(Rev January 2020)

Department of the Treasury Internal Revenue Service

# 294930440180 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.

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

2019

Inspection

Open to Public

<u>A</u>	For t	he 2	2019 calendar y	ear, or tax year begin	ning		, 2019, a	and endi	ng		, 20		
В	Check	ıf apı	olicable	C Name of organizationDI	NCAN MANOR II					D Empl	oyer identification number		
	Addre	ss cha	ange	Doing business as							41-2128645		
	Name	chen	ge	Number and street (or P	O box if mail is not delivere	ed to street address)		Room/suit	te	E Telep	hone number		
	instral s	return	1	815 WEST SHELB		-					(901) 337-3207		
	Final r	eturn	/terminated	City or town, state or pro	vince, country, and ZIP or fo	oreign postal code				G Gross receipts			
	Ameno	led re	eturn ]	Memphis, TN 38		• .				\$	254,172		
	Applica	ation	pending	F Name and address of pri		S DUNCAN			H(a) is this a	group return	for subordinates? Yes X No		
_	••			Same as C abov			_	2			es included? Yes No		
_	Tax-ex	emot			) ◀ (insert no )	4947(a)(1) or	527				st (see instructions)		
			N/A	( <del>)</del> (), ()	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>	<del></del>		H(c) Group				
<u>-</u>			anization 🗶 Con	poration Trust Ass	sociation Other	1	L Year of formation	on 201			jal domicile TN		
	rtll		Summary	<u></u>					<u> </u>				
_	1	_	Bnefly describe t	the organization's miss	on or most significan	t activities: DUN	CAN MANOR	RIIC	ONTINUE	S TO	MAINTAIN HOUSING		
æ			•	•	•	, — ·					ILL IN ACCORDANCE		
Š		_		ON-PROFIT 501(C						<u>,-</u>			
Activities & Governance		-									·		
χe	2	2 (	Check this box	if the organization	discontinued its ope	rations or disposed of	of more than 2	25% of its	net assets		<del></del>		
Ö	3			members of the gove	· · · · · · · · · · · · · · · · · · ·	•				1 1	3		
φ 9	14		-	endent voting member		•				. 4	3		
iţie	5		•	ndividuals employed in	•					. 5	2		
ş	6			volunteers (estimate if	•	• •				6	<del></del>		
ĕ	Ι.			usiness revenue from	••					7a	0		
	'			siness taxable income					. <b></b>	7b	0		
	_							1	Prior Year	التنال	Current Year		
	8	, (	Contributions and	d grants (Part VIII, line	1h)						0		
ē	9			revenue (Part VIII, line	,				189	,569	254,172		
Revenue	10		=	ne (Part VIII, column (A						,,505	0		
ě	11			Part VIII, column (A), lir							0		
_	12			idd lines 8 through 11 (					100	,569	254,172		
_	13			ar amounts paid (Part I					103	,505	79,678		
	14			or for members (Part I)							79,678		
	15			ompensation, employe							27 200		
es	110			draising fees (Part IX, o							27,308		
ens	1"			expenses (Part IX, col							0		
Expenses	17		-	•			0		1.60	903	133 053		
щ	Ι.			(Part IX, column (A), lis				•		893	133,053		
	18			Add lines 13-17 (must penses Subtract line				∸		,893	240,039		
_		<u>,                                    </u>	revenue less ex	penses Subtractime	10 HOITIME 12 · ·	····RECE!	VED	·		,676	14,133		
ē S	E 20		otal assets (Par	4 V June 16)		2		511	ning of Curre		End of Year		
988	21		otal liabilities (Pa	•		SS MAY 2 0	2020	₹		,419	234,345		
Net Assets or	22		•	•	ino 21 from lino 20	<u>lol</u>	, , , , , , , , , , , , , , , , , , ,	?╟──		,100	19,893		
IP2	rt[]		Signature I	nd balances Subtract	ine 21 from line 20		1 1 1	<del>-  </del>	200	,319	214,452		
تت		_		that Lhave examined this retui	n. including accompanying	schedoles and statements	and to the best of	of my knowle	edge and belie	of, it is			
				on of preparer (other than off						<u> </u>			
				Camers &	(TAL)						5/2/2000		
Sig	n		Signature of b		200					Dat	te ///020		
He	re		ū		DEAM C CEO						•		
			Type or print r	DUNCAN, PRESI	DENT & CEU								
			Pont/Type preparer		Preparer's spriature		Date		Charle	<b>1</b>	PΠN		
Pai	d	ļ				FUNGLEPA	05-12-20	16	Check	_			
	par	or	JOHN D DAY		, — · · · · ·	10/2/0/11	N2-17-50		self-em	ployed	P00515981		
	on On		Firm's name		AVIS JR CPA	OT F	<del></del>	1	m's EIN P				
J31	- UI	··y	Firm's address		LERS POND CIR	CILE			none no	001	227 2007		
NA	the !!		locuse this set		femphis TN 38119 preparer shown above? (see instructions)					901-337-3207			
						ructions) · · · ·							
	rape	rwo	ik Reduction A	ct Notice, see the sep	rarate instructions.						Form <b>990</b> (2019)		
ÉEA											414		

