

Form **990**

**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

**2016**

Department of the Treasury  
Internal Revenue Service

▶ 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](http://www.irs.gov/form990).

Open to Public Inspection

**A** For the 2016 calendar year, or tax year beginning JUL 1 2016 and ending JUN 30 2017

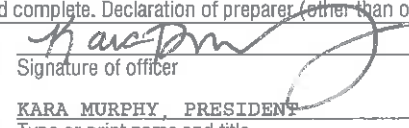

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization <u>DUPAGE HEALTH COALITION</u>		<b>D</b> Employer identification number <u>36-4448208</u>
	Doing business as <u>ACCESS DUPAGE</u>		<b>E</b> Telephone number <u>630-510-8720</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>G</b> Gross receipts \$ <u>1,989,863.</u>
	<u>511 THORNHILL DR., SUITE E</u>		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
	City or town, state or province, country, and ZIP or foreign postal code <u>CAROL STREAM IL 60188</u>		<b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)
<b>F</b> Name and address of principal officer: <u>KARA MURPHY</u> <u>SAME AS C ABOVE</u>		<b>H(c)</b> Group exemption number ▶	
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ <u>WWW.ACCESSDUPAGE.ORG</u>			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <u>2001</u>	<b>M</b> State of legal domicile: <u>IL</u>

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: <u>THE DUPAGE HEALTH COALITION WORKS WITH PARTNERS TO DEVELOP, IMPROVE AND SUSTAIN HEALTH SERVICES</u>
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) <u>3</u> <span style="float: right;">23</span>
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) <u>4</u> <span style="float: right;">23</span>
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a) <u>5</u> <span style="float: right;">11</span>
	<b>6</b> Total number of volunteers (estimate if necessary) <u>6</u> <span style="float: right;">1788</span>
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 <u>7a</u> <span style="float: right;">0.</span>
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 <u>7b</u> <span style="float: right;">0.</span>	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h) <u>8</u> <span style="float: right;">980,187.</span> <span style="float: right;">1,901,473.</span>
	<b>9</b> Program service revenue (Part VIII, line 2g) <u>9</u> <span style="float: right;">204,461.</span> <span style="float: right;">88,121.</span>
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>10</u> <span style="float: right;">176,259.</span> <span style="float: right;">269.</span>
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>11</u> <span style="float: right;">0.</span> <span style="float: right;">0.</span>
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>12</u> <span style="float: right;">1,360,907.</span> <span style="float: right;">1,989,863.</span>
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>13</u> <span style="float: right;">1,070,173.</span> <span style="float: right;">1,497,393.</span>
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) <u>14</u> <span style="float: right;">0.</span> <span style="float: right;">0.</span>
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>15</u> <span style="float: right;">630,437.</span> <span style="float: right;">653,434.</span>
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) <u>16a</u> <span style="float: right;">0.</span> <span style="float: right;">0.</span>
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <u>16b</u> <span style="float: right;">50,727.</span>
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>17</u> <span style="float: right;">179,549.</span> <span style="float: right;">177,042.</span>	
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>18</u> <span style="float: right;">1,880,159.</span> <span style="float: right;">2,327,869.</span>	
<b>19</b> Revenue less expenses. Subtract line 18 from line 12 <u>19</u> <span style="float: right;">-519,252.</span> <span style="float: right;">-338,006.</span>	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16) <u>20</u> <span style="float: right;">2,491,351.</span> <span style="float: right;">2,074,980.</span>
	<b>21</b> Total liabilities (Part X, line 26) <u>21</u> <span style="float: right;">123,115.</span> <span style="float: right;">44,750.</span>
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20 <u>22</u> <span style="float: right;">2,368,236.</span> <span style="float: right;">2,030,230.</span>

**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.

<b>Sign Here</b>	Signature of officer 	Date <u>11-15-17</u>			
	<u>KARA MURPHY, PRESIDENT</u> Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name <u>LORI A SOLDAT</u>	Preparer's signature 	Date <u>11/15/17</u>	Check if self-employed <input type="checkbox"/>	PTIN <u>P01325138</u>
	Firm's name ▶ <u>TRIMARCO RADENCICH, LLC</u>	Firm's EIN ▶ <u>20-1672117</u>	Firm's address ▶ <u>1775 LEGACY CIRCLE</u> <u>NAPERVILLE, IL 60563</u>	Phone no. <u>630-505-0051</u>	

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