SCANNED OCT 0 7 2019

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)

OMB No 1545-1150 2018

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public

	partment of mal Reven	the Treasury	► Go to www.irs.gov/Form990EZ for instructions and the lat	test inform	ation.		inspection					
		2018 calenda			20							
	Check if ap		C Name of organization	D Employ	nployer identification number							
	Address of		DUNCAN MANOR II	· -	2128645							
ᆖ	Name char	•	E Telephor									
=	Initial retur	•	•									
ī		n/terminated	(90	1) 337-3	3207							
\Box	Amended r		F Group E									
\Box	Application		Memphis, TN 38109	V3	Number	•						
		ing Method	X Cash	Н	Check ► D	f the o	rganization is not					
	Website	•		-	required to a	_						
J	Tax-exe	mpt status (c	heck only one) - 🗶 501(c)(3)	527	(Form 990, 9							
_		-	☐ Corporation ☐ Trust ☐ Association ☐ Other		· <u>·</u>	· · · · · · · · ·						
		-	b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more,	or if total as	ssets		·					
						▶ \$	189,569					
	art I		e, Expenses, and Changes in Net Assets or Fund Balance									
			he organization used Schedule O to respond to any question in this	-								
-	1		gifts, grants, and similar amounts received			1						
2`	2		rice revenue including government fees and contracts · · · · · · · · · · · · · · · · · · ·		—	2	189,569					
2	3		dues and assessments			3						
	4		icome		[4	· · · · · · · · · · · · · · · · · · ·					
>	5a	Gross amour	nt from sale of assets other than inventory									
-)	1		other basis and sales expenses · · · · · · · · · · · · · · · · · ·		Ì							
	c	Gain or (loss	loss) from sale of assets other than inventory (Subtract line 5b from line 5a)									
	6	-	nd fundraising events									
	a	Gross income	e from gaming (attach Schedule G if greater than									
9			6a	1								
Revenue	ь	Gross income	s									
æ			ing events reported on line 1) (attach Schedule G if the			İ						
		sum of such	gross income and contributions exceeds \$15,000) 6b		1	İ						
	C	Less direct e	expenses from gaming and fundraising events 6c			İ						
	d	Net income of	r (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			}						
						6d						
	7a	Gross sales	of inventory, less returns and allowances									
	b	Less cost of	goods sold · · · · · · · · · · · · · · · · · · ·			ļ						
	c	Gross profit of	or (loss) from sales of inventory (Subtract line 7b from line 7a) · · · · · · · · · ·			7c						
	8	Other revenu	7 L	8	. <u></u>							
	9	Total revenu	e. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	VED.	<u>√. to</u>	9	189,569					
	10	Grants and s	imilar amounts paid (list in Schedule O)	+	101 · · [10						
	11	Benefits paid	to or for members	. 1919°	·191· · [11						
ø	12	Salaries, other	er compensation, and employee benefits	6 .50,5	· /&/·	12						
Expenses	13	Professional	face and attended and the state of the state		一声.	13	12,167					
per	14		ent, utilities, and maintenance	:N: U1] المسند	14	41,144					
Ä	15		ent, utilities, and maintenance		· · · · · [15						
	16	Other expens	es (describe in Schedule O) · · · · · · · · · · · · · · · · · ·		[16	109,582					
	17	Total expens	ses. Add lines 10 through 16		▶	17	162,893					
	18	Excess or (de	eficit) for the year (Subtract line 17 from line 9)		[18	26,676					
Net Assets	19	Net assets or	fund balances at beginning of year (from line 27, column (A)) (must agree with	Ì	Γ							
Ass		end-of-year fi		19	173,643							
듩	20	Other change	es in net assets or fund balances (explain in Schedule O) · · · · · · · · ·		[20						
Z	21	Net assets or	fund balances at end of year Combine lines 18 through 20		▶ 「	21	200.319					

For Paperwork Reduction Act Notice, see the separate instructions. EEA

Form 990-EZ (2018)