	n 990 (2019) DUNCAN MANOR II	41-2128645	Page 2								
Pa	rt III Statement of Program Service Accomplishments										
	Check if Schedule O contains a response or note to any line in this Part III		· · · · · <u> </u>								
1 `	Bnefly describe the organization's mission										
	DUNCAN MANOR II CONTINUES TO MAINTAIN HOUSING FOOD AND MEDICAL CARE TO HOMELESS VETS INCLUDING										
	THOSE THAT MAY BE MENTALLY ILL IN ACCORDANCE WITH ITS NON-PROFIT 501(C) (3)	IRS CLASSIF	ICATION.								
_	Did the company of th										
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	□ Vos	x No								
	If "Yes," describe these new services on Schedule O.	· · · · 📋 ies	X NO								
3	Did the organization cease conducting, or make significant changes in how it conducts, any program										
	services?	· · · · □ Yes	X No								
	If "Yes," describe these changes on Schedule O										
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured	d by									
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	ners,									
	the total expenses, and revenue, if any, for each program service reported										
		- <del></del>									
4a	(Code) (Expenses \$29,460 including grants of \$) (Revenue		4,172)								
	DUNCAN MANOR PROVIDED FOOD, CLOTHINH, SHELTER AND MEDICAL CARE TO EIGHT HOME.	LESS VETERA	NS WHO								
	WERE MENTALLY ILL.										
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4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)								
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4c	(Code ) (Expenses \$ including grants of \$ ) (Revenue	\$	)								
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		······································									
4d	Other program services (Describe on Schedule O )		<del> </del>								
40	(Expenses \$ including grants of \$ ) (Revenue \$	,									
4e	Total program service expenses   229,460		<del></del>								
EEA		For	m <b>990</b> (2019)								

Part IV

**Checklist of Required Schedules** 

Page 3

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," 1 х 2 is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? . . . . . . . 2 x 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I 3 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 . . . . . . . . . . . . . . . . . . 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-197 If "Yes," complete Schedule C. Part III 5 Х 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 6 X 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II X 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 8 X 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 9 . . . . . . . . . . . . . . . . . . . 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments 10 or in quasi endowments? If "Yes," complete Schedule D, Part V Х If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII ......... 11b X 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 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX ............ 11d x 11e e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D. Parts XI and XII 12a X Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . . . . . . . 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E . . . . . . . . . . . . . . . . 13 Х Did the organization maintain an office, employees, or agents outside of the United States? . . . . . . . . . . . . . . 14a 14a X Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking. fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b X 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 X 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 X 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) 17 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II ...... 18 х Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II ......

Page 4

Pa	rt 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	1	}	1
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		ļ	1
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
•	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	23	ļ	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	<del></del>	X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<del> </del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	240		<u> </u>
<b>2</b> ya	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			<u> </u>
-	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b		x
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%			l
	controlled entity or family member or any of these persons? If "Yes," complete Schedule L, Part II	26	x	
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			l
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			l
	persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			
	IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	,		
	"Yes," complete Schedule L, Part IV · · · · · · · · · · · · · · · · · ·	28a	х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		х
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			1
	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,"			ł
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			ĺ
	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,			
۸-	or IV, and Part V, line 1 · · · · · · · · · · · · · · · · · ·	34		Х
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>x</u>
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	254		
20	contraction of the state of the	35b		<del> </del>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? 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	30		X
31	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	3,		_X_
70	19? Note: All Form 990 filers are required to complete Schedule O	38		ĺ
Par			Х	
ı aı	Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Chiese in Contraction Contraction of the Contractio	<u> </u>	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Form W-2G included in line 1a Enter -0- if not applicable			i
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
_	reportable gaming (gambling) winnings to pnze winners?	1c	x	'

