 2 from line 1	3	270,403.				
4	4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 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	91	6,8	06.		
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII				X		
				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 O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		_X_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a					
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis						
b	Were the organization's financial statements audited by an independent accountant?		2b	Х			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	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?		2c	Х			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.					
3a	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?		3a		<u>X</u>		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits?						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b				

#### **SCHEDULE A**

(Form 990)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

HCU NETWORK AMERICA

Employer identification number

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.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 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 university: 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. 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. 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 III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

Schedule A (Form 990) 2023

Part II Support Schedule

(Complete only if you check	_					
fails to qualify under the test				on falled to qualify	under Fart III. II til	e organization
Section A. Public Support	is listed below, piece	asc complete r art	111.)			
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(a) 2021	(4) 2022	(a) 2022	(f) Total
1 Gifts, grants, contributions, and	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
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						
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	— ` <i>'</i>	, ,			, ,	
8 Gross income from interest,						
dividends, payments received on						
securities loans, rents, royalties,						
and income from similar sources						
9 Net income from unrelated business	3					
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	s, etc. (see instructi	ions)			12	
13 First 5 years. If the Form 990 is for the	the organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
organization, check this box and sto						
Section C. Computation of Pub						
<b>14</b> Public support percentage for 2023					14	%
15 Public support percentage from 202						%
16a 33 1/3% support test - 2023. If the						
stop here. The organization qualifies						
b 33 1/3% support test - 2022. If the						
and <b>stop here.</b> The organization qua						
17a 10% -facts-and-circumstances te						
and if the organization meets the fac						
meets the facts-and-circumstances						
b 10% -facts-and-circumstances te						10% or
more, and if the organization meets						
organization meets the facts-and-cire	cumstances test. T	ne organization qu	ualifies as a public	by supported organ	nization	

Schedule A (Form 990) 2023

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

#### 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.)

50	qualify under the tests listed beation A. Public Support	elow, please comp	olete Part II.)				
		(-) 0040	(I-) 0000	(-) 0004	(-I) 0000	(-) 0000	(6) T-+-I
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	162 206	124 624	12/ 050	294,675.	225 744	1 042 207
	include any "unusual grants.")	162,296.	124,034.	134,958.	494,675.	325,744.	1,042,307.
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.	209,103.	669,828.
3	Gross receipts from activities that						
	are not an unrelated trade or business 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	224,796.	186,759.	227,233.	552,662.	534,847.	1,726,297.
	Amounts included on lines 1, 2, and	,			700	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	
,,	3 received from disqualified persons	101,175.	48,850.	30,200.	25,000.		205,225.
t	Amounts included on lines 2 and 3 received from other than disqualified persons that			007200			
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			75,000.	164,573.		239,573.
,	Add lines 7a and 7b	101,175.	48,850.		189,573.		444,798.
	Public support. (Subtract line 7c from line 6.)						1,281,499.
	etion B. Total Support						, , , -
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	224,796.	186,759.	227,233.	(d) 2022 552,662.	(e) 2023 534,847.	1,726,297.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	, , ,	,	6.	35.	3,753.	3,794.
	Unrelated business taxable income				331	3,7331	377310
	(less section 511 taxes) from businesses acquired after June 30, 1975						
	***************************************			6.	35.	3,753.	3,794.
	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.	33.	3,733.	3,134.
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.)	224,796.	186,759.	227,239.	552,697.	538,600.	1,730,091.
	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizati	
	check this box and <b>stop here</b>						
Se	ction C. Computation of Publ	ic Support Per	rcentage				
15	Public support percentage for 2023 (I	line 8, column (f), d	livided by line 13, o	column (f))		15	74.07 %
	Public support percentage from 2022					16	60.92 %
	ction D. Computation of Inves						
17	Investment income percentage for 20			ne 13. column (fl)		17	.22 %
18						18	.00 %
	33 1/3% support tests - 2023. If the						
	more than 33 1/3%, check this box a						X
k	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

