Form 990-EZ

Department of the Treasury

Short Form 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.

Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

2017

OMB No 1545-1150

Open to Public Inspection

_	mai revent				`					
<u>A</u>	For the 2017 calendar year, or tax year beginning , 2017, and ending , 20									
В	Check if ap	plicable	C Name of organization D	Employ	er identification n	umber				
B Check if applicable Address change Name change Initial return Final return/terminated Amended return		ange	DUNCAN MANOR II	41-	2128645					
	Name chan	nge	Number and street (or PO box, if mail is not delivered to street address) Room/suite	Telepho	ne number					
	Initial return	n	Number and street (or PO box, if mail is not delivered to street address) 815 WEST SHELBY DRIVE City or town, state or province, country, and ZIP or foreign postal code Memphis, TN 38109 ☐ Cash ☐ Accrual Other (specify) ► ☐ H ☐ (check only one) - ☐ 501(c)(3) ☐ 501(c)() ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 ☐ ☐ Corporation ☐ Trust ☐ Association ☐ Other ☐ 7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total arow) are \$500,000 or more, file Form 990 instead of Form 990-EZ							
	Final return	v/terminated	C Name of organization DUNCAN MANOR II		1)337-3207					
	Amended re	etum	Table Cash Accrual Other (specify) Accrual Other Ot		Group Exemption					
	Application	pending	Memphis, TN 38109	Number	r >					
G	Accounti	ing Method:	☐ Cash ☐ Accrual Other (specify) ► ☐ H Ch	eck ► [If the organizat	ion is not				
i	Website	: ▶	rec	quired to a	attach Schedule B					
J	Tax-exe	mpt status (check only one) - 501(c)(3)	orm 990,	990-EZ, or 990-PF))				
_		organization								
L	Add lines	s 5b, 6c, and 1	7b to line 9 to determine gross receipts If gross receipts are \$200,000 or more, or if total asset	ts	· · · · · · · · · · · · · · · · · · ·					
					. > \$	185.570				
_			•		•	П				
_	1				1					
	2				2	185.570				
	3	Membership	dues and assessments]	3					
	4	Investment ii	ncome		4					
	5a	Gross amou	nt from sale of assets other than inventory 5a							
	b	Less: cost or	other basis and sales expenses							
					5c					
venue	6	Gaming and fundraising events								
	a	a Gross income from gaming (attach Schedule G if greater than								
e	1	\$15,000)	1 1							
/en	b	Gross Incom	e from fundraising events (not including \$ of contributions							
R _e		from fundrais	sing events reported on line 1) (attach Schedule G if the	ļ						
		sum of such	gross income and contributions exceeds \$15,000) 6b							
Rev	C		·							
	1		· · · · · · · · · · · · · · · · · · ·							
		line 6c) -			6d					
	7a	Gross sales	of inventory, less returns and allowances	l		····				
	Į.	Less. cost of								
,	c	Gross profit	or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c					
-	8				8					
)	9	Total reven	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶	9	185,570				
<u>-</u>	10			1	10					
	11]	11					
)) 	12	Salaries, oth	er compensation, and employee benefits	, <u> </u>	12					
86.	13	Professional	fees and other payments to independent contractors . S MAY . F. & . 2010	;}	13	3,800				
Sen	14	Occupancy,	rent, utilities, and maintenance	ļ l	14					
ă	15	Printing, pub	lications, postage, and shipping		15					
	16	Other expens	ses (describe in Schedule O)		16					
	17	Total expen	ses. Add lines 10 through 16	¹▶ Ì	17	114,392				
	18		eficit) for the year (Subtract line 17 from line 9)		18	185,570				
ets	19	Net assets o		,						
188			igure reported on prior year's return)		19	102.465				
A Fort B Check Addres A Address A Address A Application A Application A Application A Application A Application A Address A Application A Application	20	-	es in net assets or fund balances (explain in Schedule O)		20					
ž	21	=	r fund balances at end of year Combine lines 18 through 20	▶	21	173.643				
			on Act Notice, see the separate instructions.							
EE/			-			. ,				