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V Yes No 2a 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 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . . 3a If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O ...... 3b b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? . . . . 4a Х If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . . . . . . . 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . . . X С 5c Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a X If "Yes," did the organization include with every solicitation an express statement that such contributions or 6b Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was C 7с d Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e е X Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . . . . . f 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . . 7g X h 7h X Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b b 10 Section 501(c)(7) organizations. Enter. а Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . . . . . . . . . . . . . b Section 501(c)(12) organizations. Enter а b Gross income from other sources (Do not net amounts due or paid to other sources 11h 12a 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b Section 501(c)(29) qualified nonprofit health insurance issuers. 13 13a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans C 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O . . . . . . . Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 15 excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? . .

if "Yes," complete Form 4720, Schedule O

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Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" Part VI response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes Nο 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 Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? 2 Х 3 Did the organization delegate control over management duties customarily performed by or under the direct 3 supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following. 8a X Each committee with authority to act on behalf of the governing body? . . . . . . . . . . . . 8b x 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a 10a Did the organization have local chapters, branches, or affiliates? If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a ¥ Describe in 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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . . . . . . . . . . 12c Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 X 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? 15a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in 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 X 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed Tennessee Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c) 18 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply 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 financial 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 FRANCIS DUNCAN (901) 337-3207, 815 WEST SHELBY DRIVE, Memphis, TN 38109

•				-	<del></del>	
Form 990 (20°					41-212	
Part VII	Compensation of Officers, Dire	ctors, Tr	ustees, Key Employee	es, Highest Co	mpensated E	mployees, and
-	Independent Contractors					
	Check if Schedule O contains a response		<u> </u>	• • • • • • • • •		<u></u>
Section A.	Officers, Directors, Trustees, Key Emplo	<del></del>	<del></del>	<del></del>		· · · · · · · · · · · · · · · · · · ·
1a Complete organization's	this table for all persons required to be listed tax year	Report com	pensation for the calendar yea	ar ending with or w	thin the	
	of the organization's <b>current</b> officers, director Enter -0- in columns (D), (E), and (F) if no o	•	•	ations), regardiess	of amount of	,
List all o	of the organization's current key employees,	if any See in	structions for definition of "key	y employee "		
<ul><li>List the</li></ul>	organization's five current highest compensa-	ated employe	es (other than an officer, dire	ctor, trustee, or key	employee)	
who received	reportable compensation (Box 5 of Form W-	2 and/or Box	7 of Form 1099-MISC) of mo	re than \$100,000 fi	om the	
organization a	nd any related organizations					
<ul> <li>List all o</li> </ul>	of the organization's former officers, key emp	loyees, and l	highest compensated employe	ees who received r	nore than	
\$100,000 of re	eportable compensation from the organization	n and any rel	ated organizations			
• List all o	of the organization's former directors or trus	tees that red	cerved, in the capacity as a for	mer director or trus	stee of the	
organization, r	nore than \$10,000 of reportable compensation	on from the o	organization and any related o	rganizations		
See instruction	ns for the order in which to list the persons a	hove				
$\overline{}$	s box if neither the organization nor any relati		on compensated any current	officer, director, or t	rustee	
	,		(C)		I	1
		1	Position	(5)	<i>(</i> 5)	(5)
	(A)	(B)	(do not check more than one	(O)	(E)	(F) Estimated amount
	Name and title	Average hours	box, unless person is both an officer and a director/trustee)	Reportable compensation	Reportable compensation	of other
		per week		from the	from related	compensation
		(list any hours for	Forms Highe emplo Key e Office Institu	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations

(A) Name and title	(B)  Average hours per week (list any hours for related organizations below dotted line)	box	unles er and	eck m ss per d a di	son is	nan one a both a Highest compensated employee	n )	(D)  Reportable compensation from the organization (W-2/1099-MISC)	(E)  Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) FRANCIS DUNCAN PRESIDENT & CEO	40.00			х				0	0	0
(2) (3)										
(4)	ļ									
<u>(5)</u>										
<u>(6)</u>										
(7)										
( <u>8)</u>										· · · · · · · · · · · · · · · · · · ·
(10)										
<u>(11)</u>		······································								
(12)										
(13)								-		
(14)										