#### 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		
	3a		
	3b		
	3с		
	40		
	4a		
	415		
	4b		
	4c		
	5a		
	5b		
	5c		
	6		
	7		
	8		
	9a		
	9b		
	90		
	9с		
	10a		
	10b		
416		~ 000	0000

Par	rt 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		
	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	ction 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			
	directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization effectively operated, supervised, or controlled the organization's activities. If the organization had more than one s			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated am			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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.	2		
Sect	ction 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	ction D. All Type III Supporting Organizations			
			Yes	No
	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 ta	iX		
	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 Part VI the role the organization's			
	supported organizations played in this regard.  ction E. Type III Functionally Integrated Supporting Organizations	3		
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee in			
1		istructions).		
a b				
C		entity (see instructio	ns)	
2	Activities Test. Answer lines 2a and 2b below.	sitily (see mondette	Yes	No
			100	110
	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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		
	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. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
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.

332025 12-21-23 Schedule A (Form 990) 2023

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orga	anizations				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions						
	All other Type III non-functionally integrated supporting organizations must	st comple	te Sections A through E.				
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):						
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 <b>Part VI</b> ):						
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-functional	ally integra	ated Type III supporting org	anization (see			

Schedule A (Form 990) 2023

instructions).

Schedule A (Form 990) 2023

c Excess from 2021 d Excess from 2022 e Excess from 2023

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

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Open to Public

Inspection

**Employer identification number** 

Name of the organization

81-3646006 HCU NETWORK AMERICA

Par	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		nds or Accounts.Complete if the
	3	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	_	
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	exclusive legal control?	Yes  No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds car	n be used only
	for charitable purposes and not for the benefit of the donor of		
_	impermissible private benefit?		Yes
Par	·		90, Part IV, line 7.
1	Purpose(s) of conservation easements held by the organizati	· · · · · · · · · · · · · · · · · · ·	
	Preservation of land for public use (for example, recrea	· —	n of a historically important land area
	Protection of natural habitat	Preservatio	n of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the fo	orm of a conservation easement on the last  Held at the End of the Tax Year
	day of the tax year.		
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		
	Number of conservation easements on a certified historic str		2c
d	Number of conservation easements included on line 2c acqu		
_	on a historic structure listed in the National Register		
3	Number of conservation easements modified, transferred, rel	leased, extinguished, or terminated by	y the organization during the tax
	year		
	Number of states where property subject to conservation ear		<del>_</del> ,
5	Does the organization have a written policy regarding the per		
6	violations, and enforcement of the conservation easements it Staff and volunteer hours devoted to monitoring, inspecting,		
6	Stair and volunteer flours devoted to monitoring, inspecting,	Handling of Violations, and emorcing	conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing cons	ervation easements during the year
	3,		
8	Does each conservation easement reported on line 2d above	e satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservati		
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial sta	tements that describes the
	organization's accounting for conservation easements.		
Par			r Other Similar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue stateme	ent and balance sheet works
	of art, historical treasures, or other similar assets held for public.	olic exhibition, education, or research	in furtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these	items.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement a	and balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in	furtherance of public service,
	provide the following amounts relating to these items.		
	(i) Revenue included on Form 990, Part VIII, line 1		\$
	(ii) Assets included in Form 990, Part X		\$
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for fina	ncial gain, provide
	the following amounts required to be reported under FASB A	SC 958 relating to these items:	
а	Revenue included on Form 990, Part VIII, line 1		\$
b	Assets included in Form 990, Part X		\$

