** PUBLIC DISCLOSURE COPY ** Return of Organization Exempt From Income Tax

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

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.

OMB No. 1545-0047
2022
Open to Public
Inspection

B Check if applicable: Common of organization DUET PARTNERS IN HEALTH & AGING, INC.	No No
Name Change Initial	No No 16 16 16 31 402
Name Change Initial	No No 16 16 16 31 402
Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 602-274-5022	No No 16 16 16 31 402
Triple Final Fin	No No 16 16 16 31 402
City or town, state or province, country, and ZIP or foreign postal code Amended PHOENIX, AZ 85051	No No 16 16 16 31 402
Application PhOENIX, AZ 85051 H(a) Is this a group return for subordinates? Yes X	No No 16 16 16 31 402
Application pending F Name and address of principal officer: ANN WHEAT SAME AS C ABOVE I Tax-exempt status: X 501(c)(3) 501(c) ((insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions H(c) Group exemption number K Form of organization: X Corporation Trust Association Other L Year of formation: 1985 M State of legal domicile Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE HEALTH AND WELL-BEING THROUGH VITALLY NEEDED SERVICES TO HOMEBOUND ADULTS, FAMILY 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of volunteers (estimate if necessary) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 2 203 434. 2 2082 1	16 16 31 402
Tax-exempt status: Sol1(c)(3) Sol1(c) () (insert no.) 4947(a)(1) or 527	16 16 31 402
Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527 If "No," attach a list. See instructions H(c) Group exemption number	16 16 31 402
Website: WWW.DUETAZ.ORG	16 16 31 402
Part I Summary 1 Briefly describe the organization's mission or most significant activities: PROMOTE HEALTH AND WELL-BEING THROUGH VITALLY NEEDED SERVICES TO HOMEBOUND ADULTS, FAMILY 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) 4 Number of independent voting members of the governing body (Part VI, line 1b) 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 Prior Year Current Year 8 Contributions and grants (Part VIII line 1b) 2 203 434, 2 082 1	16 16 31 402
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8 Contributions and grants (Part VIII line 1b) 2 203 434. 2 082 1	0.
8 Contributions and grants (Part VIII, line 1h) 2,203,434. 2,082,1 9 Program service revenue (Part VIII, line 2g) 13,897. 11,0 10 Investment income (Part VIII, column (A) lines 3,4 and 7d) 12,165. 15,7	
9 Program service revenue (Part VIII, line 2g) 13,897. 11,0	
10 Investment income (Part VIII column (A) lines 3, 4, and 7d) 12, 165, 15, 7	
The state of the true of true of the true of true of the true of the true of the true of true of true of the true of t	83.
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,222,870. 2,097,6	28.
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.
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) 1,138,261. 1,255,3	
16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 17. Other expenses (Part IX, column (A), lines 11e, 11e, 11e, 11e, 11e, 11e, 11e, 11	0.
b Total fundraising expenses (Part IX, column (D), line 25)	
To Other expenses (Part IX, Column (A), lines 11a-11u, 111-24e)	
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 1,745,600. 2,235,0	
19 Revenue less expenses. Subtract line 18 from line 12 477,270137,4	17.
Beginning of Current Year End of Year	70
20 Total assets (Part X, line 16) 2,409,868. 2,974,2	
Beginning of Current Year End of Year	
Part II Signature Block	54.
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	ic ic
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	15
Onn F Wheat.	
Sign Signature of officer Date	
Here ANN WHEAT, EXECUTIVE DIRECTOR	
Type or print name and title	
Date Check DIN	
Print/Type preparer's name Preparer's signature Preparer's signature Preparer's signature Preparer's signature Print/Type preparer's name Preparer's signature Preparer's sig	
Preparer Firm's name HEINFELD, MEECH, & CO, P.C. Firm's EIN 86-0558065	
Use Only Firm's address 1365 N SCOTTSDALE RD. #300	
SCOTTSDALE, AZ 85257 Phone no.602-277-9449	
May the IRS discuss this return with the preparer shown above? See instructions X Yes	

 $74 \!-\! 2370522$

	Check if Schedule O contains a response or note to any line in this Part III		X_
1	Briefly describe the organization's mission:		
	PROMOTE HEALTH AND WELL-BEING THROUGH VITALLY NEEDED SERVICES TO		
	HOMEBOUND ADULTS, FAMILY CAREGIVERS, FAITH COMMUNITIES, AND		
	GRANDFAMILIES.		
2	Did the organization undertake any significant program services during the year which were not liste	ed on the	
	prior Form 990 or 990-EZ?		Yes X No
	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	m services?	Yes X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program	services, as measured l	ov expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501(c)(4) organizations are required to report the amount of grants and allocated to the section 501(c)(4) organization 501(c)(4)		· ·
	revenue, if any, for each program service reported.	,	
4a) (Revenue \$	11,071.)
	HOMEBOUND ADULTS: 393 UNDUPLICATED, ISOLATED ELDERS AND ADULTS WITH	/ (nevenue	
	DISABILITIES, "NEIGHBORS", RECEIVED PERSONALIZED SERVICES SUCH AS		
	GROCERY SHOPPING, MEDICAL TRANSPORTATION, VISITS, AND PAPERWORK		
	ASSISTANCE. THESE INDIVIDUALS WERE SERVED BY 309 ACTIVE VOLUNTEERS FOR		
	AN ANNUAL TOTAL OF 11,544 SELF-REPORTED HOURS.		
	THE THEORET OF THE STATE AND ADDRESS.		
4b) (Revenue \$)
	FAMILY CAREGIVERS: 696 UNDUPLICATED FAMILY CAREGIVERS GAINED HELP AND		
	HOPE IN THEIR CAREGIVING JOURNEY. OF THESE, 400 FAMILY CAREGIVERS		
	PARTICIPATED IN DUET'S 10-WEEK FINDING MEANING & HOPE DISCUSSION		
	SERIES. 238 SUPPORT GROUPS THROUGHOUT THE YEAR GUIDED AND SUPPORTED		
	1,404 ATTENDEES.		
4c	(Code:) (Expenses \$ 350,824. including grants of \$) (Revenue \$)
	GRANDPARENTS RAISING GRANDCHILDREN: 535 UNDUPLICATED GRANDPARENTS AND		
	802 UNDUPLICATED GRANDCHILDREN RECEIVED SUPPORT THROUGH GROUP SESSIONS.		
	WORKSHOPS, OUTINGS, RESPITE, LEGAL ASSISTANCE, AND REFERRAL ASSISTANCE		
	FROM DUET. 54 SUPPORT GROUPS WERE ATTENDED BY 128 KINSHIP CAREGIVERS.		
	RESPITE PROVIDED "TIME-OFF" TO 75 GRANDPARENTS AND 85 GRANDCHILDREN		
	THROUGH 12,163 HOURS OF SUPERVISED ACTIVITY. 3,998 CALLS AND EMAILS		
	WERE REPSONDED TO WITH INFORMATION AND REFERRAL SERVICES. OVERALL		
	GRANDPARENTS REPORTED THEY FELT MORE CONFIDENT IN THEIR ROLE AS A		
	PARENT/CAREGIVER AND THEIR STRESS WAS REDUCED AFTER RECEIVING DUET		
	SERVICES.		
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 72,599 including grants of \$) (Revenue \$)
4e	Total program service expenses 1,219,825.		

