Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-1150

Department of the Treasury Internal Revenue Service Do not enter social security numbers on this form as it may be made public.

FGo to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

F	or the	2018 calen	dar year, or tax year beginn	ing and	ending						-			
_	_	# applicable: C Name of organization							T p	Employe	r identification number			
TA	direns o	change						172						
Name change			COLORS FOR A CAUSE - LOUISIANA						45-1934725					
10	itial retu	m	CONTRACTOR OF THE PROPERTY OF	rail to not delivered to street address)			Room	mraute	E Telephone number					
F	nal return/terminated		PO BOX 1211							337-508-3700				
-	mended	return	City or town, state or province, cour	try, and ZP or foreign poetal code					F	F Group Exemption				
A	pplicatio	n pending	DEQUINCY	LA 7	0633					Number > eck > X if the organization is not				
A	ocoun	ting Method	X Cash Accrual	Other (specify)				H C	neck P					
	Vebsit		.colorsforacau					re	duired	to attach	Schedule 8			
1	ак-өхө		heck only one) — X 501(c)(3)		4947(a)(1) or	527	(F	orm 9	90, 990-E	Z. or 990-PF).			
_		f organization	Account to the second s	Trust Association		her	111111111111111111111111111111111111111		, o	and the second				
A	dd line	s 5b, 6c, and 7	7b to line 9 to determine gross re	ceipts. If gross receipts are \$20	0,000 or more, o	e if total	atness							
art	II, colur	nn (B)) are \$5	00,000 or more, file Form 990 in	stead of Form 990-EZ						P 5	58,183			
Pa	rt I		nue, Expenses, and Ch if the organization used S				2000	the inst	ruction	ns for Pa	art I)			
Т	1		gifts, grants, and similar amounts							1	23,578			
	2		rvice revenue including gover							2	33,88			
1	3		dues and assessments							3	716			
1	4	Investment	income							4				
1	5a	Gross amou	ant from sale of assets other t	than inventory		5a	1110011	1110011111						
1	b	Less: cost o	or other basis and sales exper	nses		5b								
1	c	Gain or (loss)	from sale of assets other than inv	entory (Subtract line 5b from line	5a)					5c				
1	6	Gaming and	fundraising events:						7.7					
	a	Gross incom	ss income from gaming (attach Schedule G if greater than											
1		\$15,000)				6a								
	b	Gross income from fundraising events (not including \$ of contributions												
		from fundra	ising events reported on line	1) (attach Schedule G if the										
Т		sum of such	gross income and contributi	ons exceeds \$15,000)	mesons (6b								
1	c	Less: direct	expenses from gaming and f	undraising events		6c								
1	d	Net income	income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract											
		line 6c)								6d				
1	7a	Gross sales	of inventory, less returns an	d allowances		7a								
1	b	Less: cost of	of goods sold			7b								
	C	Gross profit	or (loss) from sales of invent	ory (Subtract line 7b from lin	ne 7a)					7c				
	8	Other reven	ue (describe in Schedule O)						mage of	8				
4	9		ue. Add lines 1, 2, 3, 4, 5c, 6						•	9	58,18			
	10	Grants and	similar amounts paid (list in S	Schedule (1)						10				
	11	Benefits pa	s paid to or for members							11				
2	12	Salaries, of	other compensation, and employee benefits					12	7,20					
	13		nal fees and other payments to independent contractors					1115	13	46				
CAperises	14		ncy, rent, utilities, and maintenance publications, postage, and shipping						14					
4	15							15	24 22					
	16		nses (describe in Schedule O						-	16	94,29			
+	17		nses. Add lines 10 through 16			-			•	17	101,95			
0	18		deficit) for the year (Subtract		and the same of th					18	-43,77			
0.0	19		or fund balances at beginning		in (A)) (must a	gree wit	h			2.4	110 50			
2	eap a		figure reported on prior year							19	149,53			
Net Assets	20	and and the state of the state of	ges in net assets or fund bala							20	-341			
1	21		or fund balances at end of ye tion Act Notice, see the sep		h 20					21	105,410 Form 990-EZ (201)			

Form 990-EZ	(2018) COLO	ORS FOR	A	CAUSE	2	- LOUIS	IANA
Part II	Balance She	eets (see th	ne ins	structions	for	Part II)	