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Form 990-EZ (2017) DUNCAN MANOR II			41-2	128	645 Page 2
Part II Balance Sheets (see the instructions for Part					_
Chèck if the organization used Schedule O to	respond to any questio	n in this Part II			<u> </u>
•		(A) Be	eginning of year	<u> </u>	(B) End of year
22 Cash, savings, and investments			14,434	22	15,054
23 Land and buildings			113,434	23	188,589
24 Other assets (describe in Schedule O)			0	24	0
25 Total assets			127,868	25	203,643
				26	
			25,403	27	30,000
27 Net assets or fund balances (line 27 of column (B) must agr			102,465	121	173,643
	•	•			Expenses
Check if the organization used Schedule O to				(Rea	juired for section
What is the organization's primary exempt purpose? PROVIDE	SHELTER AND FOOD	TO HOMELESS V	/ET	1	c)(3) and 501(c)(4)
Describe the organization's program service accomplishments for e	ach of its three largest pro-	aram services.		1 '	nizations, optional for
as measured by expenses In a clear and concise manner, describe persons benefited, and other relevant information for each program	the services provided, the			othe	. ,
28 DUNCAN MANOR CONTINUES TO MAINTAIN HOUST SUPPORT TO HOMELESS VETS INCLUDING THOSE		ER			
MENTALLY ILL IN ACCORDANCE WITH ITS NON-				1	1
	t includes foreign grants, c	heck here	<u>►</u> □	28a	_
	r moluces foreign grants, c	HECK HEIE	· · · · · · ·	200	0
29					
(Grants \$) If this amoun	t includes foreign grants, c	heck here · · · ·	<u> · · · · ▶ ∐</u>	29a	
30				1	
				}	
(Grants \$) If this amoun	t includes foreign grants, c	heck here · · ·	▶ 🗍	30a	
				Ì	
, ,	t includes foreign grants, c	heck here	▶ 🎵	31a	
32 Total program service expenses (add lines 28a through 31a	· · · · · · · · · · · · · · · · · · ·			32	
Part IV List of Officers, Directors, Trustees, and Key Em					<u></u>
Check if the organization used Schedule O to respor	· -				
Official in the organization used Schedule O to respon	d to any question in this re	T	T		
	(b) Average	(c) Reportable compensation	(d) Health benefits contributions to emp		(e) Estimated amount of
(a) Name and title	hours per week	(Forms W-2/1099-MISC)			other compensation
	devoted to position	(rf not paid, enter -0-)	deferred compens	ation	
FRANCIS DUNCAN		STMA01			
PRESIDENT & CEO	40.00		0	0	0
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Form 990-EZ (2017)

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Pa	Other Information (Note the Schedule A and personal benefit contract statement requirements in the			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V	<u>···</u>		<u>. Ll</u>
22	Did the experiention appear in any surrificent activity not provide consisted to the IDCO If IVon II provide a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		Х
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
•	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			l
	change on Schedule O (see instructions)	34		Х
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		Х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions > 37a			
b	Did the organization file Form 1120-POL for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a	X	
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter	ŀ		
	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·	- [
b	Gross receipts, included on line 9, for public use of club facilities	4		
40 a	, , , , , , , , , , , , , , , , , , ,			
	section 4911 ▶			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958			
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year	406		X
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	ļ	
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed	ļ		
	on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line	İ		
•	40c rembursed by the organization · · · · · · · · · · · · · · · · · ▶			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
_	transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed TN		<u></u>	
42 a	The organization's books are in care of ▶ FRANCIS DUNCAN Telephone no ▶ 901-3	37-3	207	
	Located at ▶ 815 WEST SHELBY DRIVE, Memphis, TN ZIP+4 ▶ 38109		=	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		Χ
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Financial Accounts (FBAR)			
C	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		X
	If "Yes," enter the name of the foreign country			_
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			L
	and enter the amount of tax-exempt interest received or accrued during the tax year	<u></u>	T	
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	1		
	completed instead of Form 990-EZ	44a	 	X
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	\- <u></u> -	-	
	completed instead of Form 990-EZ	44b	┼	X
	Did the organization receive any payments for indoor tanning services during the year?	44c	₩	X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			}
4-	explanation in Schedule O	44d	 	37
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	 	X
D	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," Form 990 and Schedule R may need to be completed instead of	AFL		v
	Form 990-EZ (see instructions)	45b		X