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

Schedule D (Form 990) 2023

Sche	dule D (Form 990) 2023 HCU NET	WORK AMERI	CA				81-	-36460	06	Page 2
Pai	t III   Organizations Maintaining C	Collections of A	rt, Histo	orical Tr	easures, o	or Other	Similar A	<b>\ssets</b> (co	ntinue	d)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following tha	at make sig	nificant use	of its		
	collection items (check all that apply).									
а	Public exhibition	d	ı 🗌 Lo	oan or excl	nange progra	am				
b	Scholarly research	е	· 🗌 o	ther						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explai	n how the	y further th	ne organizati	on's exem	pt purpose i	n Part XIII.		
5	During the year, did the organization solicit o									
	to be sold to raise funds rather than to be ma	aintained as part of t	the organi	zation's co	llection?			Yes	; [	No
Pai	t IV Escrow and Custodial Arran	gements Comple	te if the o	rganization	answered "	Yes" on Fo	orm 990, Par	t IV, line 9,	or	
	reported an amount on Form 990, Par									
1a	Is the organization an agent, trustee, custodi	ian, or other interme	diary for c	ontribution	ns or other a	ssets not i	ncluded			
	on Form 990, Part X?							Yes	; [	No
b	If "Yes," explain the arrangement in Part XIII									
		·	•					Amo	unt	
С	Beginning balance						1c			
	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f			
2a	Did the organization include an amount on Fe						v?	Yes	. [	No
	If "Yes," explain the arrangement in Part XIII.							••	Ī	
	t V Endowment Funds Complete if									
	·	(a) Current year		or year	(c) Two year		Three years	back (e) F	our yea	ars back
1a	Beginning of year balance			-						
b	Contributions									
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
e	Other expenditures for facilities									
•	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curr		re (line 1a	column (s	ı)) held as:			I		
_ a	Board designated or quasi-endowment	•	%	, 001011111 (0	ij) riola ao.					
b	Permanent endowment	%								
Ŭ	The percentages on lines 2a, 2b, and 2c sho	, •								
За	Are there endowment funds not in the posse	•	ation that	are held a	nd administe	ered for the	۵			
ou	organization by:	osion or the organiz	ation that	are ricia a	na aanniiniote	ored for the	•		Ye	s No
	(i) Unrelated organizations?							3a	_	+
										+
h	(ii) Related organizations?	ations listed as requi	rod on Sc	hodulo P2				3		
ا ا	Describe in Part XIII the intended uses of the							<u>3</u>	<u>,                                     </u>	
Pai	t VI Land, Buildings, and Equipm		JWITIETT TU	iius.						
ı uı	Complete if the organization answere		0 Part IV	line 11a S	See Form 990	) Part X li	ne 10			
	•				i			/~\\ \	ook va	aluc
	Description of property	(a) Cost or o		(b) Cost basis			cumulated eciation	(a) E	OOK V2	aiue
4-	Land	`	noni)	Dasis	ou ioi)	uepi	Colation			
	Land									
D	Buildings							+		

Schedule D (Form 990) 2023

e Other.

c Leasehold improvements d Equipment

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

Schedule D (Form 990) 2023 HCU NETWORK	AMERICA	81	-3646006 Page
Part VII Investments - Other Securities			
Complete if the organization answered "Yes"			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	Lon Form 000 Port IV line	11a Cas Form 000 Part V line 12	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d of year market value
	(b) Dook value	(c) Method of Valuation. Cost of en	u-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
<u>(6)</u>			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11d See Form 990 Part X line 15	
	Description	Tra. eee reim eee, rarey, interes.	(b) Book value
(1)			(-,
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, co	ol. (B))		
Part X Other Liabilities	- ( //		
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	5.
1. (a) Description of liability		, ,	(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII.... X

Schedule D (Form 990) 2023

(7) (8)

Pai	rt XI   Reconciliation of Revenue per Audited Financial St	atements with F	Revenue per H	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	551,877.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b			
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	5,058.		
е	Add lines 2a through 2d			2e	5,058.
3	Subtract line 2e from line 1			3	546,819.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5				5	546,819.
Pa	rt XII Reconciliation of Expenses per Audited Financial S	Statements With	Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total expenses and losses per audited financial statements			1	281,474.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	5,058.		
е	Add lines 2a through 2d			2e	5,058.
е 3	Add lines <b>2a</b> through <b>2d</b> Subtract line <b>2e</b> from line <b>1</b>			2e 3	5,058. 276,416.
_					
_	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:				
3 4	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:	4a			
3 4 a b	Subtract line <b>2e</b> from line <b>1</b> Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b	4a 4b			

