form 990)-T '	Exempt Organiz			iness Income der section 6033		506	OMB No 1545-0687						
	Forc	alendar year 2017 or other tax	vear begin	nına	07/01 . 2017, and end	ing 06/30	2018	୬ ଲ 17						
0					structions and the lates									
Department of the T Internal Revenue Se		Do not enter SSN numbers or					c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only						
A Check t		Name of organization (yer identification number											
address	changed	(Employees' trust, see instructions)												
B Exempt under	section	COMMUNITY LIV												
X 501(C)((g)/ Prii		or suite no 1	faPO	box, see instructions		62-16	576610						
408(e)	220(e) Typ	or						ited business activity codes						
408A	530(a)	714 WEST GROV	E ST.				(See ins	structions)						
529(a)		City or town, state or prov]											
C Book value of a at end of year	all assets	EL DORADO, AR	71730				53200	00 531120						
-		Group exemption number (S												
2,263,	,555. G C	Check organization type 🕨	X 501	(c) cor	poration 501(c) trust	401(a) 1							
		s primary unrelated busines						1 1 1 1						
-	-	he corporation a subsidiary		_		controlled group?		▶ Yes X No						
		nd identifying number of the	e parent cor	poratio	<u> </u>	0.7	0.000	0104						
		GRADY TRACY				one number > 87								
		e or Business Income	•		(A) Income	(B) Exper	nses	(C) Net						
	ceipts or sales _		: Balance 🕨											
	s and allowances _	nedule A, line 7)		1c 2		988963475555		79.70073.70073.000						
_	,	ne 2 from line 1c		3			(. V. (1995/9-174 12-194 800085289/9-9-9-8-898						
•		e (attach Schedule D)		4a		2000 TO TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE								
		97, Part II, line 17) (attach Forn		4b										
		or trusts		4c		520000		,						
		rships and S corporations (attach		5			D-2004 F.3							
•	,	C)	•	6										
7 Unrelate	d debt-financed	d income (Schedule E)		7	50,963.	9	6,376.	-45,413.						
8 Interest, ann	nuities, royalties, and	d rents from controlled organizations	(Schedule F)	8										
9 Investment	income of a section	501(c)(7), (9), or (17) organization	(Schedule G)	9	·									
10 Exploited	l exempt activit	ty income (Schedule I)		10										
11 Advertisi	ng income (Sc	hedule J)		11			7 34 75 00 9 WO							
	•	tructions, attach schedule).		12	50.060	######################################		45 413						
		through 12			50,963.		6,376.	<u> </u>						
		ot Taken Elsewhere (Except to	or contributions,						
		ust be directly connect				•		<u> </u>						
· · · · · · · · · · · · · · · · · · ·		ers, directors, and trustees (S	-				14							
	-						1							
-														
		e)												
		•, • • • • • • • • • • • • •												
		s (See instructions for limita												
							XX.4							
22 Less dep	reciation claim	orm 4562)	where on re	にC	EIVED 229			i e						
23 Denletion	1		·		181		23							
24 Contribut	tions to deferre	ed compensation plans	1901	. AD	1. 9.2019 . 191.		24							
25 Employee	e benefit progra	ams	. [호] /	ŻĀĶ.	T 9 7010		25							
26 Excess e	xempt expense	s (Schedule I)			111117		26							
27 Excess re	eadership costs	(Schedule J)	٠ (]Q[DEN UI		27							
26 Other de	ductions (attac	an scriedule)	. 10				20							
		ines 14 through 28						45 412						
		xable income before net						-45,413.						
		uction (limited to the amour						45 412						
		able income before specific			-			-45,413. 1,000.						
•	•	nerally \$1,000, but see line) · 33	· · · · · ·						
		ixable income Subtract I			•	4	ヤノハ	-45,413.						
		or line 32	<u></u>			/ .	··. 34	Form 990-T (2017)						

