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addre Exempt unde X 501(C 408(e) - 408A 529(a) Book value of at end of year 2, 79 Enter the trade or but first in	ss changed er section 220(e) 530(a) of all assets of g, 627. G number of the usiness here a blank space a usiness, then ce at ax year, was	COMMUNITY I Number, street, and r 714 WEST GR City or town, state or EL DORADO, Group exemption numb Check organization type organization's unrelated t BUILDING RENTAL t the end of the previous	CIVING ARI COOM or suite no I ROVE ST. province, countr AR 71730 er (See instruct X 501 rades or busine	RANG If a P O y, and Z ions) I	EMENTS, INC. box, see instructions CIP or foreign postal code		62-16 E Unrela	yees' trust, see instructions) 576610 Ited business activity codi
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X 501(C 408(e) - 408A 529(a) Book value of at end of year 2, 79 Enter the trade or bifirst in the trade or bifurst in the tra	of all assets of such that the	Number, street, and ror/pe 714 WEST GI City or town, state or EL DORADO, Group exemption numb Check organization type organization's unrelated t BUILDING RENTAL t the end of the previous	ROVE ST. province, countr AR 71730 er (See instruct	If a P O y, and Z ions) I (c) cor	box, see instructions ZIP or foreign postal code poration 50		E Unrela (See ins	ated business activity code structions)
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408A 529(a) Book value c at end of year 2,79 Enter the trade or bufirst in the trade or buffer i	530(a) of all assets of 9,627. G number of the usiness here be blank space a usiness, then ce at ax year, was	City or town, state or EL DORADO, Group exemption numb Check organization type organization's unrelated t BUILDING RENTAL t the end of the previous	Province, countract AR 71730 er (See instruct X 501 rades or busine	ions) l	poration 50		(See ins	structions)
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trade or but first in the trade or but During the If "Yes," e	usiness here be blank space a usiness, then contact tax year, was	BUILDING RENTAL It the end of the previous	,	sses	L 1	1(c) trust	401(a) t	trust Other tru
first in the trade or b During the if "Yes," e	e blank space a usiness, then c e tax year, was	t the end of the previous			▶ <u>+</u>	Describe	e the only	(or first) unrelated
trade or be During the If "Yes," e	usiness, then c e tax year, was		s sentence, cor		If only or	ne, complete Parts I	-V If more	than one, describe the
During the	e tax year, was	omplete Parts III-V		mplete	Parts I and II, complete	a Schedule M for ea	ch addition	al
If "Yes," e	-							
		the corporation a subsid		_		ry controlled group?		▶ Yes X
		and identifying number of	of the parent co	rporatio			M-963	0104
		▶GRADY TRACY				none number ▶ 87		
	_	de or Business Inco	oine T		(A) Income	(B) Exper	1505	(C) Net
	receipts or sales	·	 c Balance ▶] 4.			٠	· /
	ms and allowances	chedule A, line 7)		16				· /
	•	line 2 from line 1c	2000	(3)		-		
	•	ne (attach Schedule D)		-4a	-			
•	•	797, Part II, line 17) (attach		4b		,		
		for trusts		4c			-/-	
-		ship or an S corporation (attach s		5		. ,	<i></i>	
•		e C) ,						
7 Unrela	ted debt-financ	ed income (Schedule E)		7	42,227	38	3,195.	4,03
8 Interest,	annuities, royalties,	and rents from a controlled organ	ızatıon (Schedule F)	8				
9 Investme	nt income of a sect	ion 501(c)(7), (9), or (17) organiz	zation (Schedule G)	9				
0 Exploit	ed exempt acti	vity income (Schedule I)		10				
	•	Schedule J)		11				
		structions, attach schedul			42,227		3,195.	4,03
3 Total. (Combine lines	3 through 12	· · · · · · · · ·	13				
		ith the unrelated bus			/			ms must be directly
		cers, directors, and trustee					14	
6 Repair	s and maintena	nce					. 16	
8 Interes	t (attach sched	lule) (see instructions)					18	
9 Taxes	and licenses .	./.	>				19	
		Form 4562),						
		med on Schedule A and					21b	
		. ./.						
		red compensation plans						
		grams						
		ses (Schedule I)						
		sts (Schedule J)						-
4	,	ach schedule)						
,		d lines 14 through 27 taxable income before						4,03
		axable income before erating loss arising in tax	-					4,03
/	•	axable income. Subtract l	-	_				1,00
		Act Notice, see Instruction			 	<u> </u>	91	Form 990-T (20