Form 990 (2022) 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)?		v	
_	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
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			l
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
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		X
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		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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	Х	
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	Х	
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		Х
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	X	
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	Х	
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?			l
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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			x
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		х	
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	^	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40	х	
10	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		x
20-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u> </u>
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			x
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21		_ 4\

Part IV Checklist of Required Schedules (continued)

			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			
	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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
25a	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		Х
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		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	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		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			l
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			.,
	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		
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
00	Schedule N, Part II	32		
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	33		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	- 33		 ^
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		x
35 2	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	558		<u> </u>
	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?	555		
	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?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	TV 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
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		v	
	(gambling) winnings to prize winners?	1c	Х	<u> </u>

DUET PARTNERS IN HEALTH & AGING, INC.

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

a Initiation fees and capital contributions included on Part VIII, line 12						Yes	No				
b if at least one is reported on line 2a, clid the organization file all required federal employment tax returns? 30 Dot the organization have unrelated business gross income of \$1,000 or more during the year? 31 A lat with experimental processes of the organization have an expense or such as the dial of prom \$0.00 for this year? 42 A lat with experimental processes and the organization have an interest in, or a signature or other authority over, a familiar processes and the organization are an interest in, or a signature or other authority over, a familiar processes and the organization are an interest in, or a signature or other authority over, a familiar processes and the organization are an interest in, or a signature or other authority over, a familiar processes and the organization are of the foreign country. 53 If Yes, "enter the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 54 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 55 If Yes, "enter the name of the foreign country was or is a party to a prohibited tax shelter transaction? 55 If Yes, "did the organization in a grant party that are normally greater than \$100,000, and did the organization solicit any contributions that twee not tax deductible as charitable contributions." 56 If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible. The organization relates a payment in exasts of \$5 mates party state organization and party for goods and services provided to the payor? 56 If Yes, "did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible in exasts of \$5 mates party state organization solicitation and payment in exasts of \$5 mates party state organization solicitation and payment in exasts of \$5 mates party state organization solicitation and payment in exasts. 56 If Yes,	2 a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
So Did the organization have unrelated business gross income of \$1,000 or more during the year? It is the common the calendary part of the thing year? If who'r to line \$0, provide an explanation on Schedule O At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). So Was the organization party to a prohibited tax shelter transaction at any time during the tax year? So Was the organization party to a prohibited tax shelter transaction at any time during the tax year? So If If Year's (indicate in a prohibited tax shelter transaction at any time during the tax year? So If If Year's (indicate in a prohibited tax shelter transaction) or a prohibited tax shelter transaction? So If If Year's (indicate in a prohibited tax shelter transaction) or a prohibited tax shelter transaction or any contributions at the organization fraction organization file from 888617. So If Year's (indicate the name of the foreign Bank and Financial Accounts (FBAR). So If Year's (indicate the name) are contributions or contributions or grits were not tax deductible as charitable contributions. So If Year's (indicate the name) are contributions under section 170(c). But the organization receive adeductible contributions under section 170(c). But the organization receive and contribution or any section 170(c). But the organization receive and profit the denor of the value of the goods or services provided? To If Year's indicate the number of Forms 8828 2filed during the year. But Hyras, I did the organization receive and profit the denor of the value of the goods or services provided? To If Year's indicate the number of Forms 8828 2filed during the year. But the organization receive and contribution of causificity in ordan profit with s		filed for the calendar year ending with or within the year covered by this return	2a	31							
b If "Yes," has it filled a Form 989.1" for this year? If "No" to line 30, provide an explanation on Schedule 0 4. All any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account; account or other financial account)? 4. If "Yes," enter the name of the foreign country See instructions for filling requirements for FinCR Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5. Was the organization a party to a prohibited tax sheter transaction at any time during the tax year? 5. Was the organization aparty to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a prohibited tax was or is a party to a part	b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns?		2b	Х					
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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			Х
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			
	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 16			
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			
	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		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a	Х	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
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	Х	
14	Did the organization have a written document retention and destruction policy?	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	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		Х
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 NONE			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	s only)	availal	ole
	for public inspection. Indicate how you made these available. Check all that apply.	,,		
	X Own website X 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	d financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 602-274-5022			
	10000 N 31ST AVENUE SUITE D200, PHOENIX, AZ 85051			

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. 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

- 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.