#### | Part XIII | Supplemental Information

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

#### PART X, LINE 2:

THE ORGANIZATION IS AN ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE (THE "CODE") AND IS THEREFORE EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE CODE. THE ORGANIZATION IS ALSO EXEMPT UNDER SIMILAR VARIOUS STATE TAX PROVISIONS. ACCORDINGLY, NO PROVISION FOR FEDERAL OR STATE INCOME TAX HAS BEEN PRESENTED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC, INCOME TAXES. THE STANDARD PRESCRIBES A MINIMUM RECOGNITION THRESHOLD AND MEASUREMENT METHODOLOGY THAT A TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN IS REQUIRED TO MEET BEFORE BEING IT ALSO PROVIDES GUIDANCE FOR RECOGNIZED IN THE FINANCIAL STATEMENTS. DERECOGNITION CLASSIFICATION, INTEREST AND PENALTIES ACCOUNTING IN

Schedule D (Form 990) 2023

Part XIII | Supplemental Information (continued)

INTERIM PERIODS, DISCLOSURE, AND TRANSITION AS THEY RELATE TO THOSE TAX
POSITIONS.

THE ORGANIZATION DOES NOT EXPECT A SIGNIFICANT INCREASE OR DECREASE TO THE TOTAL AMOUNTS OF UNRECOGNIZED TAX POSITIONS DURING THE YEAR ENDED DECEMBER 31, 2023. HOWEVER, THE ORGANIZATION IS SUBJECT TO REGULAR AUDIT BY TAX AUTHORITIES, INCLUDING A REVIEW OF ITS NONPROFIT STATUS WHICH MANAGEMENT BELIEVES WOULD BE UPHELD UPON EXAMINATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR THE POSITIONS TAKEN ON ITS TAX RETURNS. NONETHELESS, THE AMOUNTS ULTIMATELY PAID, IF ANY, UPON RESOLUTION OF THE ISSUES RAISED BY THE TAXING AUTHORITIES MAY DIFFER MATERIALLY FROM THE AMOUNTS ACCRUED FOR EACH YEAR. AS REQUIRED BY LAW, THE ORGANIZATION FILES INFORMATIONAL RETURNS WITH THE UNITED STATES FEDERAL AND VARIOUS STATE JURISDICTIONS ON AN ANNUAL BASIS. THESE RETURNS ARE SUBJECT TO EXAMINATION BY THESE AUTHORITIES WITHIN CERTAIN STATUTORILY DEFINED PERIODS

IN JUNE 2016, THE FASB ISSUED GUIDANCE (FASB ASC 326) WHICH SIGNIFICANTLY CHANGED HOW ENTITIES WILL MEASURE CREDIT LOSSES FOR MOST FINANCIAL ASSETS AND CERTAIN OTHER INSTRUMENTS THAT AREN'T MEASURED AT FAIR VALUE THROUGH CHANGES IN NET ASSETS. THE MOST SIGNIFICANT CHANGE IN THIS STANDARD IS A SHIFT FROM THE INCURRED LOSS MODEL TO THE EXPECTED LOSS MODEL.

THE ORGANIZATION ADOPTED THE STANDARD EFFECTIVE JANUARY 1, 2023. THE IMPACT OF THE ADOPTION WAS NOT CONSIDERED MATERIAL TO THE FINANCIAL STATEMENTS AND PRIMARILY RESULTED IN NEW/ENHANCED DISCLOSURES ONLY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Schedule D (Form 990) 2023