A 45-1934725 Page 2

	Balance Sheets (see the instructions for P Check if the organization used Schedule O t	a recented to any	constion in this Dart I			X
	Check if the organization used schedule of	o respond to any		inning of year		(B) End of year
22 Cash sau	ings, and investments		114.004	149,021	22	105,245
23 Land and				0	23	100/140
	Control Tolor of the Control of Control of the Control of Control		117777	512	24	171
	ets (describe in Schedule O)			149,533	25	105,416
				0	26	100,410
	ilities (describe in Schedule O) s or fund balances (line 27 of column (B) must agr	one with time 24)		149,533	27	105,416
Part III	Statement of Program Service Accom		e the instructions for I	and the same of th	21	105,410
See Sched Describe the d as measured to	Check if the organization used Schedule O to ganization's primary exempt purpose? table O organization's program service accomplishments for by expenses. In a clear and concise manner, describ filted, and other relevant information for each program	each of its three lar	gest program services,	II X	501 orga	Expenses quired for section (c)(3) and 501(c)(4) anizations; optional for ers.)
Section & Section 1	ting those who are courageously battli				-	
(Grants \$) If this amount includes		ck here		28a	
1-1-1-1						
(Grants \$) If this amount includes	foreign grants, che	ck here	-	29a	
1.400000						
(Grants \$ 31 Other pro-) If this amount includes gram services (describe in Schedule O)) If this amount includes		et oursement and the second	• •	30a 31a	57,493
31 Other proj (Grants \$	gram services (describe in Schedule O)). If this amount includes	foreign grants, che	et oursement and the second			57,493 57,493
31 Other proj (Grants \$	gram services (describe in Schedule O)) If this amount includes gram service expenses (add lines 28a through 31a List of Officers, Directors, Trustees, and Key E	foreign grants, che	ck here	•	31a 32	57,493
31 Other pro- (Grants \$ 32 Total pro-	gram services (describe in Schedule O)). If this amount includes gram service expenses (add lines 28a through 31a	foreign grants, che i) imployees (list eac pond to any questio	ck here	nsated — see th	31a 32 e instru	57,493
31 Other proj (Grants \$ 32 Total pro Part IV	gram services (describe in Schedule O)). If this amount includes gram service expenses (add lines 28a through 31a List of Officers, Directors, Trustees, and Key E Check if the organization used Schedule O to res (a) Name and title	foreign grants, che	ck here h one even if not compe	•	31a 32 e instru	57,493 ctions for Part IV)
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Part	V Other Information (Note the Schedule A and personal benefit contract statement requirement of the schedule A and personal benefit contract statement requirement of the schedule A and personal benefit contract statement requirement.	nts in the		П
Fait	 Other Information (Note the Schedule A and personal benefit Contract statement of the instructions for Part V.) Check if the organization used Schedule O to respond to any question 	In this Part V	Yes	No
3 D	id the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a	33		x
140	and a second street of each activity in Schoolule []	111111111111111111111111111111111111111		-
	the any electricant changes made to the organizing or governing documents? If "Yes," attach a consorned			
C	the any significant change in the preflect a change to the organization's name. Otherwise, explain the	34		x
100	- Schodule O. See instructions	001111111111111111111111111111111111111		-
50 D	id the organization have unrelated business gross income of \$1,000 or more during the year from business.	356		x
	the state of these reported on lines 2 for and 7a among others)?	THE PERSON NAMED IN COLUMN	_	
. 10	and the sea the organization field a Form 990-T for the year? If "No," provide an expansion in Screeding	S. 201011100111		
- 14	the the construction a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 600(c) toxics.	35	c	X
STARK!	and provides requirements during the year? If "Yes," complete Schedule C, Part III			
36 D	sporting, and proxy tax requirements of the sporting and	36	3	X
d	uring the year? If "Yes," complete applicable parts of Schedule N	- Antibiation of the second		
37a E	nter amount of political expenditures, direct or indirect, as described in the instruction	37	b	X
b [old the organization file Form 1120-POL for this year?	Hamman Control		
38a [bid the organization his Point 1720 or make any loans to, any officer, director, trustee, or key employee or were bid the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were	38	a	X
- 1	iny such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	- The state of the		
b 1	f "Yes," complete Schedule L. Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
	nitiation fees and capital contributions included on line 9			
b (Gross receipts, included on line 9, for public use of club facilities 396			
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 section 4912 ; section 4955			
	section 4911 Section 4912 Section 4912 Section 4912 Section 4918 Secti			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year.	1		100
	excess benefit transaction during the year, or did it engage in an excess the excess benefit transaction during the year, or did it engage in an excess the excess of the property of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L. Part I	4	0b	X
	that has not been reported on any of as prior Forms 500 of 500 External tenter amount of tax imposed Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed			
c	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Extra sections 4912, on organization managers or disqualified persons during the year under sections 4912.			
	4955, and 4958 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Crisis annual annua			
	40c reimbursed by the organization All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	All organizations. At any time during the tax year, was the System.	14	0e	2
	transaction? If "Yes," complete Form 8886-T			
41	List the states with which a copy of this return is filed ▶ None The organization's books are in care of ▶ DEBBIE HOLLIE Teleph	one no. ▶ 337-	317	-14:
42a	CONTRACTOR OF THE CONTRACTOR O		-2	
	LA ZIP	+4▶ 7066		-10
1.00	Located at F STARKS At any time during the calendar year, did the organization have an interest in or a signature or other authority over the signature of the calendar year, did the organization have an interest in or a signature or other financial account?			es !
p	At any time during the calendar year, up the organization of the during the calendar year, up the organization of the financial account, or other financial account)? a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		42b	- 2
	Fitting Francisco According			
	If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and			
	Proposed Assessed (EDAD)		42c	
c	At any time during the calendar year, did the organization maintain an office outside the United States?		74.0	
7	file freeles sevels			
43	Seesing 4947(aV1) programmit charitable trusts filing Form 990-EZ in lieu of Form 1941 — Charitable trusts filing Form 990-EZ in lieu of Form 1941	▶ 43		
40	and enter the amount of tax-exempt interest received or accrued during the tax year	43	T	es
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		44a	
4.12	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		770	
b	Did the organization operate one or more hospital facilities during the year? If "Yes, Form 990 must be		44b	
50	completed instead of Form 990-EZ		44c	
c	Did the assessation receive any payments for indoor tanning services during the year?	and any and a	770	
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No, provide an		44d	
7	explanation in Schedule O		45a	
45a	Did the executation have a controlled entity within the meaning of section 512(b)(13)?		100	
b	The transportation receive any navment from or engage in any transaction with a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of		45b	
	Form 990-EZ. See instructions		m 990	E7

Form	990-EZ (2	018) CO	LORS FOR A	CAUSE -	LOUISIAN	A	45-19	34725				P	age 4
46			gage, directly or indi			s on behalf of	or in oppo	osition				Yes	No
Da	rt VI	THE RESERVE AND ADDRESS OF THE PERSON NAMED IN COLUMN 1	office? If "Yes," con	The second secon	Part I	The state of the	in the same		100-1100	III/N	46		X
ra	II. VI	All section 5 50 and 51.	01(c)(3) Organiz 501(c)(3) organiza organization use	tions must answ					tables for	rlines			П
47	Distance of										-	Yes	No
1000	year? If	Yes," complete	gage in lobbying act e Schedule C, Part I					tax			47		х
48 49a			hool as described in				dule E				48		X
b	The state of the s								49a 49b	-	X		
50			the organization's fiv			(other than of	ficers, din	ectors, trust	ees, and ke	ev	490	_	
	employe	es) who each r	eceived more than \$	100,000 of compe	ensation from the	organization.	f there is	none, enter	"None."	-,			
			title of each employee		(b) Average hours per week devoted to position	(c) Reports compens (Forms W-2/10	rtable lation	(d) Hear contribution benefit	th benefits, is to employe plans, and ompensation	oth		d amou pensati	
No	ne	HI OHIM											
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			omii oo iin ee iii							\top			
Ž'n	Air	arii ka ji	landing-min			+11				+			_
1	Total nur	wher of other o	mployees paid over	F400 000						_			_
51	Complete	s this table for t	the organization's fivi	e highest compen	sated independent	nt contractors	who each	received m	ore than				
	7	(a) Name and bu	siness address of each	h independent contri	actor		(b) Typ	e of service		(c) (omper	nsation	
No	ne												
	minim	annami.											_
		-12		moemon	icoliii con iii).								
				attroiment	Marilli Marill								
d 52	Did the o	rganization con	dependent contract mplete Schedule A?			stions must att	tach a				a de la constante de la consta	-	
Lindo		d Schedule A	es that I have been	d this select that it			Will a series						No
true, o	orrect, and	complete. Decis	re that I have examine ration of preparer (oth	or than officer) is ba	ng accompanying si sed on all information	chedules and str on of which prep	atements, a arer has ar	ind to the bei ly knowledge	t of my knav	wledge an	d belief	f, it is	
einn													
Sign Here		Signature of offi DEBB1	E HOLLIE			Tro	asure	de .					
nere		Type or print no		- 6	TIL	Alle	asure	ir.					_
	Pri	nt/Type preparer's r	same	Prepa	nythetayler /	MA	C	Dote	Chi	.П.	PTIN		
Paid	12.000	lissa A. Br	yan CPA	1661	Man N Bryan	CPA	-	05/1	5/19 Self-	employed	P000	8285	1
Prep	arer Fir	n's name F.	Bryan & S		nc.	NY		1 40/1	Firm's EIN P		******	053	
Use	Only Fir	We address P	622 N Pin	e St Suit	The second secon					Selection .	7233	900000	
May	the IRS di	scuss this retu	Deridder, m with the preparer	The first field of the first first contract of the design of the	84-3546 e instructions				Phone no.	337-	-	-	-
-			The property		- manufolis		-				X Ye	-FZ	No