Form 99	-EZ (2018) DUNCAN MANOR II			41-	21286	545 Page 2
Part						_
	Check if the organization used Schedule O to res	spond to any questio	n in this Part	<u> </u>	• • •	<u> X</u>
				(A) Beginning of year		(B) End of year
	h, savings, and investments · · · · · · · · · · · · · · · · · · ·	• • • • • • • • • •	• • • • • •	15,054	22	14,039
	d and buildings			188,589	23	219,380
	er assets (describe in Schedule O)			0	24	0
	al assets · · · · · · · · · · · · · · · · · · ·			203,643	25	233,419
	al liabilities (describe in Schedule O)			30,000	26	33,100
	assets or fund balances (line 27 of column (B) must agree w			173,643	27	200,319
Part						Expenses
	Check if the organization used Schedule O to re				(Req	uired for section
What is	the organization's primary exempt purpose? PROVIDE SH	ELTER AND FOOD	TO HOMELE	SS VET	501(0	c)(3) and 501(c)(4)
Describ	e the organization's program service accomplishments for each	n of its three largest pro-	gram services,		orgar	nizations, optional for
as mea	sured by expenses. In a clear and concise manner, describe the	e services provided, the	number of		other	\$)
	benefited, and other relevant information for each program title				-├	Τ
	ICAN MANOR CONTINUES TO MAINTAIN HOUSING		ER		1	
	PPORT TO HOMELESS VETS INCLUDING THOSE T				1	
	TTALLY ILL IN ACCORDANCE WITH ITS NON-PR		hook boss	<u>. n</u>	28a	
<u>. </u>	ants \$) If this amount in	cludes foreign grants, c	neck nere .	· · · · · · · · · · .	20a	0
29						
					-	
<u>/C-</u>	ants \$) If this amount in	cludes foreign grants, c	hack hare		29a	
30	ints \$) It this amount in	ciddes foreign grants, c	neck nere	,	250	-
JU						
(Gr	ants \$) If this amount in	cludes foreign grants, c	heck here	▶ □	30a	
		· · · · · · · · · · · · · ·			1	
	or program sortious (austrias in consultion)	cludes foreign grants, c			31a	
<u> </u>	al program service expenses (add lines 28a through 31a) · ·				32	0
Part					lions fo	r Part IV)
	Check if the organization used Schedule O to respond to					
		(b) Average	(c) Reportable	(d) Health benefi	ts,	
	(a) Name and title	hours per week	compensation (Forms W-2/1099			(e) Estimated amount of other compensation
		devoted to position	(if not paid, ent	· •		<u> </u>
FRANC	IS DUNCAN		STMA01			
PRESI	DENT & CEO	40.00		0	0	0
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				·····		Form 990-EZ (2018)

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_	990-EZ (2018) DUNCAN MANOR II 41-21286	45	F	Page 3
Pa	rt V 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>	\Box
			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		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			l
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34	ļ	X
35 a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			ĺ
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
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		<u> </u>
C	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	1		
	during the year? If "Yes," complete applicable parts of Schedule N	36		X
	Enter amount of political expenditures, direct or indirect, as described in the instructions · · · · · ► 37a			ŀ
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	<u> </u>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	1		1
39	Section 501(c)(7) organizations Enter:			l
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·]	:	ĺ
b	Gross receipts, included on line 9, for public use of club facilities · · · · · · · · · · · · · · · · · · ·]		l
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under			1
	section 4911 ▶, section 4912 ▶, section 4955 ▶			l
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958	l		1
	excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year			
	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
C	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed		<u> </u>	1
	on organization managers or disqualified persons during the year under sections 4912,			1
	4955, and 4958 · · · · · · · · · · · · · · · · · · ·	j		
đ	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
	40c reimbursed 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	LJ	X
41	List the states with which a copy of this return is filed TN			
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			
þ	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		<u>X</u>
	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	İ		
	Financial Accounts (FBAR)	ľ	İ	
C	,, , , , , , , , , , , , , , , , ,	42c		<u>X</u>
	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 · · · · · · · · · · · · · ▶ 43	<u> </u>		
			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		١.	
	completed instead of Form 990-EZ · · · · · · · · · · · · · · · · · · ·	44a		Χ
þ	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
	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			
	explanation in Schedule O	44d		
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
b	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	l		
	Form 990-EZ See instructions	45b		X