Orm 990-EZ (2)	DUNCAN MANOR II			41-2	128645	Yes	No
16 Did the	e organization engage, directly or indirectly, in p	olitical campaign activitie	es on behalf of or in oppo	sition		103	
to čan	didates for public office? If "Yes," complete Sc		<u> </u>		· · 46		Χ
Part VI	Section 501(c)(3) organizations of						
	All section 501(c)(3) organizations	must answer questi	ions 47 - 49b and 5	and complete the	tables for	r lines	3
	50 and 51.						
	Check if the organization used Sch	edule O to respond	to any question in	this Part VI	· · · · · ·		<u>. []</u>
						Yes	N
7 Did the	e organization engage in lobbying activities or h	nave a section 501(h) ele	ection in effect during the	tax			
year?	If "Yes," complete Schedule C, Part II				47		Х
8 Is the	organization a school as described in section 1	70(b)(1)(A)(ii)? If "Yes," o	complete Schedule E		48		Х
9a Did the	e organization make any transfers to an exemp	t non-chantable related of	organization?		49a		X
b If "Yes	," was the related organization a section 527 o	rganization?			49b	<u> </u>	
	lete this table for the organization's five highest	•	es (other than officers, dir	ectors, trustees and key			•
	yees) who each received more than \$100,000						
	,,		T	(d) Health benefits,	T		
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable	contributions to employee	(e) Estimati		
	(a) Name and the or each employee	devoted to position	(Forms W-2/1099-MISC)	benefit plans, and deferred compensation	other co	mpensat	ion
			(1	 		
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IONE			<u> </u>	 	 		
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			1	<u> </u>	L		
	number of other employees paid over \$100,000	****		_			
	lete this table for the organization's five highest			received more than			
\$100,0	000 of compensation from the organization If t	here is none, enter "Non	ie "				
ti	a) Name and business address of each independent contrac	tor	(b) Type of service	e ((c) Compensation	on	
	· · · · · · · · · · · · · · · · · · ·			•			
			İ				

					**		
						_	
_							
d Total r	number of other independent contractors each	receiving over \$100,000	>				
2 Did th	e organization complete Schedule A? Note: A	II section 501(c)(3) orga	nizations must attach a				•
	eted Schedule A	· / · / •			► 🛚 Yes	П	No
	s of perjury, I declare that I have examined this return						
	and complete Declaration of preparer (other than offi				g wonoi, i		
,,,	Acura Des in	, so so so an internal	proparer riad all	,			
Sign	Signature of officer	Date _/ /	, 				
lere	(r ceo		5/5/	2018		
.~. •	FRANCIS DUNCAN, PRESIDENT Type or print name and title	a LEU					
	<u> </u>	reparets signature	1/ Inna		DTIAL		
عمنط			_^. /// Date	Check rf	PTIN		
Paid	JOHN D DAVIS JR	MOTHER TOU	N 04-25-20		P00515	981	
Preparer	Firm's name JOHN D DAVIS JR	/	(/	Firm's EIN			
Jse Only	Firm's address ► 6689 MILLERS FON	D CIRCLE	<u> </u>				
	Memphis TN 38119			Phone no. 901-	-337-320°	7	
lay the IRS	discuss this return with the preparer shown ab	ove? See instructions			Yes 🛚 Yes		No
EΑ					Form 9	90-EZ	(201

SCHEDULE A

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.