#### 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

2023

Open to Public Inspection

Name of the organization							ntification number
	WORK AMERICA					81-3646	
Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.							
<ul> <li>1 Indicate whether the organization rai</li> <li>a Mail solicitations</li> <li>b Internet and email solicitation</li> <li>c Phone solicitations</li> <li>d In-person solicitations</li> <li>2 a Did the organization have a written key employees listed in Form 990, F</li> <li>b If "Yes," list the 10 highest paid indicompensated at least \$5,000 by the</li> </ul>	e Solicitat f Solicitat g Special  or oral agreement with any individual Part VII) or entity in connection with p ividuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	fundr have con contribu	Did raiser ustody itrol of utions?	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.				s or has been notified	l it is	exempt from re	egistration

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

Schedule G (Form 990) 2023

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 contributions and gro				ots greater than \$5,000.
			(a) Event #1 RACE FOR RESEARCH	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. <b>(c)</b> )
ηne			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	55,128.			55,128.
	2	Less: Contributions	45,872.			45,872.
	3	Gross income (line 1 minus line 2)	9,256.			9,256.
	4	Cash prizes				
Se	5	Noncash prizes	3,158.			3,158.
Direct Expenses	6	Rent/facility costs				
Direct E	7	Food and beverages				
	8	Entertainment				
		Other direct expenses	1,785.			1,785.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			4,943.
_		Net income summary. Subtract line 10 from li				4,313.
Pa	rt l		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Γ	(b) Pull tabs/instant		(d) Total gaming (add
Revenue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
æ	1	Gross revenue				
	Ė	areas revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	Ť		Yes %	Yes %	Yes %	
	6	Volunteer labor	No No	No No	No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
	ρ	Net gaming income summary. Subtract line 7	from line 1 column (d)			
	0	Net garning income summary. Subtract line /	from line 1, column (a)			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:			
		the organization licensed to conduct gaming a	_	states?		Yes No
		No," explain:				
		ere any of the organization's gaming licenses re	evoked, suspended, or te	erminated during the tax	year?	Yes No
b	I† "	Yes," explain:				
	_					

332082 09-13-23 Schedule G (Form 990) 2023

Sch	edule G (Form 990) 2023	HCU NETWORK A	AMERICA	81-36	46006	Page 3	
11	Does the organization conduct	gaming activities with nonme	mbers?		Yes	No	
	Is the organization a grantor, be	neficiary or trustee of a trust,	or a member of a partnership or other ent	ity formed	Yes	□ No	
13	Indicate the percentage of gami						
					13a	%	
					13b	%	
			organization's gaming/special events boo		•		
	Name						
	Address						
15a	Does the organization have a co	ontract with a third party from	n whom the organization receives gaming re	evenue? [	Yes	☐ No	
k	If "Yes," enter the amount of ga	ming revenue received by the	e organization \$	and the amount			
	of gaming revenue retained by t						
(	: If "Yes," enter name and addres						
	Name						
	Address						
16	Gaming manager information:						
	Name						
	Gaming manager compensation \$						
	Description of services provided	t					
	Director/officer	Employee	Independent contractor				
17	Mandatory distributions:						
		er state law to make charitab	ole distributions from the gaming proceeds	to ,			
	retain the state gaming license?				Yes	└── No	
k	Enter the amount of distribution	s required under state law to	be distributed to other exempt organization	ons or spent in the			
Pa	organization's own exempt activ		anations required by Part I, line 2b, column	 ns (iii) and (v): and Part	III. lines 9. 9	9b. 10b.	
		· ·	ny additional information. See instructions.				

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

#### SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

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

Attach to Form 990 or Form 990-EZ Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public

Inspection

Name of the organization

HCU NETWORK AMERICA

**Employer identification number** 81-3646006

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PATIENTS; INFLUENCING POLICIES AND REIMBURSEMENTS; AND FUNDING RESEARCH FOR NEW THERAPIES.