rait	Section A. Officers, Directors, Trustees  (A)  Name and title	(C) Position (do not check more than on box, unless person is both officer and a director/truste per week (list arry					han one s both ar		(D)  Reportable compensation from the organization	(E)  Reportable  compensation from related organizations	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(15)											
(16)			ļ <u></u>								
<u>(17)</u>											
(18)											
(19)											
(20)											
(21)											
(22)											
(23)											
(24)											
(25)											
1b	Subtotal		• • •	• •	• •	• •		. ▶			
c d	Total from continuation sheets to Part VII, Sect Total (add lines 1b and 1c)							· •	0	0	0
2	Total number of individuals (including but not limite		sted ab	ove)	) who	o rec	eived	mor			
	reportable compensation from the organization	<u> </u>						-			Yes No
3	Did the organization list any former officer, directo	r, trustee, ke	y empl	oyee	, or	hıgh	est co	mpe	ensated		165 1.0
	employee on line 1a? If "Yes," complete Schedule				•	• •					. 3 X
4	For any individual listed on line 1a, is the sum of re organization and related organizations greater than										
	Individual · · · · · · · · · · · · · · · · · · ·										. 4 x
5	Did any person listed on line 1a receive or accrue				unre	elate	ed orga	anıza	ation or individual		
	for services rendered to the organization? If "Yes,"	complete Sc	hedule	J fo	r su	ch p	erson				. 5 X
	on B. Independent Contractors										
1	Complete this table for your five highest compensation from the organization. Report comp										
	compensation from the organization Report comp (A)	ensation for	ine ca	enda	ai ye	ai e	nuing v	WILLI	(B)	ization's tax year	(C)
	Name and business addres	s							Description of service	es	Compensation
		<del></del>									
2	Total number of independent contractors (including	g but not limit	ted to t	hose	liste	ed a	bove)	who	)		
	received more than \$100,000 of compensation fro	m the organi	zation	•	•						

Form 990 (2019) DUNCAN MANOR II 41-2128645 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (A) (B) (C) (D) Total revenue Revenue excluded Related or exempt Unrelated function revenue business revenue from tax under sections 512-514 18 Federated campaigns . . . . . . . . b Membership dues . . 1h Contributions, G-fts, Grants and Other Similar Amounts 10 Fundraising events Government grants (contributions) . . 14 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f 1g h Total. Add lines 1a-1f **Business Code** 2a HOUSING & CARE VETERANS 623990 254,172 254,172 Program Service Revenue f Ali other program service revenue · · · · · · y Total. Add lines 2a-2f 254,172 . . . Investment income (including dividends, interest, and Income from investment of tax-exempt bond proceeds 6a Gross rents . . . . . 6a 6b h Less rental expenses · · ig A. c Rental income or (loss) 6c d Net rental income or (loss) . . . . . . . . . . . . . . . . (i) Securities 7a Gross amount from sales of assets other than inventory b Less cost or other basis 7a Other Revenue 7b and sales expenses . . c Gain or (loss) . . . . . 7c d Net gain or (loss) · · · · · · 8à Gross income from fundraising events (not including \$ of contributions reported on line 1c) See Part IV, line 18 · · · · · 8b b Loss direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 . . . . . . 9b c Net income or (loss) from gaming activities . . . . . . . . 10a Gross sales of inventory, less 10a returns and allowances . . . 10b b Less: cost of goods sold . . . .

Dusiness Code

254,172

254,172

0

11a

c Net income or (loss) from sales of inventory

Total revenue. See instructions · · · · · · · · · ▶

e Total. Add lines 11a-11d

41-2128645

Form 990 (2019) DUNCAN MANOR II
Part IX | Statement of Functional Expenses

· altix	Otatement of Functional Expenses	
Section 501	(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column	(A)

	Check if Schedule O contains a response or note to	any line in this Part IX			
Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
3b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				1
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22 · · · · · · · · ·	79,678	79,678		1
3	Grants and other assistance to foreign	,			l
-	organizations, foreign governments, and				
	foreign individuals See Part IV, lines 15 and 16 · · · ·				ļ
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			ĺ	
	persons described in section 4958(c)(3)(B)			. ]	
7	Other salaries and wages	24,050	24,050		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes · · · · · · · · · · · · · · · · · · ·	3,258	3,258		
11	Fees for services (nonemployees)				<del></del>
а	Management				
b	Legal · · · · · · · · · · · · · · · · · · ·	6,134	6,134		
С	Accounting	- 4,200	4,200		
d	Lobbying · · · · · · · · · · · · · · · · · · ·				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees · · · · · · · · · · · · · · · · · ·				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	317	317		
13	Office expenses	15,798	14,219	1,579	·····
14	Information technology				
15	Royaltres				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	61,359	55,223	6,136	<del></del>
17	Travel	9,235	8,312	923	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings		2.55		
20	Interest	9,179	8,262	917	
21	Payments to affiliates	15.000	15.000		
22	Depreciation, depletion, and amortization	15,830	15,830	496	
23	Insurance	5,036	4,540	496	<del></del> (
24	Other expenses I Itemize expenses not covered		[		
	above (List miscellaneous expenses on line 24c. If line 24c amount exceeds 10% of line 25, column		,		. ;
	(A) amount, list line 24e expenses on Schedule O)			-	
_	• •	5,285	4,757	528	
a	TELEPHONE	680	680	J26	
Ъ	LICENSE	980	880		
c d				· · · · · ·	
6	All other expenses				
25	Total functional expenses. Add lines 1 through 24e- · ·	240,039	229,460	10,579	0
26	Joint costs. Complete this line only if the	240,039	225,450		<u></u>
	organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