2017

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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

Inspection

Name	of the	organization					Employer Identific	auon number				
DUNCAN MANOR II 41-2128645												
Pa	rt I	Reason for Public Charity	Status (All or	ganizations must c	omplete	this par	t.) See instructio	ns.				
The	orgai	nization is not a private foundation beca	use it is: (For lines	1 through 12, check only	y one box.)							
1		A church, convention of churches, or	association of chui	rches described in sect i	ion 170(b)(1)(A)(i).						
2		A school described in section 170(b)	(1)(A)(ii). (Attach S	Schedule E (Form 990 o	r 990-EZ).)			\bigcup				
3		A hospital or a cooperative hospital se	ervice organization	described in section 1	70(b)(1)(A)	(iii).						
4		A medical research organization oper	ated in conjunction	n with a hospital describ	ed ın secti d	on 170(b)((1)(A)(iii). Enter the					
		hospital's name, city, and state:										
5		An organization operated for the benef	fit of a college or ur	niversity owned or operat	ted by a go	vemmenta	l 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).										
7	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)	•	· · · · · · · · · · · · · · · · · · ·			•					
8	П	A community trust described in section										
9	ñ	An agricultural research organization			rated in coi	niunction v	vith a land-grant colle	ege				
	_	or university or a mon-land-grant college		·								
		university.	,	,		,						
10	П	An organization that normally receives	: (1) more than 33	1/3% of its support from	contribution	ns. membe	ership fees, and gross	,				
receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its												
		support from gross investment income	•	•								
		acquired by the organization after Jur		•		•						
11	П	An organization organized and opera			•	•						
12	Ħ	An organization organized and operate	-	•			carry out the numose	s				
_	ب	of one or more publicly supported org	*	•			•					
		Check the box in lines 12a through 12										
	а	Type I. A supporting organization				-		•				
	_	the supported organization(s) the	•			-		···9				
		supporting organization. You mu		•	., 0, 0,0	301010 01 11	40,000 0, 8,0					
	b	Type II. A supporting organization	•		ith ite euinni	orted orga	nization(s) by having	•				
	-	control or management of the sup			•	_						
		organization(s). You must comp	. • •	•	sons that c	,O11(101 01 11	indriage the supported					
	С	Type III functionally integrated.	=		nection ust	h and fun	ctionally integrated w	ath				
	·							nui,				
	d	its supported organization(s) (see	-	•	-			nn(e)				
	u			• ,			•	• •				
		that is not functionally integrated.	•	•		•	t and an attentiveness	•				
	_	requirement (see instructions). Ye	-		•		Small Time III					
	0	Check this box if the organization				a type i, i	туре п, туре п					
		functionally integrated, or Type III	_	egrated supporting orgal								
	f	Enter the number of supported organic										
	<u>g</u>	Provide the following information about						4.0.4				
	(1) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the o	rganization if governing	(v) Amount of monetary support (see	(vi) Amount of other support (see				
				above (see instructions))	docum		instructions)	instructions)				
				•	Voc	1 11-	•					
			· · · · · · · · · · · · · · · · · · ·		Yes	No		······································				
(A)								•				
_					 -	 						
(B)	(B)											
												
(C)					}	1	<u>'</u>					
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(D)					i	}						
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(E)			i		1							
Tota				<u> </u>	 -	}	ļ 					

Schedule A (Form 990 or 990-EZ) 2017 DUNCAN MANOR II 41-2128645

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.)

Seci	Lion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants")	176,083	167,588	166,188	198,273	185,570	893,702
2	Tax revenues levied for the organization'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 · · · · · ·	176,083	167,588	166,188	198,273	185,570	893,702
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			1			
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	ļ					
6	Public support. Subtract line 5 from line 4 · ·					L	893,702
	tion B. Total Support dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(a) 2015	(d) 2016	(a) 2017	(f) Total
7	Amounts from line 4			(c) 2015		(e) 2017	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	176,083	167,588	166,188	198,273	185,570	893,702
9	Net income from unrelated business activities, whether or not the business is regularly carned on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10 .						893,702
12	Gross receipts from related activities, etc. (s	ee instructions)	• • • • • • • • • • • • •			12	
13	First five years. If the Form 990 is for the organization, check this box and stop here	· · · · · · · · · · · · · · · · · · ·					▶□
	tion C. Computation of Public Su	 				T	
14	Public support percentage for 2017 (line 6, c		-	"	• • • • • • • • •	·····	00.00 %
15	Public support percentage from 2016 Sched					15	<u>%</u>
16a	33 1/3% support test - 2017. If the organiz					CK INIS	▶ ☒
	box and stop here. The organization qualif 33 1/3% support test - 2016. If the organiz	•	••				🔼
D	this box and stop here. The organization q			·		e, cneck • • • • • • • • • • • • •	
17a	1 0%-facts-and-circumstances test - 2017	•	,				
., 4	10% or more, and if the organization meets	_		·	·		
	Part VI how the organization meets the "fact		·		•		
	organization · · · · · · · · · · · · · · · · · · ·		_				▶ □
b	1 0%-facts-and-circumstances test - 2016						
	15 is 10% or more, and if the organization is	~		· ·			
	Explain in Part VI how the organization mee				•	v	
	•			•	•	, <i>.</i>	▶ □
18	Private foundation. If the organization did						_
	instructions						▶ □

