

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

2019

Open to Public Inspection

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: <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	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 DR., SUITE E City or town, state or province, country, and ZIP or foreign postal code CAROL STREAM, IL 60188 F Name and address of principal officer: KARA MURPHY SAME AS C ABOVE	D Employer identification number 36-4448208 E Telephone number 630-510-8720 G Gross receipts \$ 2,824,191. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I 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		
J Website: ▶ WWW.ACCESSDUPAGE.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 2001 M State of legal domicile: IL

Part I Summary

Activities & Governance	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 <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 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) 5 14 6 Total number of volunteers (estimate if necessary) 6 0 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 39 7b 0.		
Revenue	8 Contributions and grants (Part VIII, line 1h) 2,651,742. 9 Program service revenue (Part VIII, line 2g) 89,264. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 138. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,741,144.	Prior Year	Current Year
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 1,594,233. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 804,999. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. b Total fundraising expenses (Part IX, column (D), line 25) ▶ 72,155. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 190,596. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 2,589,828. 19 Revenue less expenses. Subtract line 18 from line 12 151,316.	2,824,191.	2,737,493.
Net Assets or Fund Balances	20 Total assets (Part X, line 16) 2,582,274. 21 Total liabilities (Part X, line 26) 113,204. 22 Net assets or fund balances. Subtract line 21 from line 20 2,469,070.	Beginning of Current Year	End of Year
		3,145,594.	240,490.
		2,905,104.	

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, PRESIDENT Type or print name and title	Date 12/29/20
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Paid Preparer Use Only	Print/Type preparer's name MICHAEL RADENCICH	Preparer's signature 	Date 11/23/20	Check if self-employed <input type="checkbox"/> PTIN P00187082
	Firm's name ▶ TRIMARCO RADENCICH, LLC Firm's address ▶ 1775 LEGACY CIRCLE NAPERVILLE, IL 60563	Firm's EIN ▶ 20-1672117 Phone no. 630-505-0051		

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