Form 9	990-EZ (20	18) DUNCAN MA	NOR II	[41-2	128645	F	age 4
•		,								Yes	No
46	Did the	organization engage, directly or in	ndırectiy, ı	n political campaign activitie	es on behaff	of or in oppo	sition			[
_		idates for public office? If "Yes," o		* ***					46	<u> </u>	<u> X</u>
Par		Section 501(c)(3) Organi				401					
		All section 501(c)(3) organ	nization	s must answer quest	ons 47 -	49b and 52	2, and co	omplete the	tables to	rlines	S
		50 and 51.			•	4	ulaia Dant				
	 ,	Check if the organization i	usea So	nedule O to respond	to any q	uestion in t	nis Part	<u>VI</u>	· · · · · · ·		;Ш
										Yes	No
47		organization engage in lobbying a		` '		•			l		ł
		"Yes," complete Schedule C, Par							47	 	<u> </u>
48		rganization a school as described							48	 	X
49a		organization make any transfers t		•	•				· · 49a	 	
. b		was the related organization a se		=					· · 49b	Ц	L
50	-	ete this table for the organization's	_								
	employ	ees) who each received more tha	n \$100,00	00 of compensation from the	e organizatio	on If there is			· · · · · · · · · · · · · · · · · · ·		
				(b) Average		teportable		Ith benefits, ns to employee	(e) Estimate	ed amou	nt of
		(a) Name and title of each employee		hours per week devoted to position	1	pensation 2/1099-MISC)	benefit plar	ns, and deferred pensation	other co	mpensat	bon
			_	devoted to position	(FOIIID VV	2 1035-14113C)		pensation	ļ		
	-						}				
NON	<u> </u>					 					
							 -				
				 							
				 							
f	Total nu	imber of other employees paid over	er \$100 0	00			L				
51		te this table for the organization's			ent contracto	ors who each	received r	nore than			
		00 of compensation from the organ				0.0 11.10 000.11					
	<u></u>				<u> </u>						
	(a)	Name and business address of each indep	endent conti	ractor	(t) Type of service	•	(4	c) Compensation	n	
											
_							 -		· · · · · · · · · · · · · · · · · · ·		
-	-										
								1			
d	Total nu	imber of other independent contra	ctors eac	h receiving over \$100,000		>					
52	Did the	organization complete Schedule A	? Note: /	All section 501(c)(3) organiz	ations must	attach a					
	complet	ted Schedule A							Yes		No
Under	penalties	of perjury, I declare that I have examin	ed this ret	um, including accompanying s	chedules and	statements, an	d to the bes	t of my knowledg	e and belief, i	t is	
true, c	orrect, an	d complete Declaration of preparer (c	ther than o	officer) is based on all informati	on of which p	reparer has any	knowledge		4		
		None a lest	M					8/13	2019		
Sign	ո	Signature of officer					Date	7 7			
Here	e	FRANCIS DUNCAN, PR	ESIDEN	T & CEO							
		Type or print name and title									
		Pnnt/Type preparer's name		Preparers signature	. ^	Date		Check of	PTIN		
Paid	i	JOHN D DAVIS JR		John Da	المالمة	08-13-20	19	self-employed	P005159	81	
Prej	parer	Firm's name JOHN D DA	VIS JE					s EIN 🕨			
Use	Only	Firm's address ► 6689 MILL		7-7							
		Memphis T		7			Phon	e no 901-	337-3207	<u>.</u>	
May t	he IRS d	iscuss this return with the prepare							Yes	<u> </u>	No
EEA									Form 99	0-EZ (2018)

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.

OMB No 1545-0047

2018

Open to Public

(Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ. Inspection ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Employer identification number

Name of the organization 41-2128645 DUNCAN MANOR II Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 or 990-EZ)) 2 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 5 section 170(b)(1)(A)(iv). (Complete Part II.) 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). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 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 10 receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 12 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 in 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. 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. 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. d ____ 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 II, Type III, 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). (v) Amount of monetary (i) Name of supported organization (ii) EIN (fii) Type of organization (iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see above (see instructions)) instructions) instructions) document? Yes No (A) (B) (C) (D) (E) Total

41-2128645 DUNCAN MANOR II Schedule A (Form 990 or 990-EZ) 2018 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (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.) **Section A. Public Support**

