

Return of Organization Exempt From Income Tax

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning 7/1/2015, and ending 6/30/2016

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization DuPage Health Coalition
 Doing business as Access DuPage
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
511 Thornhill Drive M
 City or town State ZIP code
Carol Stream IL 60188
 Foreign country name Foreign province/state/county Foreign postal code

D Employer identification number 36-4448208

E Telephone number 630-510-8720

F Name and address of principal officer:
Kara Murphy 511 Thornhill Dr., Suite M, Carol Stream, IL 60188

G Gross receipts \$ 1,495,729

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ www.accessdupage.org

K Form of organization: Corporation Trust Association Other ▶

L Year of formation: 2001 **M** State of legal domicile: IL

H(c) Group exemption number ▶

| Part I Summary | | Prior Year | Current Year |
|---|---|--|--------------------------|
| Activities & Governance | 1 Briefly describe the organization's mission or most significant activities: <u>To develop and sustain in DuPage County, Illinois, a system for effectively and efficiently managing the health of low-income populations across the continuum of care.</u> | | |
| | 2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets. | | |
| | 3 Number of voting members of the governing body (Part VI, line 1a) | 3 | 24 |
| | 4 Number of independent voting members of the governing body (Part VI, line 1b) | 4 | 24 |
| | 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) | 5 | 14 |
| | 6 Total number of volunteers (estimate if necessary) | 6 | 1,788 |
| | 7a Total unrelated business revenue from Part VIII, column (C), line 12 | 7a | 0 |
| b Net unrelated business taxable income from Form 990-T, line 34 | 7b | 0 | |
| Revenue | 8 Contributions and grants (Part VIII, line 1h) | 2,683,781 | 980,187 |
| | 9 Program service revenue (Part VIII, line 2g) | 81,356 | 204,461 |
| | 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) | 320 | 176,259 |
| | 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | 0 | 0 |
| | 12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | 2,765,457 | 1,360,907 |
| Expenses | 13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) | 983,662 | 1,070,173 |
| | 14 Benefits paid to or for members (Part IX, column (A), line 4) | 0 | 0 |
| | 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | 697,639 | 630,437 |
| | 16a Professional fundraising fees (Part IX, column (A), line 11e) | 0 | 0 |
| | b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>47,709</u> | | |
| | 17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) | 285,676 | 179,549 |
| | 18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) | 1,966,977 | 1,880,159 |
| 19 Revenue less expenses. Subtract line 18 from line 12 | 798,480 | -519,252 | |
| Net Assets or Fund Balances | 20 Total assets (Part X, line 16) | Beginning of Current Year 2,949,504 | End of Year 2,491,351 |
| | 21 Total liabilities (Part X, line 26) | 62,016 | 123,115 |
| | 22 Net assets or fund balances. Subtract line 21 from line 20 | 2,887,488 | 2,368,236 |

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

Signature of officer: Kara Murphy Date: 9/21/2016
 Type or print name and title: President

Paid Preparer Use Only

Print/Type preparer's name: Robert Witt Preparer's signature: Robert Witt Date: 9/28/2016 Check if self-employed PTIN: P00284217
 Firm's name ▶ Robert R Witt Jr CPA PC Firm's EIN ▶ 20-3942710
 Firm's address ▶ 3500 South 4230 Road, Chelsea, OK 74016 Phone no. (630) 988-0734

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