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a,

28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

2017

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open To Public Inspection

ame of the organization	_						Emp	loyer idei	ntification	ı numbe	r		
UNCAN MANOR II								-2128					
··· ·· ———	Fit Transactions e organization a								-		lina 1	Ωh	
Complete ii ti k	e Organization a					E 25a (JI 230, 01 F01	111 990-	-CZ, F	21 t V,	11116 4		
1 (a) Name of disqualified pe	rson	(b) Relationship betwoon	yeen disqu ganization	•	on and		(c) Description	on of trans	saction			(d) Con Yes	No
(1)													
(2)													
(3)													
2 Enter the amount of tax in													
under section 4958 · -									. > \$	<u></u>			
3 Enter the amount of tax, r	f any, on line 2, ab	ove, reimbursed b	by the o	rganizatio	on · ·				. • \$	<u>, </u>			
Part II Loans to and/	or From Intere	etad Parsans											
	e organization a		on Eor	000 E	7 Dodl	/ line 20	o ar Farm Of	ν Don	4 IV / lim	26	or if f	ha	
	eported an amo						ba or Form 98	o, rai	L IV, IIII	e 20,	OI II I	ne	
		7								Ι		r	
(a) Name of interested person (b) Relations		(c) Purpose of		nan to or m the	(e) On principal a	-	(f) Balance due	(g) tn	default?		proved ard or	(i) W	
	with organization	loan	i	zation?	principara	STIDUIL				1 -	nttee?	agree	i i ika i il v
			То	From				Yes	No	Yes	No	Yes	No
		BLDG	.,										
(1) FRANCIS DUNCAN	PRESIDENT	IMPROVEMEN	X	-	2	29,401	30,0	20	X	X	├	X	ļ
(2)									<u> </u>				
(3)											<u> </u>		
(4)													
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	· · · · · · · · ·					. ▶ \$	30,0	00		<u> </u>		L	
	sistance Bene	-			D-4 1/4 1	07							
Complete if th	ne organization	answered res	ON FO	ım 990,	Paπ IV, I	line 27							
(a) Name of interested person		ship between interested and the organization	d (c)) Amount of	assistance	(d)	Type of assistance		(e) Purpo:	se of ass	sistance	
(1)													
			_			-							
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(6)]		1					

SCH'EDULE O

(Form 990 or 990-EZ)

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 990-EZ.

OMB No 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

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

Employer Identification number DUNCAN MANOR II 41-2128645 01. Description of other expenses (Part I, line 16) Description Description Amount ADVERTISING BANK CHARGES 1,501 CELL PHONE 3,901 CLEANING SERVICES 849 CLIENT ALLOWANCE/PERSONAL EFFECTS 17,830 CLIENT-COMCAST 2,389 CLIENT-FOOD 25,383 CLIENT-MEDICAL 5,155 CONTRACT SERVICES 2,448 INSURANCE 5,918 INTEREST 14,147 OFFICE EXPENSES 484 PEST CONTROL 150 SECURITY 1,698 SUPPLIES 998 TAXES AND LICENSES 286 02. Description of total liabilities (Part II, line 26)

Beginning of Year Category End of Year LOAN FROM OFFICER 25,403 30,000