om 990 (20 Part X	19) DUNCAN MANOR II  Balance Sheet	4	1-212864	.5 Page 1
rait A				г
<del></del>	Check if Schedule O contains a response or note to any line in this Part X	(A)		<del></del>
		Beginning of year	ľ	(B) End of year
1	Cash - non-interest-bearing		1	_ <del></del>
1	Savings and temporary cash investments	13,839	2	30,52
3	Pledges and grants receivable, net	<u> </u>	3	
4	Accounts receivable, net	000	4	071
5	Loans and other receivables from any current or former officer, director,	200	-	27
٦				
j	trustee, key employee, creator or founder, substantial contributor, or 35%			
6	controlled entity or family member of any of these persons		-	
"	Loans and other receivables from other disqualified persons (as defined		<del></del>	
	under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) Notes and loans receivable, net		<del></del>	
g 7			7	
Assets			8	
7	Prepaid expenses and deferred charges		9	
10a	Land, buildings, and equipment cost or other			
	basis Complete Part VI of Schedule D 10a 264,151		<del></del> -	
b	Less. accumulated depreciation	219,380	10c	203,550
11	Investments - publicly traded secunties		11	
12	Investments - other securities See Part IV, line 11		12	
13	Investments - program-related See Part IV, line 11		13	
14	Intangible assets		14	
15	Other assets See Part IV, line 11		15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	233,419	16	234,34
17	Accounts payable and accrued expenses		17	59
18	Grants payable · · · · · · · · · · · · · · · · · · ·		18	
19	Deferred revenue · · · · · · · · · · · · · · · · · · ·		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
g 22	Loans and other payables to any current or former officer, director,			
<b> </b>	trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons	28,100	22	19,29
23	Secured mortgages and notes payable to unrelated third parties · · · · · · · · ·	•	23	
24	Unsecured notes and loans payable to unrelated third parties	5,000	24	
25	Other liabilities (including federal income tax, payables to related third	•		
i	parties, and other liabilities not included on lines 17-24) Complete Part X			
	of Schedule D		25	<del></del>
26_	Total liabilities. Add lines 17 through 25	33,100	26	19,89
,	Organizations that follow FASB ASC 958, check here			
<u> </u>	and complete lines 27, 28, 32, and 33.	<del></del>		
27	Net assets without donor restrictions		27	
28	Net assets with donor restrictions		28	<del></del>
[ ]	Organizations that do not follow FASB ASC 958, check here			
	and complete lines 29 through 33.		<del></del>	
29	Capital stock or trust principal, or current funds		29	
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds	200,319	31	214,452
Net Assets or rund Balances 27 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	Total net assets or fund balances	200,319	32	214,452
33	Total liabilities and net assets/fund balances	233,419	33	234,345