(A) Name and title	(B) Average hours per	(do	not c	Pos	C) ition		one	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			irecto	Highest compensated sn.t.	tee)	from the organization (W-2/1099-MISC/ 1099-NEC)	from related organizations (W-2/1099-MISC/ 1099-NEC)	other compensation from the organization and related organizations
(1) ANN WHEAT	40.00	1							_	
EXECUTIVE DIRECTOR				Х				84,727.	0.	18,629.
(2) STU TURGEL	1.00	4							_	_
DIRECTOR		Х						0.	0.	0.
(3) BILL TABINSKY	1.00	4							_	_
DIRECTOR (THROUGH 07/2022)		Х						0.	0.	0.
(4) BOB ROTH	1.00	4							_	_
DIRECTOR (THROUGH 07/2022)	1	Х						0.	0.	0.
(5) CAROL HEIMANN	1.00	∤							_	
DIRECTOR		Х						0.	0.	0.
(6) NANCY ZIKIAS	2.00	∤							_	
TREASURER	1 00	Х		Х				0.	0.	0.
(7) ANDREA GARCIA	1.00	∤							_	
DIRECTOR (THROUGH 06/2022)		Х						0.	0.	0.
(8) JANICE BRANDT	4.00	∤							_	
PRESIDENT		Х		Х				0.	0.	0.
(9) ELLEN DEAN	2.00	ł							•	
PAST PRESIDENT	1	Х		Х				0.	0.	0.
(10) DONNA ROSSI	1.00	∤							_	
DIRECTOR		Х						0.	0.	0.
(11) BRENDA HOLT	1.00	4							_	_
DIRECTOR		Х						0.	0.	0.
(12) LISA NOTHUM	2.00	∤							_	
ASSISTANT TREASURER		Х		Х				0.	0.	0.
(13) CHERYL PLEWA	2.00	∤							_	
SECRETARY	1	Х		Х				0.	0.	0.
(14) SHRUTI GURUDANTI	1.00	ł							_	_
DIRECTOR	1	Х						0.	0.	0.
(15) STEPHANIE BIVENS	1.00	ł <u>.</u>							_	_
DIRECTOR	1 00	Х	\vdash		_	-		0.	0.	0.
(16) JAN DOUGHERTY	1.00	ł <u>.</u>							_	_
DIRECTOR	1 00	Х				_		0.	0.	0.
(17) DAWN KATEK	1.00	 							_	_
DIRECTOR		Х		<u> </u>	<u> </u>			0.	0.	0. Form 990 (2022)

232007 12-13-22 Form **990** (2022)

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)													
(A) (B) (C) (D) (E)									(F)				
Name and title	Average	(do		Pos			200	Reportable	Reportable		Es	stimat	ed
	hours per	box	not c , unle	ss per	rson i	s both	n an	compensation	compensation		ar	nount	of
	week	offi	cer an	nd a di	irecto	r/trus	tee)	from	from related			other	
	(list any	ector						the	organizations			pensa	
	hours for	or dir	يو			ated		organization	(W-2/1099-MISC	;/		om th	
	related organizations	ıstee	truste		a	bens		(W-2/1099-MISC/	1099-NEC)		_	aniza	
	below	Jal tru	ional		ploye	L com		1099-NEC)				d rela	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	anizat	10115
(18) MARIA MASKELL	1.00	╘	╘	0	¥	Ξ 65	ш.						
DIRECTOR		x						0.		0.			0.
(19) CHERRY PEREZ	1.00												
DIRECTOR		х						0.		0.			0.
(20) GERALD WOOD	1.00												
DIRECTOR (THROUGH 07/2022)		х						0.		0.			0.
										_			
1b Subtotal								84,727.		0.		18	,629.
c Total from continuation sheets to Part VI								0.		0.			0.
d Total (add lines 1b and 1c)								84,727.		0.		18	629.
2 Total number of individuals (including but n	ot limited to th	ose	liste	d ab	ove) wh	o re	eceived more than \$100,	000 of reportable				0
compensation from the organization												Yes	No
O Did the consciention list on Common officers	-Post Asia Asia Asia			1						1		162	NO
3 Did the organization list any former officer,											_		х
line 1a? If "Yes," complete Schedule J for s											3		
4 For any individual listed on line 1a, is the su											4		Х
and related organizations greater than \$150Did any person listed on line 1a receive or a											4		
rendered to the organization? If "Yes." com							iale	ed organization or individ	iuai ioi services		5		Х
Section B. Independent Contractors	<u>ipietė Scrieduli</u>	e <i>J 1</i>	or st	ICH L	bers	OH .					<u> </u>		
Complete this table for your five highest contains the second secon	mpensated inc	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of compe	nsat	ion fro	om	
the organization. Report compensation for													
(A)								(B)			((
Name and business	address	NO	NE					Description of s	ervices	С	ompe	nsatio	n
							_						
							\dashv						
							\dashv						
2 Total number of independent contractors (in	•	ot lir	nited	d to t	thos	se lis n	ted	above) who received mo	ore than				

Form 990 (2022) DUET PARTNE Part VIII Statement of Revenue

		Check if Schedule O contains a response o	or note to any line	e in this Part VIII			
		<u> </u>	,	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
					Turiction revenue	business revenue	sections 512 - 514
S S	1 :	a Federated campaigns 1a					
ant		Membership dues 1b					
يَ ق		Fundraising events 1c	53,888.				
ifts		d Related organizations 1d	,				
nila,		e Government grants (contributions) 1e	1,003,174.				
Sir		f All other contributions, gifts, grants, and	, ,				
uti Je		similar amounts not included above 1f	1,025,123.				
G 🖺		9 Noncash contributions included in lines 1a-1f 1g \$	11,615.				
Contributions, Gifts, Grants and Other Similar Amounts		h Total. Add lines 1a-1f	,	2,082,185.			
0 10		Total. Add lines 14 11	Business Code				
4	2 :	WORKSHOP & RESOURCE SA	900099	11,071.	11,071.		
je	_						
ser, ue							
m S		C					
gra Re		d					
Program Service Revenue		All other program service revenue					
_		Total. Add lines 2a-2f		11,071.			
	3			11,071.			
	3	Investment income (including dividends, interes		15,783.			15,783.
		other similar amounts)		15,705.			13,703.
	4	Income from investment of tax-exempt bond pr	- 1				
	5	Royalties(i) Real	(ii) Personal				
	_	· · · · · · · · · · · · · · · · · · ·	(ii) i ersoriai				
		a Gross rents 6a					
		Less: rental expenses 6b					
		Rental income or (loss) 6c					
			(ii) Other				
	7 3		(ii) Other				
		assets other than inventory 7a					
•		b Less: cost or other basis					
her Revenue		and sales expenses					
eve		Gain or (loss)					
r.		d Net gain or (loss)					
Othe	8 :	a Gross income from fundraising events (not including \$ 53,888. of					
		contributions reported on line 1c). See					
		Part IV, line 18	1,620.				
		b Less: direct expenses 8b	13,031.				
		Net income or (loss) from fundraising events		-11,411.			-11,411.
		a Gross income from gaming activities. See					
	-	Part IV, line 19 9a					
		b Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
		a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold 10b					
		Net income or (loss) from sales of inventory					
			Business Code				
snc	11 :	a					
Miscellaneous Revenue							
ella vei							
<u> Ş</u>		d All other revenue					
Σ		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		2,097,628.	11,071.	0.	4,372.

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).

36011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
Do	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	84,727.	57,731.	12,958.	14,038.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	977,824.	666,263.	149,549.	162,012.
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	11,519.	6,569.	2,376.	2,574.
9	Other employee benefits	103,383.	58,956.	21,325.	23,102.
10	Payroll taxes	77,876.	44,410.	16,064.	17,402.
11	Fees for services (nonemployees):	100 000	0.5.5.4	26 410	56 000
а	Management	180,820.	87,574.	36,418.	56,828.
b	• • • • • • • • • • • • • • • • • • •	104 200	1 000	102 200	
	Accounting	124,320.	1,000.	123,320.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	17,459.	11,174.	4,190.	2,095.
40	column (A), amount, list line 11g expenses on Sch 0.)	9,910.	1,972.	5,523.	2,415.
12 13	Advertising and promotion	73,008.	42,634.	23,246.	7,128.
14	Office expenses	19,250.	15,608.	3,348.	294.
15	Royalties	==,===		-,	
16	Occupancy	123,928.	80,553.	24,786.	18,589.
17	Travel	7,353.	5,833.	1,398.	122.
18	Payments of travel or entertainment expenses	,	,	,	
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,392.	30,971.	11,614.	5,807.
23	Insurance	20,723.	15,290.	3,478.	1,955.
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	BAD DEBT EXPENSE	183,969.			183,969.
b	PROGRAM COSTS	59,917.	59,917.		
С	BANKING AND PAYROLL PRO	10,089.	6,682.	2,850.	557.
d	CONTINUING EDUCATION AN	1,636.	1,367.	269.	
е	All other expenses	98,942.	25,321.	44,625.	28,996.
25	Total functional expenses. Add lines 1 through 24e	2,235,045.	1,219,825.	487,337.	527,883.
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)				E 000 (2000)

Form 990 (2022) Part X | Balance Sheet

		Check if Schedule O contains a response or not	e to any	/ line in this Part X								
					(A) Beginning of year		(B) End of year					
	1	Cash - non-interest-bearing			287,797.	1	676,428.					
	2	Savings and temporary cash investments				2						
	3	Pledges and grants receivable, net			619,990.	3	284,248.					
	4	Accounts receivable, net			53,794.	4	76,418.					
	5	Loans and other receivables from any current or										
		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%								
		controlled entity or family member of any of these		· · · · · · · · · · · · · · · · · · ·		5						
	6	Loans and other receivables from other disquali										
		under section 4958(f)(1)), and persons described		6								
s	7	Notes and loans receivable, net			7							
Assets	8	Inventories for sale or use				8						
As	9	Prepaid expenses and deferred charges			26,053.	9	23,112.					
		Land, buildings, and equipment: cost or other										
		basis. Complete Part VI of Schedule D	10a	389,379.								
	b	Less: accumulated depreciation		292,086.	145,685.	145,685. 10c						
	11	Investments - publicly traded securities			1,267,033.	11	971,973.					
	12	Investments - other securities. See Part IV, line 1				12						
	13	Investments - program-related. See Part IV, line			13							
	14	Intangible assets			14							
	15	Other assets. See Part IV, line 11			9,516.	15	844,807.					
	16	Total assets. Add lines 1 through 15 (must equ			2,409,868.	16	2,974,279.					
	17	Accounts payable and accrued expenses			71,494.	17	80,140.					
	18	Grants payable			18							
	19	Deferred revenue			19	32,704.						
	20	Tax-exempt bond liabilities			20							
	21	Escrow or custodial account liability. Complete				21						
s	22	Loans and other payables to any current or form										
Liabilities		trustee, key employee, creator or founder, subst	tantial c	ontributor, or 35%								
abil		controlled entity or family member of any of the	se perso	ons		22						
Ĩ	23	Secured mortgages and notes payable to unrela	ted thir	d parties		23						
	24	Unsecured notes and loans payable to unrelated	d third p	arties		24						
	25	Other liabilities (including federal income tax, pa	yables t	to related third								
		parties, and other liabilities not included on lines	17-24).	Complete Part X								
		of Schedule D			137,623.	25	958,181.					
	26	Total liabilities. Add lines 17 through 25			209,117.	26	1,071,025.					
		Organizations that follow FASB ASC 958, che	ck here	X								
ses		and complete lines 27, 28, 32, and 33.										
<u>a</u>	27	Net assets without donor restrictions			1,335,293.	27	1,156,286.					
Ва	28	Net assets with donor restrictions			865,458.	28	746,968.					
Fund Balances		Organizations that do not follow FASB ASC 9										
Ę		and complete lines 29 through 33.										
Net Assets or	29	Capital stock or trust principal, or current funds				29						
set	30	Paid-in or capital surplus, or land, building, or ed	quipmer	nt fund		30						
As	31	Retained earnings, endowment, accumulated in				31						
Net	32	Total net assets or fund balances			2,200,751.	32	1,903,254.					
	33	Total liabilities and net assets/fund balances .			2,409,868.	33	2,974,279.					

Form **990** (2022)

Ра	Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,	097,	628.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2,	235,	045.
3	Revenue less expenses. Subtract line 2 from line 1				417.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,	200,	751.
5	Net unrealized gains (losses) on investments	5		160,	080.
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	1,	903,	254.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	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 separate	basis,			
	consolidated basis, or both:				
	X 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	audit,			
	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 Scho	edule O.			
За	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		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ed audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
				ΩΩΩ	

Form **990** (2022)

SCHEDULE A

(Form 990)

Total

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.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

Name of the organization

DUET PARTNERS IN HEALTH & AGING INC.

Employer identification number

OMB No. 1545-0047

74-2370522 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.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 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). X 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.) 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 10 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 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. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having 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. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (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) No above (see instructions))

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sed	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1,476,677.	943,801.	1,814,153.	2,203,434.	2,082,185.	8,520,250.
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	1,476,677.	943,801.	1,814,153.	2,203,434.	2,082,185.	8,520,250.
	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)						874,326.
6	Public support. Subtract line 5 from line 4.						7,645,924.
	ction B. Total Support		<u>_</u>	<u>'</u>			<u> </u>
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 4	1,476,677.	943,801.	1,814,153.	2,203,434.	2,082,185.	8,520,250.
	Gross income from interest,	, ,	,	, ,	, ,	, ,	· · · · · · · · · · · · · · · · · · ·
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	10,440.	12,415.	7,625.	12,165.	15,783.	58,428.
a	Net income from unrelated business	, -	, -	, -	, -	, -	,
5	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)	30,824.	11,716.	-6,766.	7,271.	11,071.	54,116.
44	Total support. Add lines 7 through 10	55,521.	11,710.	5,7551	.,=.=.	22,012.	8,632,794.
	Gross receipts from related activities,	oto (coo instruction	ne)			12	101,133.
	First 5 years. If the Form 990 is for the	•	,	outh or fifth tay w			
13	organization, check this box and stor	•		•		J 1(C)(S)	
Sec	etion C. Computation of Publi						
	Public support percentage for 2022 (li			olumn (f))		14	88.57 %
	Public support percentage from 2021					15	84.14 %
	33 1/3% support test - 2022. If the o						
	* *	_					
h	stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
179	and stop here. The organization qualifies as a publicly supported organization						
114	7a 10% -facts-and-circumstances test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te			-		_	
L	10% -facts-and-circumstances test	•	•	• • • •		72 and line 15 is 1	
D		ū				•	U70 UI
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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.)

Calendar year (or fiscal year beginning in) Giffs, grants, contributions, and membership fees received. (Do not include any "Unusual grants") Gross receipts from admissions, membradies cold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose Gross receipts from activities that are not an unrelated trade or bus iness under services or facilities furnished by a governmental unit to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization whould charge 6 Total. Add lines 1 through 5 7 A mounts included on lines 1, 2, and 3 received from disqualified persons b Amenia houlded to his ex 2 and 3 received from the two designations of the form of the two designations of the two forms of the two designations or the two designations or the services or facilities furnished upport to insure the company of the two forms of the two designations or the two designations or the services or facilities furnished upport to insure the company of the two designations or the services or facilities furnished upport to insure the services of the company of the services or facilities forms of the two designations or the services or facilities forms of the two designations or the services or facilities for the two designations or the services or facilities forms of the services or facilities forms or the services or facilities for the two designations or the services or facilities for the services or facilities or facilities for the services or facilities for the organization of the services or facilities or facil	Sec	tion A. Public Support						
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20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions	20							

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		
1		
2		
За		
3b		
30		
3c		
4a		
14		
4b		
4c		
40		
5a		
Eh		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
30		
10a		
104		
10b	1	

Pai	t 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		
С	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		
Sec	tion 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 officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	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,			
<u>Sac</u>	supervised, or controlled the supporting organization. tion C. Type II Supporting Organizations	2		<u> </u>
56 6	aon o. 13pc ii oupporting organizations		V-	
			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		
Sec	tion D. All Type III Supporting Organizations	<u> </u>		
	<i>y</i> . 11. 0 0		Yes	No
1	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 tax			
	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		
2	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		
3	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			
<u> </u>	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)	•		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.		,	
с 2	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in: Activities Test. Answer lines 2a and 2b below.	struction	s). Yes	No
z a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		162	INO
а	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	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		
b	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	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		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	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.	3b		

Pai	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on I	Nov. 20, 1970 (explain in l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
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 Part VI):			
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 integrate	ed Type III supporting orga	nization (see
	instructions).	, ,		•

Schedule A (Form 990) 2022

Par	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)						
Secti	on D - Distributions		·		Current Year		
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1			
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpose	3	3				
4	Amounts paid to acquire exempt-use assets			4			
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5			
6	Other distributions (describe in Part VI). See instructions.			6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which the	ne organization is responsive					
	(provide details in Part VI). See instructions.			8			
9	Distributable amount for 2022 from Section C, line 6			9			
10	Line 8 amount divided by line 9 amount			10			
		(i)	(ii)		(iii)		
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2022		Distributable Amount for 2022		
1	Distributable amount for 2022 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2022 (reason-						
	able cause required - explain in Part VI). See instructions.						
3	Excess distributions carryover, if any, to 2022						
<u>a</u>	a From 2017						
<u>b</u>	From 2018						
c	From 2019						
<u>d</u>	From 2020						
<u>e</u>	From 2021						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2022 distributable amount						
<u>i_</u>	Carryover from 2017 not applied (see instructions)						
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2022 from Section D,						
	line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u>b</u>	Applied to 2022 distributable amount						
c	Remainder. Subtract lines 4a and 4b from line 4.						
5	Remaining underdistributions for years prior to 2022, if						
	any. Subtract lines 3g and 4a from line 2. For result greater						
	than zero, explain in Part VI. See instructions.						
6	Remaining underdistributions for 2022. Subtract lines 3h						
	and 4b from line 1. For result greater than zero, explain in						
	Part VI. See instructions.						
7	Excess distributions carryover to 2023. Add lines 3j						
	and 4c.						
8	Breakdown of line 7:						
	Excess from 2018						
	Excess from 2019						
	Excess from 2020						
	Excess from 2021						
<u>e</u>	Excess from 2022						

Schedule A (Form 990) 2022

Schedule B

(Form 990)

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service

Name of the organization

DUET PARTNERS IN HEALTH & AGING, INC.

74-2370522

Organization type (check	cone):			
Filers of:	Section:			
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization			
	4947(a)(1) nonexempt charitable trust not treated as a private foundation			
	527 political organization			
Form 990-PF	501(c)(3) exempt private foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation			
	501(c)(3) taxable private foundation			
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.			
General Rule				
	ion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or ny one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.			
Special Rules				
sections 509(a)(contributor, duri	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one ng the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; EZ, line 1. Complete Parts I and II.			
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$				
answer "No" on Part IV, li	that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must ne 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify ling requirements of Schedule B (Form 990).			

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Employer identification number

DUET PARTNERS IN HEALTH & AGING, INC.

74-2370522

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$95,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$120,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$116,199.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$\$	Person X Payroll

Name of organization

Employer identification number

DUET PARTNERS IN HEALTH & AGING, INC.

74-2370522

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$65,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$81,950.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9		\$50,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

Name of organization

Employer identification number

DUET PARTNERS IN HEALTH & AGING, INC.

74-2370522

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Schedule B (Form 990) (2022) Page **4**

Name of organization **Employer identification number** DUET PARTNERS IN HEALTH & AGING, INC. 74 - 2370522Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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 Inspection

Name of the organization

DUET PARTNERS IN HEALTH & AGING, INC.

Employer identification number

 $74 \!-\! 2370522$

Pai	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		r Funds or Ad	counts. Complete if the
	organization answered Tes Sitt Offi 556, Fart IV, IIIV	(a) Donor advised fund	ds (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 v	vriting that the assets held in o	lonor advised fund	ds
	are the organization's property, subject to the organization's			
6	Did the organization inform all grantees, donors, and donor ac			
	for charitable purposes and not for the benefit of the donor or	r donor advisor, or for any othe	er purpose conferr	ing
				Yes No
Par	T II Conservation Easements. Complete if the org	ganization answered "Yes" on I	Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (for example, recreat	tion or education) Pres	servation of a histo	orically important land area
	Protection of natural habitat	Pres	servation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution i	n the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or termina	ated by the organi	zation during the tax
	year			
4	Number of states where property subject to conservation eas			
5	Does the organization have a written policy regarding the peri		andling of	
	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, l	handling of violations, and enfo	orcing conservatio	n easements during the year
_	According to the state of the s	Property of a last and a second and a second as		and the state of t
7	Amount of expenses incurred in monitoring, inspecting, hand	ling of violations, and enforcing	g conservation eas	sements during the year
	Does each conservation easement reported on line 2(d) above	a actiofy the requirements of a	action 170/b)/4)/P)	
8		* *		·
0	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation			
9				
	balance sheet, and include, if applicable, the text of the footn organization's accounting for conservation easements.	ote to the organization's infant	Jai Statements the	at describes trie
Par	t III Organizations Maintaining Collections of	Art, Historical Treasure	es, or Other S	imilar Assets.
	Complete if the organization answered "Yes" on Form		·	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue s	tatement and bala	ance sheet works
	of art, historical treasures, or other similar assets held for pub	· ·		
	service, provide in Part XIII the text of the footnote to its finan	•		·
b	If the organization elected, as permitted under FASB ASC 956			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	,		•
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical trea			provide
	the following amounts required to be reported under FASB AS			
а	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			\$

Complete in the organization answered Tes on Form 990, Part IV, line Tra. See Form 990, Part X, line To.				
Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		193,248.	130,978.	62,270.
d Equipment		196,131.	161,108.	35,023.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				97,293.

Schedule D (Form 990) 2022

Part VIII Investments - Other Securities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-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, col. (B) line 12.)		
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.

(7) (8) (9)

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) OPERATING LEASE RIGHT OF USE ASSET	835,291.
(2) SECURITY DEPOSITS	9,516.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	844,807.

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.

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	OPERATING LEASE LIABILITY	958,181.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990. Part X. col. (B) line 25.)	958,181.

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

Pai	T XI Reconciliation of Revenue per Audited Financial Sta		evenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ne 12a.			1 010 050
1				1	1,948,959.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1	160.000		
а	Net unrealized gains (losses) on investments		-160,080.	-	
b	Donated services and use of facilities			-	
С	Recoveries of prior year grants			-	
d	Other (Describe in Part XIII.)	-			160 000
е	Add lines 2a through 2d			2e	-160,080.
3	Subtract line 2e from line 1			3	2,109,039.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		11 411	-	
b	Other (Describe in Part XIII.)		-11,411.	_	11 411
С	Add lines 4a and 4b			4c	-11,411.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12. It XII Reconciliation of Expenses per Audited Financial States.)	vnoncos nor E	5 Coturn	2,097,628.
Га			xperises per r	netuiii.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			Ι.Ι	2 246 456
1	Total expenses and losses per audited financial statements			1	2,246,456.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1			
a	Donated services and use of facilities			-	
b	Prior year adjustments			-	
С.	Other losses			-	
d	Other (Describe in Part XIII.)				0
e	Add lines 2a through 2d			2e	2,246,456.
3	Subtract line 2e from line 1			3	2,240,430.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1.1			
a	Investment expenses not included on Form 990, Part VIII, line 7b		-11,411.	-	
b	Other (Describe in Part XIII.)	•	· · · · · · · · · · · · · · · · · · ·		11 411
	Add lines 4a and 4b			4c	-11,411. 2,235,045.
5 Pa	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 1 t XIII Supplemental Information.	8.)		5	2,235,045.
		4. Doub IV lines 4 le su	od Oby Doub V. Jimo 4	L Dart V III	0. Dort VI
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a			i; Part X, III	ie 2; Part XI,
111163	20 and 4b, and Part An, lines 20 and 4b. Also complete this part to provide a	ny additional informa	don.		
PART	X, LINE 2:				
MANZ	GEMENT HAS EVALUATED THE TAX POSITIONS TAKEN OR EXPECTED	TO BE TAKEN			
	COMMIT AND DYMONIES THE TIME POSITIONS THREE ON DATE SOLD	10 22 1111211,			
TF A	NY, ON ITS EXEMPT ORGANIZATION FILINGS, AND THE LIKELIHOO	OD THAT UPON			
	ini, on its manifestation itsines, ins ins since	55 IIIII 01 01			
EXAN	INATION THOSE POSITIONS WOULD BE SUSTAINED. BASED ON THE	RESULTS OF			
	Initial Index 100111000 Noole De Doblining, Didde on inc	RESCEID OI			
THIS	EVALUATION, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN	TAX POSITIONS.			
PART	XI, LINE 4B - OTHER ADJUSTMENTS:				
FUNI	ORAISING EVENT EXPENSES				
PART	XII, LINE 4B - OTHER ADJUSTMENTS:				
	·				
FUNI	PRAISING EVENT EXPENSES				