71148910-72

п **990-Т** (2017) PAGE 41

Par	Tax Computation			
35	Organizations Taxable as Corporations. S	See instructions for tax comput	ation Controlled gr	oup
	members (sections 1561 and 1563) check here	See instructions and		
а	Enter your share of the \$50,000, \$25,000, and		(ets (in that order)	
-	(1) \$ (2) \$	(3) \$		
h	Enter organization's share of (1) Additional 5% tax (no		ls .	
_	(2) Additional 3% tax (not more than \$100,000)	ot more than \$11,100/;	\$	
c	Income tax on the amount on line 34			▶ 35c
36		nstructions for tax computat		
	the amount on line 34 from Tax rate schedule			▶ 36
37	Proxy tax See instructions			' '
38	Alternative minimum tax			
39	Tax on Non-Compliant Facility Income. See instruction			
40	Total Add lines 37, 38 and 39 to line 35c or 36, while			1 1
_	Tax and Payments	**		j
	Foreign tax credit (corporations attach Form 1118, tr	usts attach Form 1116) 41	la l	
7 i u	Other credits (see instructions)	41	b	
	General business credit Attach Form 3800 (see instru	ictions)	<u> </u>	
ا	Condit for a services many many few (ettech Form 9901	or 9927)	4	
u	Credit for prior year minimum tax (attach Form 8801 Total credits. Add lines 41a through 41d	01 8827)		4/1 e
				1 # - 1
42	Subtract line 41e from line 40	11 Form 8697 Form 8866		· ·
43				
44	Total tax Add lines 42 and 43			
	Payments A 2016 overpayment credited to 2017 .			
D	2017 estimated tax payments		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	
C	Tax deposited with Form 8868	45	5C	─
d	Foreign organizations Tax paid or withheld at source	(see instructions) 45	- L	
e	Backup withholding (see instructions)	(About Form 2044)	se -	
	Credit for small employer health insurance premiums			 1
g	Other credits and payments Form	2439 Total ▶ 45	<u>.</u>	
46	Form 4136 Other	Total 🖊 🛶	791	
46	Total payments Add lines 45a through 45g Estimated tax penalty (see instructions) Check if For			(
47	Tax due. If line 46 is less than the total of lines 44 air			1 # 1
48 49	Overpayment If line 46 is larger than the total of line			· · · · · · · · · · · · · · · · · · ·
50	Enter the amount of line 49 you want		Refunde	
Par				
51	At any time during the 2017 calendar year, die			
•	over a financial account (bank, securities, or o			
	FinCEN Form 114, Report of Foreign Bank an		-	· 1 1
	here >			X
52	During the tax year, did the organization receive a di	etribution from or was it the granto	r of or transferor to a	A foreign trust?
32	If YES, see instructions for other forms the organization		i or, or transition to, e	Toleigh dust
53	Enter the amount of tax-exempt interest received or a			[.]
	Under penalties of perjury, I declare that I have examined		iles and statements, and to	the best of my knowledge and belief, it is
Sigr	true correct and complete Declaration of preparer (other than	taxpayer) is based on all information of which p	reparer has any knowledge	
Her		14/9//9 DCCC)	May the IRS discuss this return with the preparer shown below
1161	Signature of officer	Date Title		(see instructions)? X Yes No
	Print/Type preparer's name	Preparer's signature	Date	PTIN
Paid	1 '' ' '	Amber 8 hearil coa	4/4/19	Check L If DOOR 40 COO
Prep	arer Bub III	District City	1 1/1/1/7	self-employed P00748683 Firm's EIN ▶44-0160260
Use	Only	TTLE ROCK, AR 72203-3	667	Phone no 501-372-1040
	Times address P 2.0. Box 5007			Form 990-T (2017)

%

%

%

Form	990-T	(2017)

Enter here and on page 1,

Part I, line 7, column (B) 96, 376.

(2)

(3)

(4)

Total dividends-received deductions included in column 8.

Enter here and on page 1,

Part I, line 7, column (A)

50,963.

