2949305803601 OMB No. 1545-0047 **Return of Organization Exempt From Income Tax** 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) (Rev. January 2020) Open to Public Do not enter social security numbers on this form as it may be made public. Department of the Treasure ▶ Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service For the 2019 calendar year, or tax year beginning 20 2019, and ending C Name of organization DUNCAN MANOR II D Employer identification number Check if applicable Address change Doing business as 41-2128645 Number and street (or PO box if mail is not delivered to street address) Name change Room/suite Telephone number Initial return 15 WEST SHELBY DRIVE (901) 337-3207 Final return/terminated City or town, state or province, country, and ZIP or foreign postal code demphis, TN 38109 Amended return 254.172 Application pending F Name and address of principal officer FRANCIS DUNCAN H(8) is this a group return for subordinates? H(b) Are all subordinates included? 1 Yes Same as C above 501(c)(3) 501(c) ( Tax-exempt status (insert no) 4947(a)(1) or 527 If "No," attach a list. (see instructions) Website ► N/A Group exemption number Corporation Form of organization L. Year of formation 2010 M State of legal domicile Part Summary Briefly describe the organization's mission or most significant activities: DUNCAN MANOR II CONTINUES TO MAINTAIN HOUSING FOOD AND MEDICAL CARE TO HOMELESS VETS INCLUDING THOSE THAT MAY BE MENTALLY ILL IN ACCORDANCE Activities & Governance WITH ITS NON-PROFIT 501(C) (3) IRS CLASSIFICATION. Check this box ► ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 3 Total number of individuals employed in calendar year 2019 (Part V. line 2a) 5 Total number of volunteers (estimate if necessary) Total unrelated business revenue from Part VIII, column (C), line 12 0 Net unrelated business taxable income from Form 990-T, line 39 0 **Current Year** SCAN S Contributions and grants (Part VIII, line 1h) Λ Program service revenue (Part VIII, line 2g) .....JAN 1.4. 2621 254,172 189,569 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and III Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11 0 12 189,569 254,172 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 79,678 14 Benefits paid to or for members (Part IX, column (A), line 4) 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 27,308 Professional fundraising fees (Part IX, column (A), line 11e) 16a となっている。 Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 133,053 162,893 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 162,893 240,039 14,133 26,676 **Beginning of Current Year** End of Year Total assets (Part X, line 16) 20 233,419 234,345 21 Total liabilities (Part X, line 26) 33,100 19,893 22 Net assets or fund balances Subtract line 21 from line 20 200,319 214,452 Part II Signature Block RECEIVED Under penalties of penjury, I declare that I have examined this return, including accompanying schedules an and belief, it is 6 true, correct, and complete Declaration of preparer (other than officer) is based on all information of which plegs er has anv knowledge NOV 0 2 2020 Sign Signature of officer OGDEN, UT Here FRANCIS DUNCAN, PRESIDENT & CEO Type or pant name and title Pnnt/Type preparer's name Date Check Paid 05-12-2015 JOHN D DAVIS JR self-employed Preparer WIS JR CPA Firm's EIN JOHN D Firm's name Jse Only 6689 MIXLERS POND CIRCLE Firm's address Memphis TN 38119 901-337-3207 No May the IRS discuss this return with the preparer shown above? (see instructions)

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or Paperwork Reduction Act Notice, see the separate instructions.