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

HCU NETWORK AMERICA HAS ITS FORM 990 PREPARED BY AN OUTSIDE ACCOUNTING FIRM AND HAS ESTABLISHED THE FOLLOWING REVIEW PROCESS TO ENSURE THAT THE INFORMATION REPORTED IS COMPLETE AND ACCURATE. WHEN THE FORM 990 HAS BEEN PREPARED, REVIEWED BY MANAGEMENT AND IS READY TO BE FILED WITH THE INTERNAL REVENUE SERVICE, IT IS PROVIDED TO THE MEMBERS OF THE ORGANIZATIONS GOVERNING BODY FOR ANY COMMENTS PRIOR TO ITS SUBMISSION. THE GOVERNING BODY IS PROVIDED WITH A REASONABLE AMOUNT OF TIME TO REVIEW THE FORM 990. ANY COMMENTS ARE THEN GROUPED, SUMMARIZED AND PROVIDED THROUGH MANAGEMENT TO THE OUTSIDE ACCOUNTING FIRM. ANY APPLICABLE ISSUES ARE ADDRESSED PRIOR TO THE RETURN BEING FINALIZED AND APPROVED FOR FILING.

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

HCU NETWORK AMERICA CURRENTLY HAS IN PLACE A CONFLICT OF INTEREST POLICY WHICH IT REGULARLY MONITORS AND ENFORCES. THE BOARD MANDATES THAT ALL MEMBERS OF MANAGEMENT AND THE GOVERNING BODY ANNUALLY SIGN A CONFLICT OF INTEREST POLICY AND DISCLOSE ANY POTENTIAL OR ACTUAL CONFLICTS THAT MAY EXIST. IF A POTENTIAL OR ACTUAL CONFLICT OF INTEREST EXISTS, GOVERNING BODY AND MANAGEMENT WILL INVESTIGATE THE ISSUE. IF A CONFLICT OF INTEREST IS DETERMINED TO EXIST MANAGEMENT AND THE GOVERNING BODY WILL BE NOTIFIED IMMEDIATELY. THE MEMBER WILL NOT BE ALLOWED TO VOTE OR BE A PART OF ANY DECISIONS ABOUT ANY SUCH TRANSACTIONS THAT HAVE TO DO WITH THE CONFLICT For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2023

332211 11-14-23

Schedule O (Form 990) 2023 Page 2

Name of the organization **Employer identification number** HCU NETWORK AMERICA 81-3646006 UNTIL SUCH TIME THAT THERE IS NO LONGER A CONFLICT. FORM 990, PART VI, SECTION B, LINE 15A: THE COMPENSATION OF THE ORGANIZATIONS OFFICERS OR KEY EMPLOYEES IS REVIEWED AND APPROVED BY THE BOARD OF TRUSTEES, AN INDEPENDENT BODY. 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 FORM 990, PART VI, SECTION C, LINE 19: HCU NETWORK AMERICA MAKES ITS FORM 990 AVAILABLE FOR PUBLIC INSPECTION AS REQUIRED UNDER SECTION 6104 OF THE INTERNAL REVENUE CODE UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 15 SOUTH MALLORY AVENUE BATAVIA, IL 60510. IN ADDITION FORM 1023 AS WELL AS THE FINANCIAL STATEMENTS, AND CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON WRITTEN REQUEST AT THE ORGANIZATIONS OFFICE AT 15 SOUTH MALLORY AVENUE BATAVIA, IL 60510. FORM 990, PART IX, LINE 11G, OTHER FEES: PROFESSIONAL FEES: PROGRAM SERVICE EXPENSES 3,485. MANAGEMENT AND GENERAL EXPENSES 14,467. FUNDRAISING EXPENSES 0. TOTAL EXPENSES 17,952. CONTRACTED SERVICES: PROGRAM SERVICE EXPENSES 93,717. MANAGEMENT AND GENERAL EXPENSES 0. FUNDRAISING EXPENSES 332212 11-14-23

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Schedule O (Form 990) 2023 Page 2 Name of the organization **Employer identification number** 81-3646006 HCU NETWORK AMERICA 93,717. TOTAL EXPENSES TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A 111,669. FORM 990, PART XII, LINCE 2C NO CHANGE FROM THE PRIOR YEAR.