Page 4

		Exem	pt Co	ntrolled Or	anızatıc	ns				-	
1 Name of controlled organization	2 Employer identification numb	er 3 Ne	t unrela	ated income nstructions)	4 Total	4 Total of specified		5 Part of column 4 the included in the control organization's gross in		6 Deductions directly connected with income in column 5	
(1)											
(2)				-							
(3)										_	
(4)	1					,					
Nonexempt Controlled Organi	zations	1		-				-	<u> </u>		
7 Taxable Income	8 Net unrelated in (loss) (see instruct	I .		otal of specified		ıncl	Part of columi	ontrolling		Deductions directly ected with income in	
				-,		orga	nization's gros	s income		column 10	
(1)									 		
(2)									 		
(3)	_								-		
(4)									<u> </u>		
						Ent	ld columns 5 : er here and or rt I, line 8, colu	page 1,	Ente	d columns 6 and 11 r here and on page 1, l, line 8, column (B)	
Schedule G - Investment I		tion F01/a		(0) 07 (47	· · · ·	oi=oti		trustions)			
Schedule G - Investment II	TCOME OF a Sec	יוטה שטונג	<i>)(1)</i> ,	3 Deduc		lizatio				5 Total deductions	
. 1 Description of income	2 Amount of	income		directly cor (attach sch	nnected			et-asides i schedule)		and set-asides (col 3 plus col 4)	
(1)			ļ								
(2)											
(3)											
(4)											
Totals ▶ Schedule I - Exploited Ex	Enter here and Part I, line 9, or	olumn (A)	er Th	an Advert		come	(see instr	uctions)		inter here and on page 1, Part I, line 9, column (B)	
1 Description of exploited activity	2 Gross unrelated business income from trade or business	3 Expens directly connected production unrelate business ind	es with of	4 Net income (loss from unrelated trade or business (column 2 minus column 3) If a gain, compute cols 5 through 7		5 Gross income from activity that is not unrelated business income		6. Expenses attributable to column 5		7 Excess exempt expenses . (column 6 minus column 5, but not more than column 4)	
(1)										1	
(2)		_									
										-	
(3)						-		 			
(4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here a page 1, Pa line 10, col	rt I,							Enter here and on page 1, Part II, line 26	
Schedule J - Advertising Ir											
Part I Income From Per	iodicals Report	ed on a Co	onsol	idated Ba	sis		•				
Name of periodical	2 Gross advertising income	3 Directadvertising (4 Adver gain or (los 2 minus co a gain, co cols 5 thre	ss) (col ol 3) If mpute	5 Circulation income		6 Read cos		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				\$\$\$\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	FINE W		<u>.</u>	 		161.120.000.000	
=	 							1			
(2)			-					 			
(3)							<u> </u>	 -			
(4)	 	•			<i>~</i>			-			
Totals (carry to Part II, line (5))										Form 990-T (2017)	

(3) (4)

Total Enter here and on page 1, Part II, line 14.

2 through 7 on a l	ine-by-line basis	s) .	•	•		
2 Gross 1 Name of periodical advertising income		3 Direct advertising costs 4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7		5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
,	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)			<u> </u>	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>	
Schedule K - Compensation	n of Officers, D	irectors, and I	rustees (see instr	UCTIONS) 3 Percent of	· · · · · · · · · · · · · · · · · · ·	 -
1 Name .		2 Title		time devoted to business	4 Compensation unrelated l	
(1)				%		
(2) ATTACHMENT 2				%		,

Form 990-T (2017)

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME

DESCRIPTION OF DEBT-FINANCED PROPERTY

BUILDING RENTAL

	æ	ALLOCABLE	DEDUCTIONS	6 * (3A + 3B)	96,376	96,376
	٢	GROSS INCOME	REPORTABLE	(2 x 6)	50,963	50,963
		9	\$ 4 IS	OF 5	55 635	
	ĸ	AVERAGE	ADJUSTED	BASIS	395, 454	
ATTACHMENT	4	AVERAGE	ACQUISITION	DEBT	220,009	TOTALS
			TLY CONNECTED	(38)	90,055	-
		В	DEDUCTIONS DIRECTLY CONNECTED	(3A)	83,174	
			2	GROSS INCOME	91,603	
- 11						

٠.

ATTACHMENT 2

SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

NAME AND ADDRESS	TITLE	BUSINESS PERCENT	COMPENSATION
JAMES BROWN 714 WEST GROVE ST. EL DORADO, AR 71730	PRESIDENT	0	0.
JANNIS ECHOLS 714 WEST GROVE ST. EL DORADO, AR 71730	VICE PRESIDENT	0	0.
DANA GREEN 714 WEST GROVE ST. EL DORADO, AR 71730	DIRECTOR	0	0.
HONORABLE MIKE DUMAS 714 WEST GROVE ST. EL DORADO, AR 71730	SECRETARY/TREASURER	0	0.
GRADY TRACY 714 WEST GROVE ST. EL DORADO, AR 71730	· C00	0	0.
RITA TAUNTON 714 WEST GROVE ST. EL DORADO, AR 71730	EXECUTIVE DIRECTOR	0	0.
BETH WELDON 714 WEST GROVE ST. EL DORADO, AR 71730	DIRECTOR	0	0.
TOTAL COMPENSATION			0.