	rm 990 (2019) DUNCAN MANOR II	41-212	3 <b>64</b> 5 Pa
	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<i></i>	· · · · · ·
1	Briefly describe the organization's mission		
	DUNCAN MANOR II CONTINUES TO MAINTAIN HOUSING FOOD AND MEDICAL CARE TO		
	THOSE THAT MAY BE MENTALLY ILL IN ACCORDANCE WITH ITS NON-PROFIT 501 (C	) (3) IRS CLAS	SIFICATIO
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	· · · · · · · · · · · · · · · · · · ·	es 😿 No
3	If "Yes," describe these new services on Schedule O.  Did the organization cease conducting, or make significant changes in how it conducts, any program	_	_
	services?		es 🛭 No
4	Describe the organization's program service accomplishments for each of its three largest program services, as a expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocated the total expenses, and revenue, if any, for each program service reported.	-	
4a			254,172)
	DUNCAN MANOR PROVIDED FOOD, CLOTHINH, SHELTER AND MEDICAL CARE TO EIGHT WERE MENTALLY ILL.		RANS WHO
		······	
lb	(Code) (Expenses \$ including grants of \$) (Re	evenue \$	)
:	(Code:) (Expenses \$including grants of \$) (Rev	venue \$	·
<u>.</u>	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	
<u> </u>	Total program service expenses 229,460		
١		F	orm <b>990</b> (201

_			Yes	No
7	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	. 1	x	
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		
4		`├-•	+	X
•	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		
5		` <del>  `</del>	+-	X
J	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 98-19? If "Yes," complete Schedule C, Part III	. 5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	-	<del>                                     </del>	├~
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If		-	
	"Yes," complete Schedule D, Part I · · · · · · · · · · · · · · · · · ·	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	<u> </u>	Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"		-	
	complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or	1	1 1	
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	17.20	4	7.7
	VII, VIII, IX, or X as applicable.	3.31		3
á	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	х	
t	Did the organization report an amount for investments - other secunties in Part X, line 12, that is 5% or more	1	1 1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		<u> </u>
C	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more	1	1	
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>x</u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u>X</u> _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u>x</u> _
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If		1	
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional · · · · · · · · · · · · · · · · · · ·			<u>x</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	$\longrightarrow$	<u>x</u> _
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>X</u>
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	]	Í	
	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		<u>x</u>
5	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45	}	
c	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	+	<u>x</u> _
6	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	}	•
7		-'0-		<u>x</u>
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	17	į	v
8	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on	<del>''</del>	$\dashv$	<u>x</u> _
0	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		v
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	<del>-'°</del> +		<u>x</u> _
-	If "Yes," complete Schedule G, Part III	19	-	v
n a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>х</u> х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	-+	
1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	<del></del>		
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	x
	the contraction of the contracti			

K1.	Checkist of Required Schedules (Continued)		<del></del>	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Ye	s No
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	. 22		x
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the	-	+-	<del>  ^</del>
	organization's current and former officers, directors, trustees, key employees, and highest compensated	1	1	
	employees? If "Yes," complete Schedule J · · · · · · · · · · · · · · · · · ·	. 23	1	x
248			1	<del>                                     </del>
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	1	1	1
	through 24d and complete Schedule K. If "No," go to line 25a	24a	.]	x
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24t	,	$\top$
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year		T	$\top$
	to defease any tax-exempt bonds? • • • • • • • • • • • • • • • • • • •	240	:	
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		$I_{-}$
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	1	х
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			ľ
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?	1		1
	If "Yes," complete Schedule L, Part I · · · · · · · · · · · · · · · · · ·	25b	1	X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	1	1	1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			1
	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	1	}	1
	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee	1	1	}
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these	!	ļ	ł
	persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part			1 4 3
	IV instructions, for applicable filing thresholds, conditions, and exceptions).	Marie	1	152
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	20-		
ь	"Yes," complete Schedule L, Part IV	28a 28b	X	<del> </del> -
C	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	200		X
·	"Yes," complete Schedule L, Part IV	28¢		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or gualified			_
	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		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II · · · · · · · · · · · · · · · · · ·	32		<u>x</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		x
34	'Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1- · · · · · · · · · · · · · · · · · ·	34		_X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	Į	İ	
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	l	- 1	
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		<u>x</u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	į	- [	
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>x</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and	_	- 1	
<u> </u>	19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IRS Filings and Tay Compliance	38	X	
Par	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			$\Box$
	Check it ochequie O contains a response of note to any line in this Part V	<del></del>	Ver T	<u> </u>
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	,12	Yes	No
1a h			""	
	Did the organization comply with backup withholding rules for reportable payments to vendors and	ion t		
٠		3/4.  ∍ 1c	X	
	- Paristan Samma (Sammana) mamman ta busa muning.		~ 1	