Preparer Use Only

Paid

Form 990-T (2019)

P00748683

Firm's address ▶ P.O. BOX 3667, LITTLE ROCK, AR 72203-3667

AMBER SHERRILL

Firm's name BKD, LLP

2/1/2021

Thereil CPA

Check

self-employed

Firm's EIN > 44-0160260

Phone no 501-372-1040

Form **990-T** (2019)

	uities, Royaltie							instructi	unsj	
,		Exer	npt Co	ontrolled Orga	ınızatıo	ns				
Name of controlled organization	2. Employer identification numl			lated income 4		of specified nts made	ıncluded	f column 4 the in the contro on's gross in	olling	6. Deduction connected with in column
(1)	<u>.</u>									
(2)	,									
(3)										
(4)				ŀ						
Nonexempt Controlled Organi	zations									
7. Taxable Income	8 Net unrelated ((loss) (see instruc			Total of specified payments made		ınclude	t of column d in the col ation's gross	ntrolling ~ `		Deductions of nected with ind column 10
(1)										
(2)										
(3)				·						
(4)										-
Totals					▶	Enter h	olumns 5 a ere and on line 8, colur	page 1,	Ente	d columns 6 at there and on p th, line 8, colur
Schedule G-Investment l					Orgai	nization	(see inst	ructions)		
1. Description of income	2. Amount o	f income		3. Deduction directly connection (attach scheduler)	ected			t-asides schedule)		5. Total dedu and set-aside plus col
(1)										
(2)										
(3)										
(4)	Enter here and		6.00.10				1 Ber 1 m - 100 - 100 -		100/2-0-1	inter here and
Totals	Part I, line 9, o									Part I, line 9, co
Schedule I-Exploited Ex	empt Activity in	icome, Uti	ner in	ian Advertisi	ing in	come (s	ee instru	ctions)		
Description of exploited activity .	2. Gross unrelated business income from trade or business	3. Expen directi connected productio unrelat business ir	ly dwith on of ed	4. Net income from unrelated or business (cc 2 minus colun If a gain, com cols 5 through	tradé olumn nn 3) pute	5. Gross from acti is not ui business	ivity that rrelated	6. Expe attributa colum	ble to	7. Excess expen (column 6 column 5, more t
(1)										1
				1						
(2)										-
(2)	-						-			-
	-			۰						-
(2) (3) (4)	Enter here and on page 1, Part I, line 10, col (A)	Enter here page 1, P line 10, cc	art I,							-
(2) (3) (4) Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1, P line 10, co	art I,							Enter her
(2) (3) (4)	Enter here and on page 1, Part I, line 10, col (A)	page 1, P line 10, co ructions)	PartI,		S S					Enter her
(2) (3) (4) Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1, P line 10, co ructions)	PartI,							Enter her
(2) (3) (4) Totals	Enter here and on page 1, Part I, line 10, col (A)	page 1, P line 10, co ructions)	ent I, bi (B) Consol	idated Basis 4. Advertisi gain or (loss) 2 minus col a gain, comp cols 5 throug	ng (col 3) If oute jh 7	5. Circ		6. Reade cost	•	Enter her on pag Part II, III
(2) (3) (4) Totals	Enter here and on page 1, Part I, line 10, col (A) Come (see instriction of the color of the co	page 1, P line 10, co ructions) ted on a C	ent I, bi (B) Consol	idated Basis 4. Advertisi gain or (loss) 2 minus col a gain, comp	ng (col 3) If oute jh 7				•	7. Excess no costs (cominus columnot more
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(2) (3) (4) Totals	Enter here and on page 1, Part I, line 10, col (A) Come (see instriction of the color of the co	page 1, P line 10, co ructions) ted on a C	ent I, bi (B) Consol	idated Basis 4. Advertising an or (loss) 2 minus colar again, comprools 5 through	ng (col 3) If oute gh 7				•	7. Excess no costs (cominus columnot more