Form 4562

Depreciation and Amortization

(Including Information on Listed Property)

2017

Department of the Treasury Internal Revenue Service (99)

COMMUNITY LIVING ARRANGEMENTS, INC

► Attach to your tax return

► Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment

OMB No 1545-0172

Name(s) shown on return

Identifying number 62-1676610

Business or	r activity to which this form relates											
GENERA	L DEPRECIATION AND											
Part I	Election To Expense Note: If you have any I				you comp	lete Part I						
1 Maxir	mum amount (see instructions)					- -		1				
2 Total	cost of section 179 property p	placed in service (see in	structions)					2				
3 Thres	3 Threshold cost of section 179 property before reduction in limitation (see instructions)											
4 Redu	ction in limitation. Subtract lin	e 3 from line 2 If zero o	r less, enter -(D				4				
 Dollar separa 	limitation for tax year Subtract line 4 fro	om line 1 If zero or less, enter -	0- If marned filing	· • • • •		<u></u>		5				
6	(a) Descriptio	n of property		(b) Cost (bu	usiness use only	(c) Elect	ed cost					
7 Liste	d property Enter the amount fr	rom line 29			7							
8 Total	elected cost of section 179 pr	roperty Add amounts i	n column (c),	lines 6 and	7			8,				
	ative deduction. Enter the small							9				
10 Carry	yover of disallowed deduction f	from line 13 of your 20	16 Form 4562	·				10				
11 Busin	ess income limitation. Enter t	the smaller of business	s income (no	t less than	zero) or line	e 5 (see instruc	tions)	11				
12 Secti	on 179 expense deduction. Ac	dd lines 9 and 10, but o	don't enter me	ore than line	∍ 11 <u></u> .	<u> </u>		12				
13 Carry	over of disallowed deduction t	to 2018 Add lines 9 ar	nd 10, less line	12	▶ 13							
Note Dor	n't use Part II or Part III below t	for listed property Instea	ed, use Part V									
Part II	Special Depreciation	Allowance and Ot	her Depred	iation (D	on't include	listed proper	ty) (S	See ir	nstructions)			
14 Spec	ial depreciation allowance	for qualified property	(other tha	in listed	property) pl	aced in service	e					
durin	g the tax year (see instructions)						14				
	erty subject to section 168(f)(1							15				
16 Other	r depreciation (including ACRS)	<u> </u>			<u></u>		16				
Part III	MACRS Depreciation	(Don't include listed	property)(See instru	uctions)							
				tion A			_	T				
	RS deductions for assets plac							17	46,274.			
_	u are electing to group any		_				al					
asset	accounts, check here											
	Section B - Asset	s Placed in Service					reciat	ion S	iystem			
(;	a) Classification of property	(b) Month and year placed in service	(c) Basis for (business/inv only - see in	estment use	(d) Recovery period	(e) Convention	(f) M	ethod	(g) Depreciation deduction			
19a 3-ye	ear property											
b 5-y€	ear property											
с 7-у	ear property											
d 10-ye	ear property				<u></u>		ļ					
e 15-y€	ear property											
f 20-ye	ear property						<u> </u>					
g 25-ye	ear property				25 yrs		+	/L				
h Resid	dential rental				27 5 yrs	MM	+	/L				
prope	erty				27 5 yrs	ММ	+	/L				
ı Nonre	esidential real				39 yrs	ММ	 	/L	<u></u>			
prope						ММ		/L				
_	Section C - Assets	Placed in Service D	uring 2017	Tax Year	Using the	Alternative De			System			
20a Class	life			·	,		+	/L				
b 12-ye	ear				12 yrs	_	+	/L				
с 40-уе					40 yrs	ММ	S	/L				
Part IV	Summary (See instruc	ctions.)						,				
21 Lister	d property. Enter amount from	line 28						21				

portion of the basis attributable to section 263A costs . .

23 For assets shown above and placed in service during the current year, enter the

22 Total Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 Enter

here and on the appropriate lines of your return Partnerships and S corporations - see instructions

Pa	used for	roperty (Include a entertainment, rec	reation, or	amuse	ement.))								•	
		any vehicle for wh nns (a) through (c) o									lease e	expense	comp	olete on	ly 24a, ———
_		- Depreciation and					-								
248	a Do you have evide	nce to support the bus		ent use	claimed	? <u> </u>		No	24b f "\	es," is t	he evidei	nce writte	en?	Yes L	No
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment us percentage	e Cost	(d) or other b		(e) sis for depr usiness/inve use only	estment	(f) Recovery period	Met	g) hod/ ention	Depre	h) eciation action	Elected so	ection 179
25		ation allowance for used more than 50%									25				
26		ore than 50% in a q				e (see	mstruct	10115)	<u></u>	• • • •	. 25	L			!
20	Property used it	lore man 50% in a q				1						г	_		
			!	%										 	
				% %										 	
27	Branarty used 5	00/ or loss in a qualif	1	1						1				<u> </u>	
<u>27</u>	Property used 5	0% or less in a qualif					-			S/L -		1		Τ	i
			+	%	-					S/L -				┨	
_				%						S/L -				┨	ļ
	Add	I (h) I 25			h		01	4			1 00			┨	
		column (h), lines 25												-	!
29	Add amounts in	column (ı), line 26 E	•							• • • •	<u> </u>		. 29	<u> </u>	
_							on Use								
	•	for vehicles used by answer the questions if			•						-			novided	verncies
	our employees, mot	anower the questions in				T		T	(c)					14	<u> </u>
			_		(a) hicle 1		(b) Vehicle 2		ehicle 3	(d) Vehicle 4				(f) Vehicle 6	
30		nvestment miles driv												İ	
	• •	nclude commuting m								+					
	-	miles driven during	-									 		1	
32	Total other	personal (nonco											1		
										-				 	
33		ven during the y												ĺ	
		32		V	N=	V	l Na	Vas	No.	V	NI.	V	N ₂	Van	
34		cle available for	•	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No_
	-	ity hours?			 		1		_						
35		e used primarily by										ŀ			
		or related person? .			<u> </u>		 	 -	-				1	1	
36	_	nicle available for										ŀ		1	
		<u> </u>			J <u></u>	<u> </u>		<u> </u>		<u> </u>	l	<u> </u>	L	!	
		Section C - Questi								-				_	_
		ons to determine if				to com	pleting	Section	on B for	vehicle	sused	by emp	oloyees	who a	ren't
		s or related persons												V	NI-
37		n a written policy :								, includ	ling co	mmutin	ıg, by	Yes	No_
20	your employees			 hak aa					 biologica						
38		n a written policy													
20		the instructions for													
39		use of vehicles by en more than five ve						· · ·			nnloves		 .t .th^		
40		more than five ve es, and retain the inf				ວ, ບຸນເຮ	1111 111101	mall0	ii irom	your er	irpioyee	s auul	at the		
4.4															
41	Note: If your an	requirements concesswer to 37, 38, 39, 4	nning qualii	"Vec " (don't co	molete	Section	n B for	the cover	ared vel	ocles	• • • •			
D.			10, 01 41 13	163, (30111 00	inpiete	Cection	10101	the cove	SI CO VCI	110103			<u> </u>	
Pa	rt VI Amortiz	ation			T							, – –		_	
	(a Descriptio		(b) Date amort begins		An	(c) nortizabli	e amount		(d) Code se		(e Amorti: perio percer	zation d or	Amortiza	(f) ation for th	ıs year
42	Amortization of o	costs that begins dur	ing your 20	17 tax	vear (se	e instr	uctions				1 25,001				
			<u> </u>) ,3(Т						_	
	 -				 			\dashv				_			
43	Amortization of o	costs that began bef	ore your 20	17 tax	vear							43			
		unts in column (f) S	-			ere to r	eport					44			
JSA		.,,							<u> </u>	<u> </u>			Fo	orm 4562	2 (2017)