	mm 990 (2019) DUNCAN MANOR II 41-	2128645		Page
1.4	Statements Regarding Other Mornings and Tax Compliance (continued)		<del></del>	
2	. Cotos the number of excellence accorded on Form 1842 Towns Male 5184-	6.5	Ye	S No
	the state of the s		. a .	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a			
ı	by If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		) X	- <del>-                                    </del>
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
38	,	<del></del> -		X
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	· · ·   3t	<del>'</del>	
46	, and the state of		l l	1
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42	1	X
•	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).	1		
5a	,,,,,,,, .		+	_ <u>_x</u> _
b			<del>-  </del>	X
C		· · ·   5c	<del></del>	<del> </del>
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			1
	organization solicit any contributions that were not tax deductible as charitable contributions?	• • • <u>6a</u>	<del> </del>	X
b	· · · · · · · · · · · · · · · · · · ·	1	1	1
	gifts were not tax deductible?	• • <u>6b</u>	<u> </u>	
7	Organizations that may receive deductible contributions under section 170(c).	۸ ۱	1.	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	· · · 7a	↓	X
р	If "Yes," did the organization notify the donor of the value of the goods or services provided?	· · · <u>7b</u>	<del> </del>	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		}	1
	required to file Form 8282?- · · · · · · · · · · · · · · · · · · ·	· · · 7c	<u> </u>	X
d	If "Yes," indicate the number of Forms 8282 filed during the year · · · · · · · · · · · · · · · · · · ·	j.`	<u> </u>	-
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		<u> </u>	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? · · · · · · · · · · · · · · · · · · ·	<b></b> -	<u> </u>	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? • • •	<u> </u>	L	X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? • • • • • • • • • • • • • • • • • • •	· · · <u>7h</u>	ļ	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	France		men'
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	و مانه ا	,	£ "
а	Did the sponsoring organization make any taxable distributions under section 4966?	· - 9a	ļ	
ь	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	· ·   9b		
10	Section 501(c)(7) organizations. Enter.	<b>.</b>	)	
a	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		. [	
11	Section 501(c)(12) organizations. Enter.			
a	Gross income from members or shareholders 11a		' <b> </b>	
b	Gross income from other sources (Do not net amounts due or paid to other sources		Ì	•-
	against amounts due or received from them) · · · · · · · · · · · · · · · · · · ·			-
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	^		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1.	-	
а	Is the organization licensed to issue qualified health plans in more than one state?	· · 13a		
	Note: See the instructions for additional information the organization must report on Schedule O		- 1	
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	•
	the organization is licensed to issue qualified health plans	:,	١ ١	
C	Enter the amount of reserves on hand			<u></u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	· · 14a		<u>x</u>
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	· · 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachule payment(s) during the year?	15		<u>X</u>
	If "Yes," see instructions and file Form 4720, Schedule N	عبدا		- 4
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? • • • • • • • • • • • • • • • • • • •	16		<u>x</u>
	If "Yes," complete Form 4720, Schedule O.	رُسِم أُولُول	<u>, , , , , , , , , , , , , , , , , , , </u>	<u> </u>

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 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included in line 1a, above, who are independent 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? 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? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X Did the organization become aware during the year of a significant diversion of the organization's assets? X Did the organization have members or stockholders? X 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 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 Did the organization have local chapters, branches, or affiliates? 10a 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 12a x b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . 12b Х Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c 13 Did the organization have a written whistleblower policy? 13 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? The organization's CEO, Executive Director, or top management official 15a 15b Other officers or key employees of the organization X 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) (3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website W 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

