Form 990
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

B Check if applicable:
- Change of address
- Change of name
- Initial return
- Final return
- Amended return

C Name of organization:
D Employer identification number
- DUPAGE HEALTH COALITION
- ACCESS DUPage
- 511 THORNBILL DR., SUITE E
- CAROL STREAM, IL 60188
- 36-4448208
- 630-510-8720
- G Gross receipts $ 2,824,191
- H(a) Is this a group return for subordinates? No
- H(b) Are all subordinates included? No
- H(c) Group exemption number •

J Website: WWW.ACCESSDUPAGE.ORG

K Form of organization: X Corporation

Part I Summary

1 Briefly describe the organization's mission or most significant activities:
THE DUPAGE HEALTH COALITION WORKS WITH PARTNERS TO DEVELOP, IMPROVE AND SUSTAIN HEALTH SERVICES

2 Check this box ▶️ 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 21

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 21

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 6 14

6 Total number of volunteers (estimate if necessary) 6 0

7a Total unrelated business revenue from Part VII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

8 Contributions and grants (Part VIII, line 1h) 2,651,742 2,737,493

9 Program service revenue (Part VIII, line 2g) 89,264 86,607

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 138 91

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) 2,741,144 2,824,191

13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,594,233 1,328,032

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) 804,999 868,180

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 190,596 191,945

18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,589,828 2,388,157

19 Revenue less expenses. Subtract line 18 from line 12 151,316 436,034

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. Certification of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer

KARA MURPHY, PRESIDENT

Type or print name and title

Date 12/29/20

Paid

Type or print preparer's name

MICHAEL RADENCICH

Preparer's signature

Date 11/23/20

Check □ self-employed

PTIN P00187082

Preparer

Firm's name TRIMARCO RADENCICH, LLC

Firm's EIN 20-1672117

Use Only

Firm's address 1775 LEGACY CIRCLE

NAPERVILLE, IL 60563

Phone no. 630-505-0051

May the IRS discuss this return with the preparer shown above? (see instructions)

Form 990 (2019)

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION