# \*\* 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) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047
2023
Open to Public Inspection

ΑF	or the	2023 calendar year, or tax year beginning and	l ending								
<b>B</b> c	Check if applicable	C Name of organization		D Employer identi	fication number						
	Addres	DUET PARTNERS IN HEALTH & AGING, INC.									
	Name change	Doing business as		74-2370522							
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) 10000 N 31ST AVENUE	Room/suite D200	E Telephone number 602-274-5022							
	□return/ termin ated		D200								
	ated □Ameno	, , , , , , , , , , , , , , , , , , , ,		G Gross receipts \$	1,994,301.						
	return □Applic	PHOENIA, AZ 03031		H(a) Is this a group							
	⊥tion pendir	F Name and address of principal officer: ANN WILLIAM		for subordinate							
_		SAME AS C ABOVE		H(b) Are all subordinates							
		empt status: X 501(c)(3) 501(c) ( ) (insert no.) 4947(a)(1)	or 527	1 '	a list. See instructions						
_	Nebsit		T	H(c) Group exempt							
	K Form of organization: X Corporation Trust Association Other L Year of formation: 1985 M State of legal domicile: AZ  Part I Summary										
	1	Briefly describe the organization's mission or most significant activities: TO PRO	MOTE HEAI	TH AND WELL-BEI	NG						
Governance		THROUGH VITALLY NEEDED SERVICES TO HOMEBOUND ADULTS, FAMILY									
nar	2	Check this box if the organization discontinued its operations or dispo	sed of more	than 25% of its net a	ssets.						
Ve	3	Number of voting members of the governing body (Part VI, line 1a)			13						
	4	Number of independent voting members of the governing body (Part VI, line 1b)			, 13						
<b>ფ</b>		Total number of individuals employed in calendar year 2023 (Part V, line 2a)			33						
Activities		Total number of volunteers (estimate if necessary)			454						
çi		Total unrelated business revenue from Part VIII, column (C), line 12			0.						
ď		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.						
Revenue				Prior Year	Current Year						
	8	Contributions and grants (Part VIII, line 1h)		2,082,185	1,948,473.						
	1	Program service revenue (Part VIII, line 2g)		11,071	. 14,376.						
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		15,783	. 22,487.						
ď		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-11,411	-15,919.						
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,097,628	1,969,417.						
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0	. 0.						
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.						
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		1,255,329	1,483,377.						
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 54,000.						
ē	b		232.								
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		979,716	. 863,115.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,235,045	2,400,492.						
		Revenue less expenses. Subtract line 18 from line 12		-137,417	-431,075.						
Net Assets or Fund Balances			Ве	ginning of Current Year	End of Year						
sets	20	Total assets (Part X, line 16)		2,974,279	2,460,691.						
t As	21	Total liabilities (Part X, line 26)		1,071,025	. 931,228.						
		Net assets or fund balances. Subtract line 21 from line 20		1,903,254	1,529,463.						
	art II	Signature Block									
		Ities of perjury, I declare that I have examined this return, including accompanying schedule			ny knowledge and belief, it is						
true,	, correc	t and complete Declaration of preparer (other than officer) is based on all information of w	nicn preparer	nas any knowledge. 06/28/	2024						
٠.		Signature of officer		Date							
Sigı 		ANN WHEAT, EXECUTIVE DIRECTOR		Date							
Her	е	Type or print name and title									
			П	Date Check	PTIN						
Paid	1	Print/Type preparer's name JILL A. SHAW, CPA  Preparer's signature	06/29/2024   if								
	oarer		Sell-ellipioyeu P 01013103								
		Firm's name HEINFELD, MEECH, & CO, P.C.U  Firm's address 1365 N SCOTTSDALE RD. #300		Firm's EIN							
Use Only   Firm's address 1365 N SCOTTSDALE RD. #300   SCOTTSDALE, AZ 85257   Phone no.602-277-944											
Mar	tho I	S discuss this return with the preparer shown above? See instructions		Filotie ilo. • •	X Yes  No						
ivia)	/ une 11	io discuss this return with the preparer shown above? See instructions			<u></u> 165   NO						

Form	1990 (2023) DUET PARTNERS IN HEALTH & AGING, INC.	14-23/0522	Page <b>∠</b>
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		Х
1	Briefly describe the organization's mission:		
	TO PROMOTE HEALTH AND WELL-BEING THROUGH VITALLY NEEDED SERVICES TO		
	HOMEBOUND ADULTS, FAMILY CAREGIVERS, AND GRANDFAMILIES.		
_	Did the organization undertake any significant program services during the year which were not listed on the		
2			es X No
	prior Form 990 or 990-EZ?  If "Yes," describe these new services on Schedule O.	I'	es 🟪 NO
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		es X No
3	If "Yes," describe these changes on Schedule O.		es <u></u> 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as m	easured by expense	26
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,	• •	
	revenue, if any, for each program service reported.	the total expenses	, and
4a	(Code:) (Expenses \$ 536 , 076 including grants of \$) (Revenue	\$	
ıu	MEANING AND HOPE: THE MEANING & HOPE INSTITUTE (M&HI) IS INSPIRING A	Ψ	
	NATIONAL MOVEMENT OF PURPOSE AND ENCOURAGEMENT TO FAMILY CAREGIVERS OF		
	PEOPLE WITH DEMENTIA AND OTHER COGNITIVE IMPAIRMENTS. THE INSTITUTE IS		
	HOME TO FINDING MEANING AND HOPE, A 10-WEEK FACILITATOR-LED DISCUSSION		
	SERIES DEVELOPED BY DUET THAT EXPLORES THE COMPLICATED EMOTIONAL		
	REALITIES OF BEING A DEMENTIA FAMILY CAREGIVER AND PROVIDES MUCH NEEDED		
	SUPPORT. M&HI HAS DEVELOPED A VIRTUAL PLATFORM TO EXPAND THE PROGRAM		
	NATIONALLY, AND IN 2023, FINDING MEANING AND HOPE HAD 101 ACTIVE		
	CERTIFIED FACILITATORS AND SUPPORTED 356 DEMENTIA FAMILY CAREGIVERS IN		
	14 STATES WITH OVER 570 HOURS OF VALUABLE LEARNING. DUET WAS THE FIRST		
	ORGANIZATION APPROVED BY LIFESPAN RESEARCH FOUNDATION TO OFFER THE NEXT		
	CHAPTER IN MY LIFE SERIES, WHICH HAD 62 PARTICIPANTS IN 2023. THIS		
4b	(Code:) (Expenses \$	\$	14,376.
	FAMILY CAREGIVERS: A TOTAL OF 866 UNDUPLICATED FAMILY CAREGIVERS		
	NATIONWIDE GAINED HELP AND HOPE IN THEIR CAREGIVING JOURNEY, INCLUDING		
	564 WHO RECEIVED ARIZONA-BASED SUPPORT. 306 SUPPORT GROUPS THROUGHOUT		
	THE YEAR, IN BOTH ENGLISH AND SPANISH, GUIDED OVER ONE THOUSAND		
	ATTENDEES. ADDITIONAL SUPPORT FOR THESE FAMILY CAREGIVERS IS AVAILABLE		
	AT NO-COST AND INCLUDED MULTIPLE EDUCATIONAL WEBINARS, THE ANNUAL		
	FAMILY CAREGIVER SYMPOSIUM, INFORMATION & REFERRAL SUPPORT, AND A		
	RESOURCE LIBRARY.		
4c	(Code: ) (Expenses \$ 395,720 including grants of \$ ) (Revenue	\$	
	GRANDPARENTS RAISING GRANDCHILDREN: 436 UNDUPLICATED GRANDPARENTS AND		
	634 UNDUPLICATED GRANDCHILDREN RECEIVED SUPPORT THROUGH GROUP SESSIONS,		
	WORKSHOPS, OUTINGS, RESPITE, LEGAL ASSISTANCE, AND REFERRAL ASSISTANCE		
	FROM DUET. 62 SUPPORT GROUPS WERE HELD WITH 83 GRANDPARENTS		
	PARTICIPATING. RESPITE FUNDS WERE PROVIDED SO THAT 62 CHILDREN WERE		
	ABLE TO PARTICIPATE IN OUT-OF -SCHOOL ACTIVITIES. ON AVERAGE,		
	GRANDPARENTS REPORTED THEY FELT MORE CONFIDENT IN THIER ROLE AS A		
	PARENT/CAREGIVER AND THEIR STRESS WAS REDUCED AFTER RECEIVING DUET		
	SERVICES.		
4d	Other program services (Describe on Schedule O.)		
	I Turnanae C 30 / 730 including quarte of C	1	

1,752,758.

Total program service expenses

# Form 990 (2023) DUET PARTNERS IN HEALTH & AGING, INC. Part IV Checklist of Required Schedules

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?				169	140
to the organization required to complete Schedule 8, Schedule of Contributors? See instructions    The organization required to complete Schedule 2, Part 8	1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
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 II  4 X  Section 501(R) organization. Did the organization engage in lobbying activities, or have a section 501(R) election in effect during the tax year? If "Yes," complete Schedule C, Part II II  5 Is the organization as acction 501(k)4, 501(c)(s), 501(c)(s) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III II  6 Did the organization maintain any door advised finds or any similar funds or accounts for which donors have the right to provide activities on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II  7 Did the organization receives not old a conservation easement, including assements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II  8 Did the organization maintain collections of works of art, historical breasures, or other similar assets? If "Yes," complete Schedule D, Part II  9 Did the organization maintain and in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not tisted in Part X, ire Part X, line 12, for escrow or custodial account liability, serve as a custodian for amounts not tisted in Part X, ire 17, and a complex schedule D, Part V II  10 Did the organization resport an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V II  11 Did the organization report an amount for investments - other ascurites in Part X, line 10? If "Yes," complete Schedule D, Part V II  11 Did the organization report an amount for lore stable in Part X, line 10? If "Yes," complete Schedule D, Part X III  12 Did the organization report an amount for lore stable schedule schedule schedule schedule schedule schedule schedule sched		If "Yes," complete Schedule A	1	Х	
Section 501(%) a organization. Did the organization engage in lobbying activities, or have a section 501(%) election in effect during the tax year? If "Yes," complete Schedule C, Part II   X   X   Is the organization a section 501(k)(8), 50	2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II s the organization as section 501(h)(4), 501(c)(8), 5	3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
during the tax year? if "Yes," complete Schedule C, Part II  5 Is the organization a section follow(s) 601(6)(s) of 501(6)(s) of 501(6)(s) of 501(6)(s)  5 Is the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? if "Yes," complete Schedule O, Part II  7 Did the organization receive or hold a conservation easement, including assements to preserve open space, the environment, historical areas, or historic at trustures? "Yes," complete Schedule D, Part II  8 Did the organization report an amount in "Part X, line 21, for escrive or custodial account liability; serve as a custodian for amounts not stated in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? "If "Yes," complete Schedule D, Part II  9 Did the organization directly or through a related organization, hold assets in donor-restricted endowments or in quasification downwents? If "Yes," complete Schedule D, Part V.  10 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V.  11 If the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI.  12 Did the organization report an amount for revestments - 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.  13 Did the organization report an amount for her liabilities 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.  14 Did the organization report an amount for other liabilities in Part X, line 18? If "Yes," complete Schedule D, Part X.  15 Did the organization report an amount for other liabilities in Part X, line 18? If "Yes," complete Schedule D, Part X.  16 Did the organization report an amount for low		public office? If "Yes," complete Schedule C, Part I	3		Х
5 Is the organization a section 501(p(6), 501(p(6), or 1501(p(6)) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 95:187 // Yes, complete Schedule C, Part III  5 Did the organization maintain any donor advised funds or any similar funds or accounts? // Yes, complete Schedule D, Part I  7 Did the organization received no ribid aconservation assessment, including assements to by reserve open space, the environment, historic land areas, or historic structures? // Yes, complete Schedule D, Part II  8 Did the organization maintain collections of works of art, historical reseauers, or other similar assets? // Yes, complete Schedule D, Part III  8 Did the organization maintain collections of works of art, historical reseauers, or other similar assets? // Yes, complete Schedule D, Part III  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 courseling, debt management, credit repair, or debt negotiation services? // Yes, complete Schedule D, Part IV  10 Did the organization is answer to through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? // Yes, complete Schedule D, Part IV  11 If the organization is answer to ray of the following questions is 'Yes,' then complete Schedule D, Part VI, VII, VIII, III, IX, or X, as applicable.  12 Bid the organization report an amount for investments - other securities in Part X, line 12/ H*Yes, "complete Schedule D, Part VIII  12 bid the organization report an amount for investments - organized in Part X, line 15/ H*Yes, "complete Schedule D, Part VIII  13 bid the organization in Part X, line 16/ H*Yes, "complete Schedule D, Part VIII  14 bid to the organization in Part X, line 16/ H*Yes, "complete Schedule D, Part X III  15 Did the organization in Schedule or consolidated financial statements for the tax year? H*Yes, "complete Schedule D, Part X III bid X  16 Did t	4				
similar amounts as defined in Rev. Proc. 38:197 (*)*'es*' complete Schedule C, Part III of Did the organization maintain any donor adviced 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? 'II' 'Yes,' complete Schedule D, Part I of the organization receive or hold a conservation essement, including essements to preserve open space, the environment, historic land areas, or historic structures II' 'Yes,' complete Schedule D, Part III of the organization report an amount in collections of works of art, historical treasures, or other similar assets? 'If 'Yes,' complete Schedule D, Part III of the organization report an amount in 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 'I' the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? 'I' 'Yes,' complete Schedule D, Part V 'I' the organization report an amount for land, buildings, and equipment in Part X, line 10? 'I' 'Yes,' complete Schedule D, Part V 'I' bid the organization report an amount for investments - organization report an amount for investments - organization assets reported in Part X, line 16? 'I' 'Yes,' complete Schedule D, Part V III 'I' bid bid 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? 'I' 'Yes,' complete Schedule D, Part V III 'I' bid bid bid 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? 'I' 'Yes,' complete Schedule D, Part X II bid 'X 'I bid the organization shallow an amount for inves, complete Schedule D, Part X III 'X 'I bid the organization shal			4		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II   5   X   Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historical land areas, or historic structures? If "Yes," complete Schedule D, Part II   X   Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part IV   B   Did the organization 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   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   If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part V   If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part V   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 VI   11b	5				
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Schedule D, Part III 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 10 Did the organization or since the organization amount for the following questions is "Yes," then complete Schedule D, Part V, III, IVI, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 bid the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VI 11 bid 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 11 bid bid the organization ore port 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 VII 11 bid bid bid the organization ore port 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 VIII 11 bid			7		X
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If "Yes," complete Schedule D, Part IV.   9   X   10   10   10   10   10   10   10	9				
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 If the organization sensor to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IVII, IVI					
or in quasi-endowments? If "Yes," complete Schedule D, Part V  11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, K, or X, as applicable.  a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI  b Did the organization report an amount for investments - other securities in Part X, line 10? If "Yes," complete Schedule D, Part VII  c 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  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 VIII  d Did the organization report an amount for other liabilities 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 X  11c			9_		X
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domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21				
		domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	000	Х

Form 990 (2023)

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		X
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		X
	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		
	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
	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		X
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?     F   Contract   F   Contract	00-		х
<b>L</b>	"Yes," complete Schedule L, Part IV	28a 28b		
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	200		
·	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in noncash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		Х
	If "Yes," complete Schedule R, Part V, line 2	36		
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?	31		
55		38	х	
Par	Note: All Form 990 filers are required to complete Schedule O  t V 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  1a 20  Enter the number of Forms W-2G included on line 1a Enter -0- if not applicable	-		
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	-		
С	(gambling) winnings to prize winners?	1c	Х	

DUET PARTNERS IN HEALTH & AGING, INC.

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

					Yes	No
<b>2</b> a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					
	filed for the calendar year ending with or within the year covered by this return	<b>2</b> a	33			
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?		2b	Х	
				3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule			3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		•			77
	financial account in a foreign country (such as a bank account, securities account, or other financial a	accour	it)?	4a		Х
b	If "Yes," enter the name of the foreign country		L- (FDAD)			
E	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A		• •	Ea		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			<u>5a</u> 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction of the second of the organization file Form 8886-T?			5c		- 21
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			30		
oa	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contributi			<u> </u>		
_	were not tax deductible?		•	6b		
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices p	rovided to the payor?	7a	х	
				7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as requ	uired			
	to file Form 8282?		;	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or	ontrac	t?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	99 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	tion fil	e a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained	by the	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	, , , , , , , , , , , , , , , , , , , ,			9a		
b				9b		
10 a	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a	I			
	Crean receipts included an Form 000 Part VIII line 10 for public upon of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:	100	I	-		
	Gross income from members or shareholders	11a				
b	Gross income from other sources. (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
I2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	I			
	organization is licensed to issue qualified health plans	13b				
	Enter the amount of reserves on hand	13c				77
				14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune			4.5		Х
	excess parachute payment(s) during the year?			15		Α
16	If "Yes," see the instructions and file Form 4720, Schedule N.	t incon	202	16		Х
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment If "Yes," complete Form 4720, Schedule O.	LILICOL		16		
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac	tivitios	•			
••	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

Form 990 (2023)

DUET PARTNERS IN HEALTH & AGING, INC.

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Page
Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 2 through 7b below to lines 2 through 7b below to line 2 through 7b below to l 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			X					
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								
	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 13								
2									
	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	Х						
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 filedNONE								
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)	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 finan	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)	(B)	I	i ii Zu		C)	iperi	out	(D)	(E)	(F)
Name and title	Average	(do	Position (do not check more than one					Reportable	Reportable	Estimated
	hours per					s both		compensation	compensation	amount of
	week (list any							from the	from related organizations	other compensation
	hours for	Individual trustee or director				pa		organization	(W-2/1099-MISC/	from the
	related	tee or	Institutional trustee			Highest compensated employee		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	al trus	nal tr		Key employee	comp		1099-NEC)		and related
	below	dividu	stitutio	Officer	y emp	thest ploye	Former			organizations
(1) ANN WHEAT	line) 40.00	<u> </u>	lus	JJ0	ā.	三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三 三	P.			
EXECUTIVE DIRECTOR	40.00			Х				92,751.	0.	13,459.
(2) CHERRY PEREZ	1.00			Λ				92,731.	0.	13,433.
DIRECTOR (THRU 08/2023)	1.00	х						0.	0.	0.
(3) MARIA MASKELL	2.00	Λ						0.	٠.	<u> </u>
SECRETARY		х		х				0.	0.	0.
(4) DAWN KATEK	1.00							•	•	
DIRECTOR		Х						0.	0.	0.
(5) JAN DOUGHERTY	1.00							-	-	<u> </u>
DIRECTOR		х						0.	0.	0.
(6) STEPHANIE BIVENS	1.00									
DIRECTOR (THRU 12/2023)		Х						0.	0.	0.
(7) SHRUTI GURUDANTI	1.00									
DIRECTOR		Х						0.	0.	0.
(8) CHERYL PLEWA	2.00									
PRESIDENT ELECT		Х		Х				0.	0.	0.
(9) LISA NOTHUM	2.00									
TREASURER		Х		Х				0.	0.	0.
(10) BRENDA HOLT	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DONNA ROSSI	1.00									
DIRECTOR (THRU 08/2023)		Х						0.	0.	0.
(12) ELLEN DEAN	2.00									
PAST PRESIDENT (THRU 08/2023)		Х		Х				0.	0.	0.
(13) JANICE BRANDT	4.00									
PRESIDENT		Х		Х				0.	0.	0.
(14) NANCY ZIKIAS	2.00									
TREASURER (THRU 8/2023)		Х		Х				0.	0.	0.
(15) CAROL HEIMANN	1.00	-							_	_
DIRECTOR (THRU 08/2023)		Х						0.	0.	0.
(16) BROCK BARNHART	1.00								_	
DIRECTOR	1 00	Х						0.	0.	0.
(17) CLEO LEWIS	1.00									•
DIRECTOR		Х						0.	0.	0.

332007 12-21-23 Form **990** (2023)

Part VII   Section A. Officers, Directors, Trus	(B)	l	ees,			gne	si C	(D)				(F)	
(A) Name and title	Average	· `						1 ' '	(E)			( <b>୮)</b> stimate	ad
Name and title	hours per (do not check more than one box, unless person is both an					than		Reportable Reportable compensation compensat				nount	
	week				d a director/trustee)			from	from related		_ u	other	01
	(list any	ctor						the	organizations		com	pensa	ution
	hours for	r director				pg		organization	(W-2/1099-MIS	C/	fı	rom th	е
	related	stee o	ustee			ensat		(W-2/1099-MISC/	1099-NEC)		org	janizat	ion
	organizations	altrus	nal tr		loyee	comp		1099-NEC)				d relat	
	below line)	Individual trustee or	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizati	ons
(18) KAMAL NARAYANAMURTI-LOGUE	1.00	흐	=	5	Σ.	宝 5	요						
DIRECTOR	1.00	x						0.		0.			0.
(19) CAROL SIEG	1.00												
DIRECTOR		х						0.		0.			0.
(20) STU TURGEL	1.00												
DIRECTOR (THRU 08/2023)		х						0.		0.			0.
			_			_							
		_											
			$\vdash$										
			$\vdash$										
1b Subtotal								92,751.		0.		13,	459.
c Total from continuation sheets to Part VI	I, Section A							0.		0.	0.		
d Total (add lines 1b and 1c)								92,751.		0.		13,	459.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed ab	ove	e) wh	o re	eceived more than \$100,0	000 of reportable	•			0
compensation from the organization												Yes	No
3 Did the organization list any former officer	director trust	ee l	kev e	-mnl	ove	ല	hia	thest compensated emplo	ovee on			100	110
line 1a? If "Yes," complete Schedule J for s	•		•	•	•	-	•		•		3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4		х
5 Did any person listed on line 1a receive or													
rendered to the organization? If "Yes," con	nplete Schedule	e J f	or su	uch i	oers	on					5		х
Section B. Independent Contractors													
1 Complete this table for your five highest co										ensa	tion fr	om	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thin T	-	ear.				
<b>(A)</b> Name and business	address	NO	NE					<b>(B)</b> Description of se	ervices	С		C) nsatio	n
O Tableson to the control of the con	and the officer of the state of	- 4 "						-th acceleration					
2 Total number of independent contractors (i \$100,000 of compensation from the organi		ot IIr	nited	υ το .		se lis 0	ted	above) who received mo	re tnan				

Form 990 (2023)
Part VIII Statement of Revenue

		Check if Schedule O	contains	a response	or note to any lin	e in this Part VIII			
						(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
S S	1 a	Federated campaigns		1a					
Contributions, Gifts, Grants and Other Similar Amounts				··					
جَ جَ		Fundraising events			51,927.				
ffs,				1	,				
<u>a</u>			ibutions		556,549.				
Sir		Government grants (contri			330,343.				
e Hi	Т	All other contributions, gifts,	-	1 1	1 220 007				
듗뙆		similar amounts not included		—	1,339,997.				
d of	_	Noncash contributions included in	lines 1a-1f	1g  \$	78,594.	4 040 450			
<u>0</u> <u>6</u>	h	Total. Add lines 1a-1f				1,948,473.			
					Business Code				
e	2 a	WORKSHOP & RESOURCE	SA		900099	14,376.	14,376.		
Program Service Revenue	b								
S	С								
eve	d								
og B	е								
ď	f	All other program service	revenue	,					
	g	Total. Add lines 2a-2f				14,376.			
	3	Investment income (includ							
						22,487.			22,487.
	4	Income from investment of							
	5	Royalties			•				
	•	rioyanioo		(i) Real	(ii) Personal				
	6 2	Gross rents	6a	()	( )				
		Gross rents  Less: rental expenses	6b						
		Rental income or (loss)	6c						
		Net rental income or (loss)		) Securities	(ii) Other				
	/ a	Gross amount from sales of		) Securities	(II) Other				
		assets other than inventory	7a						
_	b	Less: cost or other basis							
Revenue		and sales expenses	7b						
Ş.		Gain or (loss)	7с						
		Net gain or (loss)							
ther	8 a	Gross income from fundraising	-						
₽		including \$	51,92	7. of					
		contributions reported on	line 1c).	. See					
		Part IV, line 18		8					
	b	Less: direct expenses		81	24,884.				
	С	Net income or (loss) from	fundrais	sing events		-15,919.			-15,919.
	9 a	Gross income from gamin	g activit	ies. See					
		Part IV, line 19		98	а				
	b	Less: direct expenses		91	0				
	С	Net income or (loss) from	gaming	activities					
		Gross sales of inventory, I							
					a				
	b	and allowances 10a 10b							
		Net income or (loss) from		·····	•				
			00 01	Sincoly	Business Code				
ns	11 a								
e Te	ii a b								
Miscellaneous Revenue									
Sce	c C								
Ξ		All other revenue							
		Total Add lines 11a-11d				1,969,417.	14,376.	0.	6,568.
	12	Total revenue. See instruction	IIIS			1 1,303,41/.	1 14,3/0.	ι υ.	, 0,500.

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#### 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).

00011	on 501(c)(3) and 501(c)(4) organizations must comple Check if Schedule O contains a respons				
Do I	not include amounts reported on lines 6b,	(A) Total expenses	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	lotal 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	89,751.	70,182.	12,404.	7,165.
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	1,160,433.	907,419.	160,377.	92,637.
8	Pension plan accruals and contributions (include	12.016	0 680	2 676	065
	section 401(k) and 403(b) employer contributions)	13,216.	9,673.	2,676.	867.
9	Other employee benefits	129,397.	94,708.	26,202.	8,487.
10	Payroll taxes	90,580.	66,297.	18,342.	5,941.
11	Fees for services (nonemployees):	155 424	120 001	10 500	6 052
_	Management	155,434.	138,801.	10,580.	6,053.
b	Legal	15,720.	395.	15,325.	
	Accounting	15,720.	373.	15,525.	
	Lobbying Professional fundraising services. See Part IV, line 17	54,000.			54,000.
f	Investment management fees	31,000.			31,000.
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch O.)	42,653.	11,815.	30,838.	
12	Advertising and promotion	96,473.	86,215.	6,295.	3,963.
13	Office expenses	104,771.	85,822.	10,302.	8,647.
14	Information technology	70,383.	46,743.	17,528.	6,112.
15	Royalties	·	·	·	· ·
16	Occupancy	124,137.	84,413.	26,069.	13,655.
17	Travel	8,905.	7,364.	1,541.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	20,140.	7,434.		12,706.
20	Interest				<del></del>
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	32,342.	21,992.	6,792.	3,558.
23	Insurance	28,065.	20,560.	4,965.	2,540.
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	PROGRAM COSTS	56,263.	56,263.		
b	BAD DEBT EXPENSE	23,569.			23,569.
С	CONTINUING EDUCATION AN	14,299.	9,955.	3,814.	530.
d	BANKING AND PAYROLL PRO	8,134.	2,426.	5,194.	514.
	All other expenses	61,827.	24,281.	18,258.	19,288.
25	Total functional expenses. Add lines 1 through 24e	2,400,492.	1,752,758.	377,502.	270,232.
26	<b>Joint costs.</b> 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 (2222)

Form **990** (2023)

Form 990 (2023)
Part X Balance Sheet

ı u		Check if Schedule O contains a response or	note to any	/ line in this Part Y			
		CHECK II SCHEdule O Contains a response of	note to any	y inite in this Falt A	(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			676,428.	1	406,396.
	2	Savings and temporary cash investments				2	
	3	Pledges and grants receivable, net			284,248.	3	276,807.
	4	Accounts receivable, net			76,418.	4	56,724.
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, su					
		controlled entity or family member of any of t		,		5	
	6	Loans and other receivables from other disqu	· ·				
v	-	under section 4958(f)(1)), and persons descri			6		
	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
As	9	5			23,112.	9	38,087.
		Land, buildings, and equipment: cost or other			,		•
		basis. Complete Part VI of Schedule D		396,957.			
	l b	Less: accumulated depreciation		324,428.	97,293.	10c	72,529.
	11	Investments - publicly traded securities		971,973.	11	872,645.	
	12	Investments - other securities. See Part IV, lir	,	12	·		
	13	Investments - program-related. See Part IV, lii		13			
	14	Intangible assets			14		
	15	Other assets. See Part IV, line 11			844,807.	15	737,503.
	16	Total assets. Add lines 1 through 15 (must e		2,974,279.	16	2,460,691.	
	17	Accounts payable and accrued expenses			80,140.	17	96,964.
	18	Grants payable			,	18	·
	19	Deferred revenue			32,704.	19	
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability. Comple				21	
	22	Loans and other payables to any current or for					
Liabilities		trustee, key employee, creator or founder, su					
i≣		controlled entity or family member of any of t				22	
Lia	23	Secured mortgages and notes payable to un	· -	·····		23	
	24	Unsecured notes and loans payable to unrela				24	
	25	Other liabilities (including federal income tax,					
	23	parties, and other liabilities not included on li					
		of Schedule D	1163 17-24).	. Complete Fait A	958,181.	25	834.264.
	26	Total liabilities. Add lines 17 through 25			1,071,025.	26	931,228.
	20	Organizations that follow FASB ASC 958, o	chack hard	X	_,,	20	,•
S		and complete lines 27, 28, 32, and 33.	CHECK HEIG				
Š	27				1,156,286.	27	679,900.
Sala	28	Net assets with donor restrictions	746,968.	28	849,563.		
Ā	20	Organizations that do not follow FASB ASG	,				
Ξ		and complete lines 29 through 33.	O 550, che				
ō	29	Capital stock or trust principal, or current fun	nde			29	
ets	30	Paid-in or capital surplus, or land, building, or				30	
\ss(	31	Retained earnings, endowment, accumulated				31	
Net Assets or Fund Balances	32				1,903,254.	32	1,529,463.
ž		Total liabilities and not assets/fund balances			2,974,279.		2,460,691.
	33	Total liabilities and net assets/fund balances			2,314,213.	33	2,400,091.

Form **990** (2023)

Pa	T XI 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	1	,969,	417.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,400,	
3	Revenue less expenses. Subtract line 2 from line 1	3	-	-431,	075.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	1	,903,	254.
5	Net unrealized gains (losses) on investments	5		57,	284.
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	,529,	463.
Pa	t 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	O.			
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		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2023)

332012 12-21-23

#### 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.

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

OMB No. 1545-0047

Open to Public

Name of the organization **Employer identification number** DUET PARTNERS IN HEALTH & AGING, INC. 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 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 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). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	943,801.	1,814,153.	2,203,434.	2,082,185.	1,948,473.	8,992,046.
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	943,801.	1,814,153.	2,203,434.	2,082,185.	1,948,473.	8,992,046.
	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)						906,934.
6	Public support. Subtract line 5 from line 4.						8,085,112.
	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 4	943,801.	1,814,153.	2,203,434.	2,082,185.	1,948,473.	8,992,046.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	12,415.	7,625.	12,165.	15,783.	22,487.	70,475.
9	Net income from unrelated business	·	·	·	•	,	· ·
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	11,716.	-6,766.	7,271.	11,071.	14,376.	37,668.
11	<b>Total support.</b> Add lines 7 through 10	·	·	·	·	·	9,100,189.
	Gross receipts from related activities,	etc. (see instructio	ns)			12	96,732.
	First 5 years. If the Form 990 is for th	· ·					· ·
	organization, check this box and stop			,			
Sec	ction C. Computation of Publi		_				
14	Public support percentage for 2023 (li	ne 6, column (f), di	vided by line 11, c	olumn (f))		14	88.85 %
15	Public support percentage from 2022	Schedule A, Part I	I, line 14			15	88.57 %
16a	33 1/3% support test - 2023. If the o	organization did not	t check the box on	line 13, and line 1	4 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly suppo	orted organization				X
b	33 1/3% support test - 2022. If the o	organization did not	t check a box on li	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check this	s box
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	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 test. The organization qualifies as a publicly supported organization						
b	10% -facts-and-circumstances test	- <b>2022.</b> If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 1	7a, and line 15 is 1	0% or
	more, and if the organization meets th	e facts-and-circum	stances test, chec	k this box and sto	<b>op here.</b> Explain ir	n Part VI how the	
	organization meets the facts-and-circu	ımstances test. Th	e organization qua	lifies as a publicly	supported organiz	ation	
18	Private foundation. If the organizatio	n did not check a b	oox on line 13, 16a	, 16b, 17a, or 17b	, check this box ar	nd see instructions	

#### 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not	ļ					
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in any activity that is related to the	ļ					
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6 Gross income from interest,						
IUa	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired ofter June 20, 1075						
,	Add lines 10a and 10b						
	Net income from unrelated business						
	activities not included on line 10b,						
	whether or not the business is regularly carried on						
12	Other income. Do not include gain						
	or loss from the sale of capital						
13	assets (Explain in Part VI.)  Total support. (Add lines 9, 10c, 11, and 12.)						
	First 5 years. If the Form 990 is for the	ne organization's fir	rst. second. third. 1	ourth, or fifth tax	vear as a section 5	01(c)(3) organizatio	on.
	check this box and stop here			· · · · · · · · · · · · · · · · · · ·			
Se	ction C. Computation of Publi	c Support Per	centage				
15	Public support percentage for 2023 (I	ine 8, column (f), d	ivided by line 13, o	column (f))		15	%
	Public support percentage from 2022					16	%
Se	ction D. Computation of Inves	tment Income	Percentage				
17	Investment income percentage for 20	<b>)23</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from					18	%
19a	33 1/3% support tests - 2023. If the	organization did n	ot check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 1	7 is not
	more than 33 1/3%, check this box ar	nd <b>stop here.</b> The	organization qualit	fies as a publicly s	upported organiza	tion	
b	33 1/3% support tests - 2022. If the	organization did n	ot check a box on	line 14 or line 19a	, and line 16 is mo	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	n did not check a	box on line 14, 19a	a, or 19b, check th	is box and see ins	tructions	

#### 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		
2		
За		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
Ol-		
9b		
9c		
30		
10a		
401-		
10b		

Page 5

rai	Supporting Organizations (continued)			
	ſ		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		
	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			
800	detail in Part VI. tion B. Type I Supporting Organizations	11c		
Sec	non 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 <b>Part VI</b> 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	1		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.  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,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			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			
			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 <b>Part VI</b> the role the organization's	3		
Sec	supported organizations played in this regard. 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	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	struction	s).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	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 <b>Part VI</b> the role played by the organization in this regard.	3b		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( <i>explain in</i>	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		·	
Sect	on 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	on 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):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
	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	on 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 integrated	Type III supporting orga	nization (see
	instructions).			,