Form 990 (201					41-212	28645	Page 7
PartVIII	Compensation of Officers, Dir	ectors, Ti	rustees, Key Employe	es, Highest C	ompensated E	mploye	es, and
	Independent Contractors						
	Check if Schedule O contains a response	or note to a	ny line in this Part VII		. <i>.</i>		<u> </u>
Section A.	Officers, Directors, Trustees, Key Emp	<del></del>					
1a Complete to organization's	this table for all persons required to be listed tax year	d. Report con	npensation for the calendar ye	ear ending with or v	vithin the		
<ul> <li>List all of</li> </ul>	f the organization's current officers, directo	rs, trustees (	whether individuals or organiz	ations), regardless	of amount of		
	Enter -0- in columns (D), (E), and (F) if no						
<ul> <li>List all of</li> </ul>	f the organization's current key employees,	, if any. See in	nstructions for definition of "ke	y employee."			
• List the o	organization's five current highest compens	sated employ	ees (other than an officer, dire	ector, trustee, or ke	ev emplovee)		
	eportable compensation (Box 5 of Form W		• • • • • • • • • • • • • • • • • • • •		· · · · -/		
	id any related organizations.		,	,			
List all of	the organization's former officers, key emp	ployees, and	highest compensated employ	ees who received	more than		
	portable compensation from the organization		•				
<ul> <li>List all of</li> </ul>	the organization's former directors or true	stees that re	ceived, in the capacity as a for	rmer director or tru	stee of the		
organization, m	ore than \$10,000 of reportable compensati	ion from the d	organization and any related o	rganizations.		•	
See instructions	s for the order in which to list the persons a	bove.					
Check this	box if neither the organization nor any relat	ed organizati	on compensated any current	officer, director, or	trustee.		
			(C)				
	(A)	(B)	Position	(D)	(E)	) <sub>(F</sub>	F)
	Name and title	Average	(do not check more than one box, unless person is both an	Reportable	Reportable	Estimated	•
		hours	officer and a director/trustee)	compensation	compensation	1	other
		per week	<del></del>	from the	from related organizations	comper from	ensation the
		(list anv	محر صحور بي بنيو بين كوري	omanization	organizations	trom	the

(A) Name and title	(B) Average hours per week	box	unles	eck m	rson	than on is both or/truste	an	(D)  Reportable compensation from the	(E) Reportable compensation from related	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	institutional trustee	Officer	Key employee	employee employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) FRANCIS DUNCAN PRESIDENT & CEO	40.00			x				0	0	0
(2)									<u> </u>	
(3)				1						
(4)			1	7					·	
(5)			1	1						****
<u>(6)</u>				1						
(7)				7	1				<del></del>	
(8)			$\dagger$	1	1					
(9)		$\neg \uparrow$	+	$\dagger$	1					*-
(10)			+	$\dagger$	1		$\dashv$			<del></del>
(11)		1	$\dagger$	$\dagger$	1		$\top$			
(12)		+	+	$\dagger$	$\dagger$	_	$\dashv$			<del></del>
(13)		$\dashv$	$\dagger$	$\dagger$	$\dagger$		+			
(14)		-	+	$\dagger$	+		+			<del></del>

EEA

	. (A) . Name and title		(do r	not ch	Po: eck m	(C) sition none t son i		ייי	(D)  Reportable compensation from the organization	(E) Reportable compensation from related organizations		ł	(F) timated amous of other compensation from the	nt
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Farmer		-	89-MISC)		ganization and ted organization	
(15)													<del></del>	_
(16)														_
(17)														
(18)														_
(19)					7									_
(20)					7									
(21)					1	1								_
(22)						1								_
(23)				7	1	1		7						
(24)					1	1		1						_
(25)														_
1b c	Subtotal	on A		• •	• •	• •	• • •	>						_
_ d 2	Total (add lines 1b and 1c)				vho i	ece	ived m	nore	0 than \$100,000 of		0		0	0
3	Did the organization list any former officer, director, employee on line 1a? If "Yes," complete Schedule J		-	ee, c	or hiç	ghe:	st com	pens	sated			3	Yes No	) <del>-                                    </del>
4	For any individual listed on line 1a, is the sum of reporganization and related organizations greater than \$	\$150,000? <i>If</i> '	"Yes," (	сот	olete	Sc	hedule	Jfc	or such					•
5	individual	mpensation 1	from a	ny ui	nrela	ited	organ	ızatı				5	X	
	on B. Independent Contractors													_
1	Complete this table for your five highest compensate compensation from the organization. Report compensation are compensation.										 ıx vear			
	(A) Name and business address			<del>-</del>					(B) Description of services	 i		(C) Compensa	ition	_
														- -
						_	$oxed{\int}$							- -
2	Total number of independent contractors (including b received more than \$100,000 of compensation from the contractors of the contractors (including b received more than \$100,000 of compensation from the contractors).			se lis	ted	abo	ve) wh	10				1 4 600 TH	Contract of the second	

Statement of Revenue

Form 990 (2019)

Check if Schedule O contains a response or note to any line in this Part VIII (B) revenue Unrelated Revenue excluded Related or exempt function revenue from tax under sections 512-514 1a Federated campaigns . . . . . . . . Membership dues · · · 1b Contributions, Gifts, Grants and Other Similar Amounts Fundraising events 1c d Related organizations . . 1đ Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines ta-tf . . . . . . . . . . 1g Total. Add lines 1a-1f . . . . . . . . . . . **Business Code** 2a HOUSING & CARE VETERANS 623990 Program Service Revenue 254,172 All other program service revenue - g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) Income from investment of tax-exempt bond proceeds (ii) Personal 6a Gross rents b Less. rental expenses c Rental income or (loss) 6c d Net rental income or (loss) (i) Secunties (II) Other 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) d Net gain or (loss) . . . . . . 8a Gross income from fundraising events (not including \$ of contributions reported on line 1c) Sec Part IV, line 10 .... b Less direct expenses ------8b c Net income or (loss) from fundraising events 9a Gross income from gaming activities, See Port IV, line 19 ' · · · · · 9b c Net income or (loss) from gaming activities 10a Gross sales of inventory, less,... returns and allowances . 10a 10b **b** Less. cost of goods sold . . . . . . . . c Net income or (loss) from sales of inventory **Business Code** d All other revenue · · · e Total. Add lines 11a-11d Total revenue. See instructions 254,172 254,172

# Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX Do not include amounts reported on lines 6b, 7b, (B) (D) (C) Total expenses Program service Management and Fundraising 8b. 9b, and 10b of Part VIII. expenses expenses general expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 2 Grants and other assistance to domestic 79,678 79,678 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 .... Benefits paid to or for members . . . . . . . . . Compensation of current officers, directors, trustees, and key employees . . . . . Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) .... Other salaries and wages . . . . . . . . . . . . . . . 24,050 24,050 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 10 3,258 3,258 11 Fees for services (nonemployees): b Legal 6,134 6,134 4,200 4,200 d Professional fundraising services See Part IV, line 17 . f Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 317 317 13 15,798 14,219 1,579 14 Information technology . . . . . 15 16 61,359 55,223 6,136 17 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 20 9,179 8,262 917 Payments to affiliates . . . . . . . . . 21 22 Depreciation, depletion, and amortization . . . . . 15,830 15,830 23 . . . . . . . . . . . . . . . 5,036 4,540 496 24 Other expenses literaize expenses not covered above (List miscellaneous expenses on line 24e if line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O) TELEPHONE 5,285 4,757 528 LICENSE 680 680 All other expenses Total functional expenses. Add lines 1 through 24e- - -240,039 229,460 10,579 0 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here > [] if following SOP 98-2 (ASC 958-720)

_		2019) DUNCAN MANOR II Balance Sheet	4	1-2	128645 Page
<u>ka j</u>	t X				
<u>.</u>	:	Check if Schedule O contains a response or note to any line in this Part X		<del>;                                    </del>	(8)
		•	(A)	Į	(B)
	1 1	Cash - non-interest-bearing	Beginning of year	+-	End of year
	2	•	13,839	1 2	30,52
	3	Savings and temporary cash investments		3	<del> </del>
	4	Accounts receivable, net	<u> </u>	+	<del>                                     </del>
	5		200	4	27!
	"	Loans and other receivables from any current or former officer, director,	,	1 ''	
	[	trustee, key employee, creator or founder, substantial contributor, or 35%		5	
	6	controlled entity or family member of any of these persons	, , <del>, , , , , , , , , , , , , , , , , </del>	1.3	इस मिल्लिस सुन्ति हार
	"	Loans and other receivables from other disqualified persons (as defined		<u> </u> -	تست ، مشمسان
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	ļ	6	<del> </del>
3	7	Notes and loans receivable, net	<u> </u>	7	
455613	8	Inventories for sale or use	<del></del>	8	<del> </del>
۲	9	Topald expenses and deserted stranges		9	
	10a	Land, buildings, and equipment cost or other	P		
		basis. Complete Part VI of Schedule D 264, 151			
Ì	b	Less accumulated depreciation	219,380	10c	203,550
- 1	11	Investments - publicly traded securities	<u> </u>	11	<del> </del>
-	12	Investments - other securities See Part IV, line 11		12	<del></del>
1	13	Investments - program-related. See Part IV, line 11	<u> </u>	13	<del> </del>
	14	Intangible assets		14	<del> </del>
	15	Other assets. See Part IV, line 11		15	<del></del>
	16	Total assets. Add lines 1 through 15 (must equal line 33)	233,419	16	234,345
- 1	17	Accounts payable and accrued expenses		17	597
-	18	Grants payable		18	
Ì	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	<del></del>
- 1	21	Escrow or custodial account liability Complete Part IV of Schedule D	1. (	21	
1	22	Loans and other payables to any current or former officer, director,	Ÿ	-	
		trustee, key employee, creator or founder, substantial contributor, or 35%	المشخشش ماشداتيه د		
1		controlled entity or family member of any of these persons	28,100	22	19,296
1	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		Į	
-		parties, and other liabilities not included on lines 17-24) Complete Part X			
1		of Schedule D		25	
4	26	Total liabilities. Add lines 17 through 25	33,100	26	19,893
1		Organizations that follow FASB ASC 958, check here		1	
		and complete lines 27, 28, 32, and 33.			and the second of the second o
1	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.	,	. J.	
)	29	Capital stock or trust principal, or current funds		29	
- 1	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
1	32	Total net assets or fund balances		32	214,452
1	33	Total liabilities and net assets/fund balances	233,419	33	234,345

		1-21286	45	Page 12
P	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			$\cdots \square$
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	54,172
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	40,039
3	Revenue less expenses. Subtract line 2 from line 1	3		14,133
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2	00,319
5	Net unrealized gains (losses) on investments	5		
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Pnor penod adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))	10	2	14,452
Pa	rt XIII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			🖸
				res No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		diameter a fee	रहा द
	If the organization changed its method of accounting from a prior year or checked "Other," explain in		199	
	Schedule O.			7 7
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			x
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both:		1	7 17 1
	Separate basis Consolidated basis Both consolidated and separate basis		100	
b	Were the organization's financial statements audited by an independent accountant?		2b	x
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a		T	
	separate basis, consolidated basis, or both:			4 3
	Separate basis Consolidated basis Both consolidated and separate basis		Train Sta	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of			
	the audit, review, or compilation of its financial statements and selection of an independent accountant?			x
	If the organization changed either its oversight process or selection process during the tax year, explain on		(3)	4 2
	Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?		3a	x
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	
EEA			Form 99	0 (2019)

### **SCHEDULE A** (Form 990 or 990-EZ)

**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 Open to Public Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

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

DUNCAN MANOR II 41-2128645 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). 1 2 A school described in section 170(b)(1)(A)(ii), (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv), (Complete Part II.) RECEIVED A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public NOV 0 2 2020 described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college OGDEN, UT or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) JAN 1 4 2021 An organization organized and operated exclusively to test for public safety. See section 509(a)(4), An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purpose 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 a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. 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) (ii) EIN (v) Amount of monetary (i) Name of supported organization (ai) Type of organization (iv) is the organization (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see instructions) ebove (see instructions)) document? instructions) Yes No (A) (B) (C) (D) (E) 1. 1. **Total** 

Schedule A (Form 990 or 990-EZ) 2019 DUNCAN MANOR II 41-2128645 Page 2 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)▶ (d) 2018 (a) 2015 **(b)** 2016 (c) 2017 (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 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 ..... Total, Add lines 1 through 3 . . . . . . . . 166,188 198,273 189.569 993.772 5 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) ..... 6 Public support, Subtract line 5 from line 4 993,772 Section B. Total Support Calendar year (or fiscal year beginning in)▶ (a) 2015 (b) 2016 (c) 2017 (d) 2018 (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 is regularly carried on . . . . . . . . . . . . . 10 Other income. Do not include gain or loss from the sale of capital assets 993,772 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  $\Box$ 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 П 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

instructions

_	edule D (Form 990) 2019 DUNCAN MANOR I						41-2	128645	Page 2
	artill Organizations Maintaining								ntinued)
. 3	Using the organization's acquisition, accession	on, and other record	s, check a	ny of the fo	lowing that	make sign	nificant use of its	·	
•	collection items (check all that apply):								
ŧ	Public exhibition		d	Loan	or exchan	ge progran	ns		
ŧ	c. Scholarly research		е	Othe	r				
C	Preservation for future generations								
4	Provide a description of the organization's col	lections and explain	how they	further the	organizatior	n's exempt	purpose in Parl	İ	
	XIII								
5	During the year, did the organization solicit or	receive donations o	f art, histo	rical treasur	es, or other	rsimilar			
	assets to be sold to raise funds rather than to		art of the	organization	's collection	?	· · · · · · · · · · · · · · · · · · ·	· · · 🗌 Yes	☐ No
P	Escrow and Custodial Arra	_							
	Complete if the organization	answered "Yes'	on For	m 990, P	art IV, lin	e 9, or r	eported an a	mount on F	orm
	990, Part X, line 21.	<del></del>							<del> </del>
1a	Is the organization an agent, trustee, custodia							_	_
					• • • • •			· · · [ Yes	∐ No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the follo	owing tabl	e:		<del></del>			
						<u> </u>		Amount	
C	Dogg Data 100					"	<del></del>		
đ	Additions during the year					<del></del>	<del></del>	<del></del> .	
e	The state of the s	• • • • • • • • •				<u>;</u>	<del></del>	<del></del>	
f	Ending balance								<del></del>
2a	Did the organization include an amount on For					-		_	∐ No
	If "Yes," explain the arrangement in Part XIII. C	heck here if the exp	lanation t	as been pro	ovided on P	art XIII		<u> </u>	
Ţ	- 4001	anawarad "Vas"	on For	~ 000 D	net IV / lima	. 10			
	Complete if the organization a		T					<del></del>	
4-	Contractor of the challenge	(a) Current year	(b) P	nor year	(c) Two yea	ars back	(d) Three years ba	ick (e) Four ye	ears back
1a	Beginning of year balance	<del></del>	<del>}</del> -					<del></del>	
b	Contributions	<del></del>	<del> </del>		<b></b>			<del></del>	
C	Net investment earnings, gains, and		1						
	Grants or scholarships		<del> </del> -						
đ	Other expenditures for facilities and		<del> </del>				····		
8	programs · · · · · · · · · · · · · · · · · · ·		j			1		ł	
f	Administrative expenses	<del></del>	<b>-</b>				<del></del>	<del></del>	
	End of year balance		<del> </del>		<del></del>				
9 2	Provide the estimated percentage of the curren	t year end balance (	line 1a co	humn (a)) h	old ac:				
<u>-</u>		w year end balance (	inie ig, ci	2011111 (a)) 11	ciu as				
b	Permanent endowment > %								
c	Term endowment ▶ %								
	The percentages on lines 2a, 2b, and 2c should	i egual 100%.							
3a	Are there endowment funds not in the possessi		n that are	held and a	dministered	for the			
	organization by							Y	es No
	(i) Unrelated organizations							3a(i)	
	(ii) Related organizations							3a(ii)	
b	If "Yes" on line 3a(ii), are the related organizatio	ns listed as required	on Sched	dule R? · ·				3b	
4	Describe in Part XIII the intended uses of the or	•						<u> </u>	
Par	t VI Land, Buildings, and Equipm	ient.							
	Complete if the organization as	nswered "Yes" o	n Form	990, Par	t IV, line	11a Se	e Form 990,	Part X, line	10
	Description of property	(a) Cost or other		(b) Cost or			coumulated	(d) Book va	
		(investmen	nt)	(ot	her)		reciation		
1a	Land					1000	<b>说明</b> ,是一个		
b	Buildings								
С	Leasehold improvements	. 259	9,100				55,550	203	3,550
d	Equipment		851				851		
е	OtherSTMD1E		1,200				4,200		
otal.	Add lines 1a through 1e. (Column (d) must equi	al Form 990, Part X,	column (l	3), line 10c	1			203	3,550

Schedule D (Form 990) 2019

DUNCAN MANOR II

## SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury

# **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

2019

Open To Rublic

Internal Revenue Service	► Go t	o www.irs.gov/Fo	rm990	for instr	uctions an	d the la	test informatio	n			nspe	tion	
Name of the organization							E	nployer id	entificati	on num	ber		
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1 (a) Name of disqualified po	erson,	(b) Relationship bet	mganizatio		son and	1	(c) Descrip	tion of tran	saction				No
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2 Enter the amount of tax in under section 4958					· ·	_	•			œ			
3 Enter the amount of tax,									•	φ \$			
a amor mo amount or tan,	,,,	3373, 70	o,o c							<b>*</b>			
1 2 1 3 5 1		ested Persons.											
Complete if th	e organization a	answered "Yes"	on For	m 990-	EZ, Part \	/, line 3	8a or Form 9	90, Pari	i IV, lir	ne 26;	or if	he	
organization re	eported an amo	unt on Form 99	0, Parl	X, line	5, 6, or 2	2. 	<del></del>	<del></del>					
(a) Name of Interested person	(b) Relationship	(c) Purpose of		an to or	(e) On	-	(f) Balance due	(g) in	default?	1	proved	(i) W	
	with organization	loan		m the ization?	pnncipal a	mount		1		1 -	ard or attee?	agree	ment?
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(1) FRANCIS DUNCAN	PRESIDENT	IMPROVEMEN	x		29	,401	19,29	6	x	x		х	1
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Part III Grants or Ass	sistance Benef	iting Interested	d Pers	ons.		· · · · · · · · ·		<del>- 1</del>	<del>* *</del>				
Complete if th	e organization a	answered "Yes"	on For	m 990,	Part IV, li	ne 27	····						····-
(a) Name of interested person	(b) Relationsh	nip between interested	(c)	Amount of a	essistance	(d)	Type of assistance		(e)	Purpose	of assi	stance	
	person a	nd the organization							<del></del>				
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or Paperwork Reduction Act I	Notice, see the In	structions for Fo	rm 990	or 990-E	 Z.				yeqr(e)	Ti dim	490 FJ	90-FZ) :	2019
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### SCHEDULE O (Form 490 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

2019

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Department of the Treasury Internal Revenue Service

Name of the organization

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 THEMSEL	VES OF ANY
SERVICES PROVIDED BY DUNCAN MEMBER II TO ITS CLIENTS.	
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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.	
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