Schedule D (Form 990) 2022 232054 09-01-22

SCHEDULE G (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

2022

Open to Public Inspection

Employer identification number

DUET PARTNERS IN HEALTH & AGING, INC. 74-2370522 Part I 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. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. e X Solicitation of non-government grants X Mail solicitations Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) KELLY HART & ASSOCIATES -Yes No 6042 E WALTANN LANE GRANT ADMINISTRATION Х 48,000 1,012,494 964,494. 1,012,494. 48,000, 964,494. Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing. ΑZ

DUET PARTNERS IN HEALTH & AGING, INC. 74-2370522 Schedule G (Form 990) 2022 Page 2 Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 Part II of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GIVING IN THE NONE (add col. (a) through GARDEN col. (c)) (event type) (total number) (event type) 55,508 55,508. Gross receipts 53,888 2 Less: Contributions 53,888. Gross income (line 1 minus line 2) 1,620. 1,620. 4 Cash prizes 250 250. 5 Noncash prizes 98. Direct Expenses 6 Rent/facility costs 2,161. 2,161. 6,346. 6,346. 7 Food and beverages 650 650. 8 Entertainment 3,526. 3,526. 9 Other direct expenses 13,031. **10** Direct expense summary. Add lines 4 through 9 in column (d) -11,411. 11 Net income summary. Subtract line 10 from line 3, column (d) Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add (c) Other gaming (a) Bingo Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses Noncash prizes Direct Rent/facility costs Other direct expenses % Yes Yes % Yes 6 Volunteer labor No 7 Direct expense summary. Add lines 2 through 5 in column (d) 8 Net gaming income summary. Subtract line 7 from line 1, column (d) **9** Enter the state(s) in which the organization conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? **b** If "No," explain:

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?

b If "Yes," explain:

Sch	nedule G (Form 990) 2022 DUET PARTNERS IN HEALTH & AGING, INC.	4-2370522	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	☐ No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	%
	o An outside facility		%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[,,
•	The first the figure and address of the person who propares the organization organization of garming operations and resolute.		
	Name		
	Address		
	Address		
45.	Doca the avacation have a contract with a third party from whom the avacation receives gaming revenue?	Yes	No
ıba	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	L 163	NO
r	o If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
C	c If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
	birector/officer Employee independent contractor		
17	Mandatan, diatributiona		
	Mandatory distributions:		
ā	a Is the organization required under state law to make charitable distributions from the gaming proceeds to	□ v _{aa}	□ Na
	retain the state gaming license?	Yes	∟ No
k	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	,	
Da	organization's own exempt activities during the tax year \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Part III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:		
(I)	NAME OF FUNDRAISER: KELLY HART & ASSOCIATES		
(I)	ADDRESS OF FUNDRAISER: 6042 E WALTANN LANE, SCOTTSDALE, AZ 85254		
	•		

232083 10-27-22 Schedule G (Form 990) 2022

Schedule G	G (Form 990) Supplemental Infor	DUET PARTNERS IN HEALTH & AGING, INC.	74-2370522	Page 4
Part IV	Supplemental Infor	mation (continued)		

SCHEDULE O (Form 990)

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

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

DUET PARTNERS IN HEALTH & AGING, INC.

Employer identification number 74 - 2370522

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
CAREGIVERS, FAITH COMMUNITIES, AND GRANDFAMILIES.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
CONGREGATIONAL HEALTH: CONGREGATIONAL HEALTH IS THE ONLY PROVIDER IN
ARIZONA OF THE FOUNDATIONS OF FAITH COMMUNITY NURSING COURSE. IN 2022,
DUET BEGAN THE TRANSITION OF THE MANAGEMENT OF CONGREGATIONAL HEALTH
SERVICES FROM DUET TO A NEW PARTNER WHO WOULD TAKE OVER THE MANAGEMENT
OF THE PROGRAM IN 2023. DUET BEGAN WORKING WITH THE DIGNITY HEALTH
CENTER FOR FAITH/HEALTH PARTNERSHIPS TO DRAFT AN AGREEMENT WHEREBY
DIGNITY HEALTH WILL PARTNER WITH DUET TO SUPPORT THE PROGRAM AND ASSUME
MANAGEMENT IN THE FUTURE. DUET, ALONG WITH THE CONTRACTED DIRECTOR OF
CONGREGATIONAL HEALTH SERVICES, CONTINUED MANAGEMENT OF THE PROGRAM
THROUGHOUT THE COURSE OF THE YEAR. THE 60+ NURSES CONNECTED WITH DUET
RETAINED ALL PRESENT EDUCATIONAL AND NETWORKING SERVICES AS WELL AS HAD
ACCESS TO A WIDER NETWORK OF PROGRAMS AND BENEFITS OFFERED BY DIGNITY.
THE ARRANGEMENT WILL HELP TO STABILIZE AND ULTIMATELY GROW FAITH
COMMUNITY NURSING HOLISTICALLY ACROSS THE PHOENIX METRO AREA. EACH
MONTH AN AVERAGE OF 14 FAITH COMMUNITY NURSES RECEIVED CONTINUING
EDUCATION AND SUPPORT THROUGH NETWORKING/EDUCATIONAL WORKSHOPS. DUET
AND DIGNITY HEALTH CO-HOSTED THE FOUNDATIONS COURSE IN THE FALL FOR 11
REGISTERED NURSES.
EXPENSES \$ 72,599. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
FORM 990, PART VI, SECTION A, LINE 7A:
THE BOARD OF DIRECTORS CONSISTS OF (A) PERSONS NOMINATED BY DUET'S BOARD