Schedule A (Form 990) 2023

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continu	ed)	
Secti	ion 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	es of supported organizations	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 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T	<u> </u>	10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2023	s	(iii) Distributable Amount for 2023
_1_	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
_3_	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
<u>b</u>	From 2019				
<u> </u>	From 2020				
d	From 2021				
<u>e</u>	From 2022				
f	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2023 distributable amount				
<u> </u>	Carryover from 2018 not applied (see instructions)				
_ <u>i</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2023 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c. Breakdown of line 7:				
<u>8</u>	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II,	SECTION B, LINE 10
OTHER IN	COME IS FROM FUNDRAISING EVENTS AND WORKSHOP AND RESOURCE
SALES.	
_	
_	

### Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

### **Schedule of Contributors**

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

OMB No. 1545-0047

**2023** 

Employer identification number

DU	ET PARTNERS IN HEALTH & AGING, INC.	74-2370522
Organization type (check	one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3 ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> 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	
	is covered by the <b>General Rule</b> or a <b>Special Rule</b> . )(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling yone contributor. Complete Parts I and II. See instructions for determining a contributor	•
Special Rules		
sections 509(a)(1) contributor, durin	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, an g the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Z, line 1. Complete Parts I and II.	d that received from any one
contributor, durin literary, or educat	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from g the year, total contributions of more than \$1,000 exclusively for religious, charitable, so ional purposes, or for the prevention of cruelty to children or animals. Complete Parts I (eb) instead of the contributor name and address), II, and III.	cientific,
year, contribution is checked, enter purpose. Don't co	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sexclusively for religious, charitable, etc., purposes, but no such contributions totaled makes the total contributions that were received during the year for an exclusively religious omplete any of the parts unless the <b>General Rule</b> applies to this organization because it le, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc., received <i>nonexclusively</i>
answer "No" on Part IV, lin	hat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F e 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF ng requirements of Schedule B (Form 990).	<i>"</i>
For Paperwork Reduction Ac	t Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2023)

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	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$	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
2		\$160,000.	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
3		\$57,518.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$60,000.	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
5		\$\$	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
6		\$85,740.	Person X Payroll Noncash (Complete Part II for

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 additi	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	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		\$60,521.	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
9		\$75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 10	Name, address, and ZIP + 4	### Total contributions    1	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11		\$\$	Person Payroll Noncash X (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.)

DUET PARTNERS IN HEALTH & AGING, INC.

74-2370522

Part II	Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(See Instructions.)	
11	GOOGLE ADVERTISEMENTS		
11	-		
		\$\$	12/31/23
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
Part I	Description of noncash property given	(See instructions.)	Date received
arti			
		\$	
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	
(a)		(c)	
No. from Part I	(b)  Description of noncash property given	FMV (or estimate) (See instructions.)	(d) Date received
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
Parti			
(a)		(c)	
No. from	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
		\$	Schedule B (Form 990) (

Name of or	rganization		Employer identification number
DUET PAR	TNERS IN HEALTH & AGING, INC.		74-2370522
Part III		through <b>(e)</b> and the following line ent haritable, etc., contributions of <b>\$1,000</b> or	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year try. For organizations less for the year. (Enter this info. once.)
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-		(e) Transfer of gif	ift
-	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
(a) No			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	ft
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
I		1	

#### **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** 

 $74 \!-\! 2370522$ 

Par	t I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin.		Similar Funds	or Accour	nts. Complete if the
	organization answered Tes Sitt Offi 550,1 art iv, iiii	(a) Donor advis	ed funds	<b>(b)</b> Fur	nds 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		eld in donor advis	ed funds	
	are the organization's property, subject to the organization's	~			Yes No
6	Did the organization inform all grantees, donors, and donor a				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?				
Par	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, F	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, recreated	tion or education)	Preservation of	a historically	important land area
	Protection of natural habitat		Preservation of	a certified hi	storic structure
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contrib	oution in the form	of a conserva	
	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 on line 2	2a	2c	
d	Number of conservation easements included on line 2c acqui				
	on a historic structure listed in the National Register				
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or	terminated by the	organization	during the tax
	year				
4	Number of states where property subject to conservation eas				
5	Does the organization have a written policy regarding the per				
	violations, and enforcement of the conservation easements it				Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	nd enforcing cons	ervation ease	ements during the year
_	<del></del>				
7	Amount of expenses incurred in monitoring, inspecting, hand	iling of violations, and e	nforcing conservat	tion easemen	its during the year
•	Door and a company time and a co		ftion 170/h	\(4\(\D\(;\	
8	Does each conservation easement reported on line 2d above				□ vaa □ Na
•	and section 170(h)(4)(B)(ii)?				Yes No
9	In Part XIII, describe how the organization reports conservation				
	balance sheet, and include, if applicable, the text of the footn	note to the organization	s financiai stateme	ents that desc	cribes the
Par	organization's accounting for conservation easements.  † III Organizations Maintaining Collections of	Art. Historical Tre	easures, or Ot	her Simila	r Assets.
	Complete if the organization answered "Yes" on Form	-	,		
1a	If the organization elected, as permitted under FASB ASC 95		venue statement a	nd balance sl	heet 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 95				t 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 treat			gain, provide	 e
	the following amounts required to be reported under FASB A			- •	
а	Revenue included on Form 990, Part VIII, line 1				\$
b	Assets included in Form 990, Part X				\$

		RS IN HEALTH &	AGING, INC.			74-237	0522	Page 2
Pai	rt III Organizations Maintaining Co	ollections of Art	t, Historical Tre	asures, or Othe	er Si	milar Assets	(contin	nued)
3	Using the organization's acquisition, accessio	n, and other records	s, check any of the f	ollowing that make s	signifi	cant use of its		
	collection items (check all that apply).							
а	Public exhibition	d	Loan or excl	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	llections and explair	how they further th	e organization's exe	mpt į	ourpose in Part	XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical treas	sures, or other simila	r ass	ets		
	to be sold to raise funds rather than to be mai	intained as part of th	ne organization's col	lection?			Yes	☐ No
Paı	t IV Escrow and Custodial Arrang	jements Complet	te if the organization	answered "Yes" on	Forn	n 990, Part IV, li	ne 9, or	
	reported an amount on Form 990, Part	X, line 21.						
1a	Is the organization an agent, trustee, custodia	n, or other intermed	liary for contribution	s or other assets no	t incl	uded		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a	and complete the fol	lowing table:					
					L		Amount	t
С	Beginning balance				[	1c		
d	Additions during the year					1d		
е	Distributions during the year					1e		
f	Ending balance				[	1f		
<b>2</b> a	Did the organization include an amount on Fo	rm 990, Part X, line	21, for escrow or cu	stodial account liab	ility?		Yes	No
	If "Yes," explain the arrangement in Part XIII.						<u></u>	
Pai	rt V Endowment Funds Complete if t							
	_	(a) Current year	(b) Prior year	(c) Two years back	(d)	Three years back	(e) Four	years back
	Beginning of year balance	966,000.	1,261,060.	686,378.		339,747.		335,319
b	Contributions			500,000.		302,000.		
С	Net investment earnings, gains, and losses	75,672.	-145,060.	74,682.		44,631.		62,917
d	Grants or scholarships							
е	Other expenditures for facilities							
	and programs	175,000.	150,000.					58,489
f	Administrative expenses							
g	End of year balance	866,672.	966,000.	1,261,060.		686,378.		339,747
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a)	) held as:				
а	Board designated or quasi-endowment	71.4924	_%					
b	Permanent endowment 28.5076	%						
С	Term endowment	6						

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

Yes No (i) Unrelated organizations? Х 3a(i) (ii) Related organizations? 3a(ii) b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

Describe in Part XIII the intended uses of the organization's endowment funds.

#### Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
<b>b</b> Buildings		193,248.	156,744.	36,504.
c Leasehold improvements		203,709.	167,684.	36,025.
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equa	72,529.			

Schedule D (Form 990) 2023

Part VII 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		

(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, line 12, col. (B))

#### 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)		
(7)		
(8)		
(9)		
Total (Col (h) must agual Form 000 Part V line 13 col (R))		

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

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	727,987.
(2) SECURITY DEPOSITS	9,516.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	737,503.

#### 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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) OPERATING LEASE LIABILITY	834,264.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	834,264.

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

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements	1	2,026,701.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments 2a 57, 284	<u>.</u>	
b	Donated services and use of facilities		
С			
d	0.1 (5.1.1.5.1.201)		
е	Add lines 2a through 2d	2e	57,284
3	Subtract line 2e from line 1	3	1,969,417
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII.) 4b		
С	Add lines 4a and 4b	4c	0 .
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	1,969,417
Pa	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses per	Return	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,400,492
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b			
С	Other losses 2c		
d	Other (Describe in Part XIII.)		
е		2e	0.
3	Subtract line <b>2e</b> from line <b>1</b>	3	2,400,492
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а			
b			
c		4c	0 .
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		2,400,492
Pa	rt XIII Supplemental Information		
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.  F X, LINE 2:	, i ait /-, iii	10 Z, 1 art Ar,
MANZ	AGEMENT HAS EVALUATED THE TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN,		
IF A	ANY, ON ITS EXEMPT ORGANIZATION FILINGS, AND THE LIKELIHOOD THAT UPON		
EXA	MINATION THOSE POSITIONS WOULD BE SUSTAINED. BASED ON THE RESULTS OF		
THIS	S EVALUATION, MANAGEMENT BELIEVES THERE ARE NO UNCERTAIN TAX POSITIONS.		
SCHI	EDULE D,PART V, LINE 4		
THE	DUET ENDOWMENT FUND WILL BE USED TO PROVIDE FOR THE LONG-TERM NEEDS OF		
DUE	F AND ITS PROGRAMS.		
	<del></del>		

332054 09-28-23 Schedule D (Form 990) 2023

Part XIII   Supplemental Information (continued)	Schedule D (Form 990) 2023 DUET PARTN Part XIII Supplemental Information (Conti	ERS IN HEALTH & AGING, INC.	74-2370522	Page 5
	Part XIII   Supplemental Information (conti	nued)		

#### **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

Open to Public Inspection

Employer identification number

DUET PARTNERS IN HEALTH & AGING, INC. 74-2370522					2	
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.					filers are not	
<ul> <li>1 Indicate whether the organization rais a X Mail solicitations</li> <li>b X Internet and email solicitations</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written of key employees listed in Form 990, P</li> <li>b If "Yes," list the 10 highest paid indictions</li> </ul>	e X Solicitating S	tion of tion of fundra (includ	non-g gover aising of ling of onal fu	overnment grants nment grants events ficers, directors, trus undraising services?	X Yes	
(i) Name and address of individual or entity (fundraiser)  (ii) Activity  (iii) Did fundraiser have custody or control of contributions?  (iv) Amount paid to (or retained by) fundraiser listed in col. (i)  (vi) Amount paid to (or retained by) fundraiser listed in col. (ii)						
KELLY HART & ASSOCIATES -		Yes	No			
6042 E WALTANN LANE,	GRANT ADMINISTRATION		Х	716,821.	54,000.	662,821.
Total  3 List all states in which the organization or licensing.	on is registered or licensed to solicit o	contrib	 utions	716,821. or has been notified	54,000. it is exempt from re	662,821. gistration
AZ						

332081 09-13-23

			ERS IN HEALTH & AG			-2370522 Page <b>2</b>
Pa	ırt I					
_		of fundraising event contributions and gro				ts greater than \$5,000.
			(a) Event #1	<b>(b)</b> Event #2	(c) Other events	(d) Total events
			GIVING IN THE		NONE	(add col. (a) through
			GARDEN	(ayant tyna)	(total number)	col. <b>(c)</b> )
Pe			(event type)	(event type)	(total number)	
Revenue		Out of the state o	60,892.			60 892
Re	י	Gross receipts	00,832.			60,892.
	_	Logo: Contributions	51,927.			51,927.
	_	Less: Contributions	31,327.			31,327.
	3	Gross income (line 1 minus line 2)	8,965.			8,965.
	Ŭ	careee moonie (mie i rimide mie 2)	, ,			
	4	Cash prizes				
	5	Noncash prizes	21.			21.
es						
ens	6	Rent/facility costs	5,000.			5,000.
άxΞ						
Direct Expenses	7	Food and beverages	10,610.			10,610.
Dire						
	8	Entertainment				650.
	9	Other direct expenses	8,603.			8,603.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			24,884.
		Net income summary. Subtract line 10 from li	•			-15,919.
Pa	ırt I		answered "Yes" on Form	990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	1	# > Doll take for took	1	1,57,1
e			(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billigo		coi. (a) throught coi. (c)
Re		0				
	_1	Gross revenue				
	,	Cash prizes				
ses	_	Cash prizes				
ct Expenses	2	Noncash prizes				
Exp	٦	Nondair prizes				
ect	4	Rent/facility costs				
Dire	ľ					
	5	Other direct expenses				
			Yes %	<b>U</b> Yes %	Yes %	
	6	Volunteer labor	Yes %  No	Yes %  No		
	6	Volunteer labor				
		Volunteer labor  Direct expense summary. Add lines 2 through	No No		No No	
			No No	No	No No	
	7		No S in column (d)	No No	No No	
	7	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7	No No n 5 in column (d)	No No	No No	
	7 8 En	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	No  n 5 in column (d)  from line 1, column (d)  ucts gaming activities:	No No	No	
а	7 8 En Is t	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducted the organization licensed to conduct gaming act	No  n 5 in column (d)  from line 1, column (d)  acts gaming activities:  ctivities in each of these s	No No	No	
а	7 8 Enter	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization condu	No  n 5 in column (d)  from line 1, column (d)  acts gaming activities:  ctivities in each of these s	No No	No	
а	7 8 Enter	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conducted the organization licensed to conduct gaming act	No  n 5 in column (d)  from line 1, column (d)  acts gaming activities:  ctivities in each of these s	No No	No	
a b	7 8 En: ls t	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming action," explain:	No  1 5 in column (d)  1 from line 1, column (d)  1 cts gaming activities:  1 ctivities in each of these s	No No states?	No No	Yes No
a b 10a	7 8 En Is t	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming at No," explain:  ere any of the organization's gaming licenses re-	No  n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No No	Yes No
a b 10a	7 8 En Is t	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming action," explain:	No  n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No No	Yes No
a b 10a	7 8 En Is t	Direct expense summary. Add lines 2 through  Net gaming income summary. Subtract line 7  ter the state(s) in which the organization conduct organization licensed to conduct gaming at No," explain:  ere any of the organization's gaming licenses re-	No  n 5 in column (d) from line 1, column (d) acts gaming activities: ctivities in each of these servoked, suspended, or te	states?	No No	Yes No

Sch	nedule G (Form 990) 2023 DUET PARTNERS IN HEALTH & AGING, INC. 74	-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	%
	n outside facility		%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name		
	Address		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	L No
k	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	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
46	Coming manager information		
16	Gaming manager information:		
	Nama		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
17	Mandatory distributions:		
a	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	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		
	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 F	art III, lines 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
SCH	EDULE 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		

332083 09-13-23 Schedule G (Form 990) 2023

Schedule G	i (Form 990)	DUET PARTNERS	S IN HEALTH & AGI	NG, INC.	74-2370522	Page 4
Part IV	(Form 990) Supplemental Infor	mation <sub>(continue</sub>	ed)			
					 	<u> </u>

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990.