COMMUNITY LIVING ARRANGEMENTS, INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross 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			With the state of			
Totals, Part II (lines 1-5) ▶	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 26

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2) ATCH 2		%	
(3)		%	
(4)	-	%	
Total. Enter here and on page 1, Part II, line 14			

Form **990-T** (2019)

Department of the Treasury Internal Revenue Service (99)

Name(s) shown on return

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No 1545-0172

Attachment Sequence No 179

Identifying number

COMMUNITY LIVING ARRANGEMENTS, INC

62-1676610

Busir	ness or activity to which this form relates	3							
	NERAL DEPRECIATION AN	D AMORTIZATION							
Pai	Note: If you have any				you com	olete Part I.			
1	Maximum amount (see instruction	· · · · · · · · · · · · · · · · · · ·	•		.]	1	
	Total cost of section 179 property						1	2	
	Threshold cost of section 179 pro							3	
4 5	Reduction in limitation. Subtract I Dollar limitation for tax year Subtract line 4 separately, see instructions	ine 3 from line 2 If zero of from line 1 If zero or less, enter-	or less, enter -0- -0- If mamed filing	·				4	
6		tion of property			ısıness use onl		ted cost		Market Miles
						,,, (6) 2.00			
	Listed property Enter the amount								1 2 2 1 2 1 2 1 2 1 2 1 2 2 1 2 2 1 2 2 1 2 2 2 1 2
	Total elected cost of section 179							8	
	Tentative deduction. Enter the sm							9	
	Carryover of disallowed deduction							10	
	Business income limitation. Enter							11	
	Section 179 expense deduction /							12	Caster will be became after the cast
	Carryover of disallowed deduction			12	▶ 13				THE THE PARTY OF T
	: Don't use Part II or Part III below			otion /D	amia makuda	. leater de manage	du Ca		harratiana N
	rt II Special Depreciation					•		e insi	tructions.)
14	Special depreciation allowance		•						
4.5	during the tax year. See instruction							14	
	Property subject to section 168(f) Other depreciation (including ACR							15 16	
	MACRS Depreciation							16	
Га	WACKO Depresidado	T (DOIL MOIDE MAICE	Secti					<u> </u>	
17	MACRS deductions for assets pla	aced in service in tax vea						17	20,227.
	If you are electing to group an	•							
	asset accounts, check here	•	<u> </u>	<u></u>		<u> ▶</u>			
	Section B - Assi	(b) Month and year			(d) Recovery	e General Del	Preciati	UII 3	ystein
	(a) Classification of property	placed in service	(business/inves	stment use	period	(e) Convention	(f) M∈	thod	(g) Depreciation deduction
19a		5 3 12 0 to 30 Early "					1		
b	5-year property	Harry Harry Harry					<u> </u>		
	7-year property	CAFEE					1		
	10-year property	149 - 47					-		
$\overline{}$	15-year property	المستعر بأمر بنتعر					ļ		
	20-year property	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			05		+		-
	25-year property	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		-	25 yrs	1414	S		-
h	Residential rental				27 5 yrs	MM MM	S/		
	property				27 5 yrs 39 yrs	MM	S		
i	Nonresidential real				33 yrs	MM	S		
	property Section C Accet	s Placed in Service D	 	av Voor	Heina the				System
202	Class life	S Placed III Service L		ax rear	Using the	Alternative D	S		Jystem
	12-year	The state of the s	-		12 yrs		S		
	30-year	the late of the second			30 yrs	MM	S/		
	40-year				40 yrs.	MM	S		
	rt IV Summary (See instru	ictions)	<u> </u>	•	1 40 819.	141141			<u> </u>
				<u> </u>				21	
	Listed property Enter amount from Total. Add amounts from line 1		7 lines 10 cc	 .d 2∩ .∽	column (a)	and line 24	nter		-
	here and on the appropriate lines	of your return Partnershi	ips and S corpo	rations - s	ee instructio	ns		22	20,227.
For	For assets shown above and portion of the basis attributable to Paperwork Reduction Act Notice,	section 263A costs			23				AFER
FOF	Paperwork Reduction Act Notice,	, see scharate justinchol	10.						Form 4562 (2019)