m 990 (		1-212864	5	Pa	age 12
art XI					
	Check if Schedule O contains a response or note to any line in this Part XI	<del></del>			
	revenue (must equal Part VIII, column (A), line 12)	1		254,	
	expenses (must equal Part IX, column (A), line 25)	2		240,	
	nue less expenses Subtract line 2 from line 1 · · · · · · · · · · · · · · · · · ·	3		14,	133
	ssets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		<u>200,</u>	319
5 Net u	inrealized gains (losses) on investments	5			
6 Dona	ted services and use of facilities	6			
	tment expenses	7			<u> </u>
	penod adjustments	8			
9 Othe	r changes in net assets or fund balances (explain on Schedule O)	9			0
	issets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	olumn (B))	10		214,	452
Part XII	J				
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. LL</u>
				Yes	No
	unting method used to prepare the Form 990. 🗵 Cash 📗 Accrual 📗 Other				
If the	organization changed its method of accounting from a prior year or checked "Other," explain in		,		1
Sche	dule O				
2a Were	the organization's financial statements compiled or reviewed by an independent accountant?		2a	X	
If "Ye	s," check a box below to indicate whether the financial statements for the year were compiled or				
revie	wed on a separate basis, consolidated basis, or both				
$\mathbf{x}$	Separate basis				
<b>b</b> Were	the organization's financial statements audited by an independent accountant?		2b		x
If "Ye	s," check a box below to indicate whether the financial statements for the year were audited on a				
sepa	rate basis, consolidated basis, or both				
П	Separate basis Consolidated basis Both consolidated and separate basis				
c If "Ye	s" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of				
	udit, review, or compilation of its financial statements and selection of an independent accountant?		2c	х	
	organization changed either its oversight process or selection process during the tax year, explain on				
	dule O				<u> </u> j
	result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	e Audit Act and OMB Circular A-133?		3a		x
	s," did the organization undergo the required audit or audits? If the organization did not undergo the				Ī
D IT YE	at the side reduction and a second a side reduction and an artists of the side reduction and the side reduction an		1 1	ı	1

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## 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.

OMB No 1545-0047

2019

**Open to Public** 

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

Name of the organization

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

Inspection Employer identification number

DUNCAN MANOR II 41-2128645

ra	וח	Reason for Public Charity	Jaius (All Ol	ganizations must co	mpiete	ms part.	) See instructions.					
The	orgar	nization is not a private foundation beca	ause it is: (For lines	1 through 12, check only	one box )							
1		A church, convention of churches, or	association of chur	ches described in section	tion 170(b)(1)(A)(i).							
2		A school described in section 170(b)(	(1)(A)(ii). (Attach So	chedule E (Form 990 or 9	90-EZ))			- 1	)' I			
3	$\overline{\sqcap}$	A hospital or a cooperative hospital se	rvice organization of	described in section 170	(b)(1)(A)(ii	i).		U	/			
4	П	A medical research organization opera	-			•	A)(iii). Enter the					
		hospital's name, city, and state										
5		An organization operated for the bene	efit of a college or u	niversity owned or operat	ed by a go	vemmenta	l unit described in					
		section 170(b)(1)(A)(iv). (Complete P	art II )									
6	П	A federal, state, or local government of		t described in section 17	0(b)(1)(A)	(v).						
7	$\overline{\mathbf{x}}$	An organization that normally receives	•				the general public					
	_	described in section 170(b)(1)(A)(vi).	· ·	• • • •			,					
8	П	A community trust described in section										
9	Ħ	An agricultural research organization of		•	ed in conju	nction with	a land-grant college					
	_	or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or										
10	university											
	An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross											
	receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its											
	support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III )											
	П	• •										
17	An organization organized and operated exclusively to test for public safety. See section 509(a)(4).											
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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g											
	а	Type I. A supporting organization	•	•								
		the supported organization(s) the		• •	y of the din	ectors or tr	ustees of the					
		supporting organization You mus	-	•								
	b	Type II. A supporting organization	•			-	• • •					
		control or management of the sup	porting organization	n vested in the same per	sons that o	control or m	anage the supported					
		organization(s) You must comple	<del>-</del>									
	C	Type III functionally integrated.	A supporting organ	zation operated in conne	ction with,	and function	onally integrated with,					
		its supported organization(s) (see	instructions) You i	must complete Part IV,	Sections A	N, D, and E						
	d	Type III non-functionally integra	ted. A supporting o	organization operated in c	onnection	with its sup	ported organization(s)					
		that is not functionally integrated.	The organization go	enerally must satisfy a di	stribution re	equirement	and an attentiveness					
		requirement (see instructions). Yo	u must complete	Part IV, Sections A and	D, and Pa	rt V.						
	Ð	Check this box if the organization	received a wrtten	determination from the IF	S that it is	a Type I, T	ype II, Type III					
		functionally integrated, or Type III	non-functionally int	egrated supporting organ	nzation							
	f	Enter the number of supported organi	zations · · · ·									
	g	Provide the following information about	it the supported org	ganızatıon(s)				_				
	(1)	Name of supported organization	(ii) EIN	(iii) Type of organization	(IV) Is the o	rganization	(v) Amount of monetary	(vi	) Amount of			
			1	(described on lines 1-10	listed in you	-	support (see		r support (see			
				above (see instructions))	docum	entr	instructions)	'	nstructions)			
	_				Yes	No						
۸۱					ł							
A)					-		· · · · · · · · · · · · · · · · · · ·					
B)					i		li					
C)												
								<b></b>	·			
D)												
E)												
	<del></del>				<b></b>							
ota				<u></u>	<u> </u>	L		L				