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

Employer identification number 74-2370522

	DUET PARTNERS IN HEALTH & AGING, INC.					74-2370522			
Pai	rt I Types of Property								
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		_	3	
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
••	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21									
22	Taxidermy								
23	Historical artifacts								
23 24	Scientific specimens								
	Archeological artifacts Other ( ADVERTISING )	X	152	62 911	FAIR VALUE				
25	- Table (		152	02,511.	INIK VIIDOD				
26	Other ()								
27	Other ()								
<u>28</u> 29	Other ( )	totion during	the tox year for a	antributions					
29	Number of Forms 8283 received by the organization completed Form 828	-	•						
	for which the organization completed Form 828	os, Part V, L	onee Acknowledg	ement 29			Yes	Na	
20-	During the year did the experientian receive by	, contributio		autod in Dout I lines 1 throug	h 00 that it		res	No	
Sua	During the year, did the organization receive by		• • • • •						
	must hold for at least 3 years from the date of					200		х	
	exempt purposes for the entire holding period?	·				30a			
	If "Yes," describe the arrangement in Part II.	ooliev that re	acuires the review	of any nonetandard contribut	ione?	24	х		
31	Does the organization have a gift acceptance p	•	·	•	10119 {	31	Λ		
32a	Does the organization hire or use third parties		•			00-		Х	
	contributions?					32a		Δ	
	If "Yes," describe in Part II.	-l		. four colois la sale (-) ! !	المما				
33	If the organization didn't report an amount in c	oiumn (c) foi	r a type of property	ror wnich column (a) is chec	кеа,				
	describe in Part II.								

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2023

#### **SCHEDULE 0** (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

**Employer identification number** 74-2370522

DUET PARTNERS IN HEALTH & AGING, INC.	74-2370522			
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:				
CAREGIVERS, AND GRANDFAMILIES.				
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:				
SERIES FOCUSES ON THE EXPERIENCES, EMOTIONS, AND TRANSITIONS THAT ARE				
SPECIFIC TO AGING, WITH A GOAL TO IMPROVE OVERALL WELLBEING AND LIFE				
SATISFACTION.				
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:				
HOMEBOUND ADULTS: 434 UNDUPLICATED, ISOLATED ELDERS AND ADULTS WITH				
DISABILITIES, "NEIGHBORS", RECEIVED PERSONALIZED SERVICES SUCH AS				
GROCERY SHOPPING, MEDICAL TRANSPORTATION, VISITS, TECH SUPPORT, AND				
PAPERWORK ASSISTANCE. THESE INDIVIDUALS WERE SERVED BY 307 ACTIVE				
VOLUNTEERS FOR AN ANNUAL TOTAL OF 11,278 SELF-REPORTED HOURS.				
EXPENSES \$ 387,936. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.				
FORM 990, PART VI, SECTION A, LINE 4:				
IN JULY 2023, DUET AMENDED THEIR BYLAWS WITH MINOR REVISIONS THAT WOULD				
BRING THE BYLAWS UP-TO-DATE WITH THE CURRENT BOARD PRACTICES. THE DATE OF				
THE ANNUAL MEETING WAS CHANGED FROM JUNE TO JULY. THE MINIMUM NUMBER OF				
BOARD MEMBERS WAS UPDATED FROM 15 TO 12, AND THE REQUIREMENT THAT A CERTAIN				
NUMBER OF MEMBERS NEED TO BE AFFILIATED WITH THE CHURCH OF THE BEATITUDES				
WAS REMOVED. THE DOLLAR AMOUNT WHICH REQUIRES A BOARD MEMBER TO SIGN				
EXPENSES WAS UPDATED TO THE CURRENT ANNUALLY UPDATED AMOUNT WHICH IS BASED				
ON THE COLA PERCENTAGE. THE BOARD REVIEWED THE UPDATED BYLAWS. AT THE JULY				

Schedule O (Form 990) 2023 Page 2

**Employer identification number** Name of the organization DUET PARTNERS IN HEALTH & AGING, INC. 74-2370522 BOARD MEETING, A MOTION WAS MADE TO ACCEPT THE BYLAWS AS PRESENTED WITH THE ABOVE EDITS INCLUDED. THE MOTION WAS SECONDED AND APPROVED. FORM 990, PART VI, SECTION A, LINE 7A: THE BOARD OF DIRECTORS CONSISTS OF (A) PERSONS NOMINATED BY DUET'S BOARD 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 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.

Schedule O (Form 990) 2023 Page **2** 

Name of the organization  DUET PARTNERS IN HEALTH & AGING, INC.	Employer identification number 74-2370522
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	
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 2024)

#### Application for Extension of Time To File an Exempt Organization Return or Excise Taxes Related to Employee Benefit Plans

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits. 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 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. Part I - Identification Name of exempt organization, employer, or other filer, see instructions. Taxpayer identification number (TIN) Type or **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. due date for filina vour 10000 N 31ST AVENUE, D200 return. See instructions City, town or post office, state, and ZIP code. For a foreign address, see instructions. PHOENIX, AZ 85051 Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1 Application Is For Return | Application Is For Return Code Code Form 990 or Form 990-EZ 01 Form 4720 (other than individual) 09 Form 4720 (individual) 03 Form 5227 10 Form 990-PF 04 Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 05 Form 8870 12 Form 990-T (trust other than above) 06 Form 5330 (individual) 13 07 Form 5330 (other than individual) 14 Form 990-T (corporation) Form 1041-A 80 After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330. • If this application is for an extension of time to file Form 5330, you must enter the following information. Plan Name Plan Number Plan Year Ending (MM/DD/YYYY) Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions) The books are in the care of THE ORGANIZATION 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  $\overline{\ \ }$  and attach a list with the names and TINs of all members the extension is for. . If it is for part of the group, check this box ..... , 20 24 I request an automatic 6-month extension of time until NOVEMBER 15 , to file the exempt organization return for the organization named above. The extension is for the organization's return for: x calendar year 20 23 or \_\_\_\_\_ , 20 \_\_\_\_ , and ending \_\_\_ tax year beginning If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period 3a 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. 3h 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. Зс