

**COLORS FOR A CAUSE-LOUISIANA**  
**Income Statement**  
for the year ended December 31, 2015

**Receipts:**

Donations	\$ 39,233.88
Fundraisers	63,966.66
Member Dues	900.00
Reimbursements	558.18
Interest	0.51
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Total Receipts	104,659.23

**Disbursements:**

Advertising	313.29
Awareness	2,379.30
Bank Fees	655.06
Family Assistance	46,307.12
Brennan's Blessings	4,775.00
Mobile Vehicle Awareness	1,478.78
Fundraising	20,470.25
Insurance	3,832.01
Legal & Professional Fees	450.00
Office Supplies	994.39
Supplies	1,254.04
Taxes & License	15.00
Telephone	519.75
Travel	575.37
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Total Distributions	84,019.36

**Net Fund Increase**

**\$ 20,639.87**

**Fund Balances as of 12/31/15:**

Checking	\$ 33,183.81
Savings	\$ 2,978.29

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

## 2015

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

**A** For the 2015 calendar year, or tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

**B** Check if applicable:

- Address change
- Name change
- Initial return
- Final return/terminated
- Amended return
- Application pending

**C** Name of organization  
**COLORS FOR A CAUSE - LOUISIANA**

Number and street (or P.O. box, if mail is not delivered to street address) Room/suite  
**PO BOX 1211**

City or town, state or province, country, and ZIP or foreign postal code  
**DEQUINCY LA 70633**

**D** Employer identification number  
**45-1934725**

**E** Telephone number  
**337-802-8858**

**F** Group Exemption Number ▶ \_\_\_\_\_

**G** Accounting Method:  Cash  Accrual Other (specify) ▶ \_\_\_\_\_

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF).

**I** Website: ▶ **www.colorsforacause.org**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no.)  4947(a)(1) or  527

**K** Form of organization:  Corporation  Trust  Association  Other \_\_\_\_\_

**L** Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **104,660**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I

	Description		Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received	39,792
	2	Program service revenue including government fees and contracts	63,967
	3	Membership dues and assessments	900
	4	Investment income	1
	5a	Gross amount from sale of assets other than inventory	
	5b	Less: cost or other basis and sales expenses	
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	
	6	Gaming and fundraising events	
	6a	Gross income from gaming (attach Schedule O if greater than \$15,000)	
	b	Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)	
	6b		
	6c	Less: direct expenses from gaming and fundraising events	
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	
	7a	Gross sales of inventory, less returns and allowances	
	7b	Less: cost of goods sold	
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	
	8	Other revenue (describe in Schedule O)	
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	<b>104,660</b>
Expenses	10	Grants and similar amounts paid (list in Schedule O)	
	11	Benefits paid to or for members	
	12	Salaries, other compensation, and employee benefits	
	13	Professional fees and other payments to independent contractors	465
	14	Occupancy, rent, utilities, and maintenance	
	15	Printing, publications, postage, and shipping	
	16	Other expenses (describe in Schedule O)	83,555
17	<b>Total expenses.</b> Add lines 10 through 16	<b>84,020</b>	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	20,640
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)	17,892
	20	Other changes in net assets or fund balances (explain in Schedule O)	-948
	21	<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20	<b>37,584</b>

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For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2015)