Schedule O (Form 990) 2022 Page **2**

Name of the organization DUET PARTNERS IN HEALTH & AGING, INC.	Employer identification number
DEVELOPMENT COMMITTEE FROM PARTNER CONGREGATIONS AND THE WIDER COMMUNITY	
AND ELECTED BY THE BOARD, AND (B) THE EXECUTIVE DIRECTOR OF DUET AND THE	
CHAIRPERSON OF EACH ADVISORY COUNCIL OF EACH MAJOR DUET SERVICE COMPONENT	
AS MAY BE DEFINED BY THE BOARD FROM TIME TO TIME. THE DIRECTORS ARE AT	
LEAST 15 AND AT LEAST 3 OF THE DIRECTORS DESCRIBED IN (A), AND (B) NOTED	
ABOVE, SHALL BE MEMBERS OF THE CHURCH OF THE BEATITUDES. THE BOARD MAY ALSO	
APPOINT NONVOTING EX-OFFICIO DIRECTORS TO SERVE AT THE DISCRETION OF THE	
BOARD.	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE EXECUTIVE DIRECTOR, HER STAFF, CONTRACTED ACCOUNTING STAFF, AND AUDIT	
COMMITTEE REVIEW THE FORM 990 FOR ACCURACY BEFORE DISTRIBUTING TO THE	
FINANCE COMMITTEE AND BOARD. THE FINANCE COMMITTEE WILL REVIEW THE FORM 990	
AND FOLLOW UP WITH A MOTION TO SEND THE 990 ON TO THE BOARD OF DIRECTORS	
FOR REVIEW, COMMENT AND APPROVAL PRIOR TO THE RETURN BEING FILED.	
FORM 990, PART VI, SECTION B, LINE 12C:	
AT EACH BOARD AND COMMITTEE MEETING, IF THERE IS A DISCUSSION OF SELECTING	
OR ENGAGING A VENDOR OR SERVICE PROVIDER, ALL IN ATTENDANCE ARE ASKED TO	
RECUSE THEMSELVES FROM THIS DISCUSSION IF THERE COULD BE A PERCEIVED	
CONFLICT. ANNUALLY, THE ORGANIZATION REVIEWS AND DISCUSSES THE CONFLICT OF	
INTEREST POLICY AND REQUESTS THAT EACH BOARD MEMBER LIST AND ACKNOWLEDGE	
ANY KNOWN CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD MAY HIRE AND COMPENSATE INDIVIDUALS FOR NECESSARY SERVICES	
RENDERED TO THE ORGANIZATION SO LONG AS SUCH COMPENSATION IS REASONABLE.	
THE BOARD SHALL DETERMINE REASONABLE COMPENSATION AMOUNTS BASED UPON	

Schedule O (Form 990) 2022

Name of the organization

DUET PARTNERS IN HEALTH & AGING, INC.

Employer identification number
74-2370522

COMPENSATION PAID BY SIMILARLY SITUATED NONPROFITS FOR LIKE SERVICES. THEY MAY RELY UPON SALARY STUDIES, AS WELL AS DATA REGARDING COMPENSATION PAID BY AT LEAST THREE SPECIFIC PEER ORGANIZATIONS OF SIMILAR SIZE TO DETERMINE REASONABLE COMPENSATION. THE TERMS OF SUCH COMPENSATION, AND ITS SOURCE SHALL BE RECORDED IN WRITING. AN INDIVIDUAL WHO IS A VOTING MEMBER OF THE BOARD OR A COMMITTEE WITH THE BOARD DELEGATED POWERS AND WHO RECEIVES COMPENSATION, DIRECTLY OR INDIRECTLY, FROM THE ORGANIZATION FOR SERVICES, IS PRECLUDED FROM PARTICIPATING IN DISCUSSIONS OR VOTES PERTAINING TO THEIR OWN. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION WILL PROVIDE IN A TIMELY MANNER, COPIES OF TAX RETURNS, FINANCIAL STATEMENTS, AND ALL GOVERNING DOCUMENTS INCLUDING ITS CONFLICT OF INTEREST POLICIES WHEN REQUESTED IN WRITING OR IN PERSON.

Form **8868**

(Rev. January 2022)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Taxpayer identification number (TIN) Type or Name of exempt organization or other filer, see instructions. print DUET PARTNERS IN HEALTH & AGING, INC. 74-2370522 File by the Number, street, and room or suite no. If a P.O. box, see instructions. filing your 10000 N 31ST AVENUE, D200 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. instructions PHOENIX, AZ 85051 Enter the Return Code for the return that this application is for (file a separate application for each return) **Application** Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ Form 1041-A 01 08 Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 6069 11 12 Form 990-T (trust other than above) 06 Form 8870 Form 990-T (corporation) THE ORGANIZATION The books are in the care of ► 10000 N 31ST AVENUE SUITE D200 - PHOENIX, AZ 85051 Telephone No. ▶ 602-274-5022 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)

. If this is for the whole group, check this . If it is for part of the group, check this box 🕨 📉 and attach a list with the names and TINs of all members the extension is for. NOVEMBER 15, 2023 ____, to file the exempt organization return for I request an automatic 6-month extension of time until the organization named above. The extension is for the organization's return for: ► X calendar year 2022 or , and ending | Initial return Final return If the tax year entered in line 1 is for less than 12 months, check reason: Change in accounting period If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. За If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and 0. estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2022)

instructions