Caler	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(C) 2016	(a) 2017	(0) 2016	(f) Fotal
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	167,588	166,188	198,273	185,570	189,569	907,188
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 · · · · · ·	167,588	166,188	198,273	185,570	189,569	907,188
5	The portion of total contributions by						
	each person (other than a		1				
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount]					
	shown on line 11, column (f) · · · · ·						
6	Public support. Subtract line 5 from line 4 • •	<u>. </u>	1				907,188
	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	167,588	166,188	198,273	185,570	189,569	907,188
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
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 .						907,188
12	Gross receipts from related activities, etc. (s	ee instructions)				12	
13	First five years. If the Form 990 is for the or organization, check this box and stop here			or fifth tax year as	a section 501(c)(3)) 	▶□
	tion C. Computation of Public Su						
14	Public support percentage for 2018 (line 6, c	column (t) divided b	y line 11, column (t))			00.00 %
15	Public support percentage from 2017 Sched						00.00 %
16a	33 1/3% support test - 2018. If the organization and stop here. The organization qualifie						▶ 🏻
_	33 1/3% support test - 2017. If the organization						🗾 🖸
b	this box and stop here . The organization qu						▶ □
17a	10%-facts-and-circumstances test - 2018.						,
17 a	10% or more, and if the organization meets to						
	Part VI how the organization meets the "fact				•		
	organization · · · · · · · · · · · · · · · · · · ·						▶ □
ь	10%-facts-and-circumstances test - 2017.						
-	15 is 10% or more, and if the organization m						
	Explain in Part VI how the organization meet					,	
							▶ □
18	Private foundation. If the organization did n						J
	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.

OMB No 1545-0047 2018

Department of the Treasury Internal Revenue Service
Name of the organization

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

Open To Public Inspection

DUNCAN MANOR II							41-2						
Part I Excess Benefi							(c)(29) organiza				l'	0 L	
Complete if the	organization a					ne 25a c	or 25b, or Form	990-6	-Z, Pa	art V,	line 4		
1 (a) Name of disqualified pers	son	(b) Relationship betw			n and		(c) Description o	f transa	ction			(d) Corr	
		OI	ganizeti	on .		 						Yes	No
(1)					,				`				
(1)													
(2)													
(3) 2 Enter the amount of tax in	curred by the ora	anization manage	rs or d	lisauslified	nersons d	uring the	vear				·····		
under section 4958 · · ·									▶ \$,			
3 Enter the amount of tax, if					on				▶ \$;			•
·													
Part II Loans to and/			_								٠.		
		answered "Yes" unt on Form 99					Ba or Form 990,	Part	IV, lin	e 26;	or if t	he	
organization re	ported an amor	unt on Form 99	U, Fa	It A, line :	5, 0, 0r 2 <i>i</i>	Z.							
(a) Name of interested person	(b) Relationship	(c) Purpose of	, ,	Loan to or rom the	(e) On principal a	. 1	(f) Balance due	(g) In d	lefault?	(h) Ap by bo	proved and or	(i) Wr agreer	
	with organization	loan		anization?	principal	amount				comm		agree.	
			То	From				Yes	No	Yes	No	Yes	No
	-	BLDG											
(1) FRANCIS DUNCAN	PRESIDENT	IMPROVEMEN	X		2	9,401	28,100		Х	X		Χ	
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		answered "Yes"			Part IV	line 27							
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(a) Name of interested person	1 ''	ship between interested and the organization		(c) Amount of	85515t811C8	(6)	Type of assistance		(6	, r urpus	16 OI E33	13(4) 100	
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SCHEDULE 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

2018

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 (Pa	art I, line 16)		
Description	Amount	·····	
ADVERTISING	522		
BANK CHARGES	363		
CELL PHONE	6,113		
CLIENT FOOD	27,690		
CLIENT MEDICAL & ALLOWANCES	21,686		
CONTRACT SERVICES	16,366		
DEPRECIATION	14,325		
INSURANCE	8,531		
INTEREST EXPENSE-NON-BUILDING	9,483		
LICENSE & PERMITS	730		
OFFICE EXPENSES & SUPPLIES	1,558		
REPAIRS	472		
SECURITY	1,658		
TRANSPORTATION	8.5		
02. Description of total liabilities	(Part II, line 26)		
Category	Beginning of Year	End of Year	
LOAN FROM OFFICER	30,000	28,100	·
LOAN PAYABLE TO NAVY CREDIT UN	0	5,000	
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