6	6	1	C
Pa	m	•	2

art V	(2019) Listed Pro	perty (Include	automohi	iles. c	ertain	othe	r veh	nicles	. certs	in airc	raft.	and	proper	tv use	Page ed f
	entertainme	ent, recreation, o	r amuseme	nt.)								•		•	
	Note: For an 24b, columns	ny vehicle for wh s (a) through (c) of	ich you are f Section A, a	using t all of Sed	the stand ction B, a	dard ind Se	mileag ection	e rate Cif ap	e or dec oplicable	lucting I	ease e	expense	, comp	lete or	ily 24
		Depreciation and					$\overline{}$				•	_		es.)	
a Do yo	ou have evidence	e to support the bus	Τ .	ent use cla	aimed?	Yes		No	24b f "`	1		nce writte	en?	Yes	N
	(a) If property (list nicles first)	(b) Date placed in service	(c) Business/ investment use percentage	10	(d) other basis		(e) s for depre iness/inve use only	stment	(f) Recovery period	(g Meth Conve	od/	Depre	h) ciation iction	Elected s	i) ection 1 ost
Spec	cial depreciation	on allowance for	_ <u> </u>	ed prop	erty plac	ced i	n serv	ice di	uring		T				
the t	ax year and us	ed more than 50%	in a qualifie	d busine	ess use. S	See ir	struct	ons	<u></u>		25				
Prop	erty used mor	e than 50% in a qi	·	_		,								_	
			%	_		ļ						ļ			
			%			-				-		ļ			
' Prop	serty used 50%	or less in a qualif	<u> </u>			1				l .					
1 100	reity used 50 /	or less in a quain	%			1				S/L -		l		Ī	
	-		%	-		 				S/L -				1	
			%			T				S/L -				1	
Add	amounts in col	lumn (h), lines 25	through 27	Enter he	ere and c	n line	e 21, p	age 1			28				
		lumn (i), line 26. E											. 29		
			Section	n B - Inf	formatio	on or	ı Use	of Ve	hicles						
		r vehicles used by												rovided	vehic
your em	nployees, first ans	swer the questions in	n Section C to		ı meet an			compi				Τ		Ι,	
				(a) Vehicle	.	(b) Vehic		Ve	(c) shide 3	(d			e) ide 5		f) cle 6
		estment miles driv					-								
•	•	ude commuting m	–							 					
Tota	_	illes driven during ersonal (nonco	mmuting)							-					
	•		.		1										
		n during the y													_
		2													
	the vehicle	available for	personal	Yes	No Y	es	No	Yes	No	Yes	No	Yes	No	Yes	No
Was	the vehicle												l		
		hours?											-		
use o	during off-duty the vehicle i	hours? used primarily by	a more												
use of Was than	during off-duty the vehicle i 5% owner or r	hours?	a more												
use of Was than is a	during off-duty the vehicle if 5% owner or r another vehicl	hours?	y a more personal												
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COMMUNITY LIVING ARRANGEMENTS, INC

62-1676610

SCHEDULE E - UNRELATED DEBT-FINANCED INCOME	:			ATTACHMENT	<u> </u>			
		3		4 AVERAGE	5 AVERAGE	6	7 GROSS INCOME	8 ALLOCABLE
1 DESCRIPTION OF DEBT-FINANCED PROPERTY	2 GROSS INCOME	DEDUCTIONS DIRECTL (3A)	Y CONNECTED (3B)	ACQUISITION DEBT	ADJUSTED BASIS	0F 5	REPORTABLE (2 X 6)	DEDUCTIONS 6 * (3A + 3B)
BUILDING RENTAL	95,228	45,614	40,521	160,746	362,503	44 343	42,227	38,195
				TOTALS			42.227	38.195

ATTACHMENT 1 PAGE 46

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.
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.