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.) Section A. Public Support Calendar year (or fiscal year beginning in)▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") . . . . . . 166,188 198,273 185,570 189,569 254,172 993,772 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 ..... Total. Add lines 1 through 3 ..... 166,188 198,273 185,570 189,569 254,172 993,772 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) Public support. Subtract line 5 from line 4 993,772 Section B. Total Support (d) 2018 **(b)** 2016 (c) 2017 Calendar year (or fiscal year beginning in)▶ (a) 2015 (e) 2019 (f) Total 166,188 198,273 185,570 189,569 254,172 993,772 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from Net income from unrelated business activities, whether or not the business 10 Other income. Do not include gain or loss from the sale of capital assets 11 Total support. Add lines 7 through 10 . . . 993,772 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))..... 100.00 % 100.00 % 16a 33 1/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this  $\mathbf{x}$ b 33 1/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check 17a 10%-facts-and-circumstances test - 2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

	ule D (Form 990) 2019 DUNCAN MANOR II						41-2128					
Par	rt III Organizations Maintaining (	Collections of A	Art, Hist	orical T	reasures,	or Oth	ner Similar As	sets (continued)				
<b>.</b> 3	Using the organization's acquisition, accession	, and other records,	check any	of the follo	wing that mal	ke sıgnıf	icant use of its	•				
	collection items (check all that apply)											
а	Public exhibition		d	Loan	or exchange p	rogram	\$					
þ	Scholarly research		е	Other								
C	Preservation for future generations											
4	Provide a description of the organization's colle	ections and explain h	now they fu	rther the o	rganization's e	exempt p	ourpose in Part					
	XIII											
5	During the year, did the organization solicit or re											
	assets to be sold to raise funds rather than to b		rt of the org	anization's	s collection? -			· Yes No				
Par	t IV Escrow and Custodial Arran		_			_		_				
	Complete if the organization a	answered "Yes"	on Form	990, Pa	art IV, line 9	e, or re	ported an amo	ount on Form				
	990, Part X, line 21		·			<del></del>						
1a	Is the organization an agent, trustee, custodian		-									
								· · 📙 Yes 📙 No				
b	b If "Yes," explain the arrangement in Part XIII and complete the following table											
						ļ	Am	nount				
C	- og mining belance					_ <del>_ ``</del>		· · · · · · · · · · · · · · · · · · ·				
d	realisms during the year	· · · · · · · · · · · ·				<u></u>						
е	Distributions during the year					1e						
f	Ending balance					1 <u>f</u>	<del></del>					
2a	Did the organization include an amount on For							· Yes No				
	If "Yes," explain the arrangement in Part XIII C	heck here if the exp	lanation ha	s been pro	vided on Part	XIII		····· <u>                                </u>				
Par			F	000 0-		10						
	Complete if the organization a	inswerea "Yes"	on Form	990, Pa	,							
	_	(a) Current year	(b) Pro	or year	(c) Two years	back	(d) Three years back	(e) Four years back				
1a	Beginning of year balance	<del></del>	<del> </del>		ļ							
b	Contributions · · · · · · · · · · ·		<b>_</b>									
С	Net investment earnings, gains, and											
	losses		ļ									
d	Grants or scholarships		<del> </del>									
0	Other expenditures for facilities and											
	programs					<del></del>		<del></del>				
1	Administrative expenses · · · · · ·		-	<del></del>								
9	End of year balance				<u> </u>			<u></u>				
2	Provide the estimated percentage of the current	•	(line 1g, co	iumn (a)) r	ieid as							
a	Board designated or quasi-endowment	%										
b	Permanent endowment > %	•										
С	Term endowment  %	d I 4000/										
2-	The percentages on lines 2a, 2b, and 2c should		on that are	hold and a	adminustered &	or the						
3a	Are there endowment funds not in the possessi	ion of the organizati	on that are	neiu and a	auriii iistered 1	or use		Yes No				
	organization by  (i) Unrelated organizations							. 3a(i)				
	(ii) Related organizations · · · · · · · ·							. 3a(ii)				
b	If "Yes" on line 3a(ii), are the related organization	and listed as require	d on Schoo	lula P2				. 3b				
4	Describe in Part XIII the intended uses of the or	-						. [30]				
Par			ment funds	· <u> </u>								
	Complete if the organization a		on Form	990. Pa	art IV. line 1	11a. Se	ee Form 990. I	Part X. line 10.				
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Book value				
	besorption of property	(investme		''	other)		epreciation	(a) Book value				
1a	Land			·····								
b	Buildings			<del></del>	···	····						
c	Leasehold improvements	25	59,100	_ <del></del>			55,550	203,550				
d	Equipment		851				851					
e	Other · · · · · · · · · · · · · STMD1E		4,200				4,200					
	. Add lines 1a through 1e (Column (d) must equ			B), line 10d	:)			203,550				

## 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,

OMB No 1545-0047

Department of the Treasury

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

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

Open To Public Inspection

Name of the organization	Employer identification number												
Part I Excess Benefit Trai	sactions	s (section 501(c	:)(3),	section 50	)1(c)(4),	and 501		1286 Itions				<del></del>	
Complete if the organ											line 4	0b	
1 (a) Name of disqualified person	ŀ	(b) Relationship between disqualified person and				(c) Description of transaction					(d) Con	rected?	
· (a) Name of disquared person		organization				(c) bescription of defisection						Yes	No
(4)												į	
(1)						<del>                                     </del>						<del> </del>	
(2)	1											}	
				<del></del>		<u> </u>	·· <del>·····</del> -·· -· ···				·	<b> </b>	
(3)													
2 Enter the amount of tax incurred	-												
under section 4958 · · · · ·						• • • • •		• • •	▶ \$				
3 Enter the amount of tax, if any, o	n line 2, ab	ove, reimbursed t	by the	organizatio	n • -		• • • • • • • •	• • •	<b>&gt;</b> \$				
Part II Loans to and/or Fro	m Intere	etad Pareone											
Complete if the organ			on F	orm 990-E	Z. Part \	V. line 38	Ba or Form 990.	Part	IV. lın	e 26:	or if t	he	
organization reported									,	,	·		
(a) Name of interested person (b) F	Relationship	(c) Purpose of		(d) Loan to or (e) Or		<del></del>		(g) in default?		(h) Ac	(h) Approved (ı) Writter		ntten
with organ				from the principa		- 1 '''		137 22		by board or		agreement?	
İ			org	anization?		-				comn	ttee?	<u> </u>	
			То	From				Yes	No	Yes	No	Yes	No
		BLDG											
(1) FRANCIS DUNCAN PRES	SIDENT	IMPROVEMEN	X		2	9,401	19,296	-	X	X	-	X	
(2)		1				1		l		}	ł		
(2)								-			-		<del> </del>
(3)						ľ							
	********												
(4)					<u></u>								
(5)	<del></del>	L						<u> </u>	L		l		L
Part III Grants or Assistan					· · · · ·	. ▶ \$	19,296			L			1
		_			Part IV	line 27							
Complete if the organization answered "Yes" on Form 990, Part IV,						T	(a) Purpose of assistance						
· · · · · · · · · · · · · · · · · · ·		ionship between interested on and the organization		(c) Amount of assistance		(d) Type of assistance			(e) Purpose of assistance				
(1)	·	· · · · · · · · · · · · · · · · · · ·											
								1					
(2)			$\dashv$		<del></del>								
(2)								}					
(3)						<b></b> _		-+	,				<del></del>
(4)						}							

# 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.

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

OMB No 1545-0047

**Open to Public** 

Department of the Treasury Internal Revenue Service Name of the organization

Inspection Employer identification number

DUNCAN MANOR II	41-2128645
01. Form 990 governing body review (Part VI, line 11)	
THE BOARD OF DIRECTORS MEET WITH THE CPA TO REVIEW THE 990 BEFORE THE FILING	OF SAME WITH
THE IRS. IN THIS PROCESS, THE FORM 990 IS COMPARED WITH THE YEAR END CPA COM	PILATION
FINANCIAL REPORTS TO ASSURE CORRECTNESS OF THE FILING.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
ALL BOARD MEMBERS INCLUDING THE PRESIDENTNOT ARE NOT ALLOWED TO AVAIL THEMSE	LVES OF ANY
SERVICES PROVIDED BY DUNCAN MEMBER II TO ITS CLIENTS.	
	·····
03. Governing documents, etc, available to public (Part VI, line 19)	
THE ANNUAL 990 AND COMPILE FINANCIAL STATEMENTS ARE KEPT AT DUNCAN MANORS II	OFFICE.
COPIES ARE AVAILABLE TO THE GENERAL PUBLIC UPON REQUEST.	
-	
	<del>,</del>
	····