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. 1545-0047 2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For the 2020 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990EZ for instructions and the latest information.

B December CANSE COLLECTIVE 36-3470518 36-3470	A	For the	2020 calenda	r year, or tax year beginning 07–01 , 2020, and	enaing	_	06-30	, 2021
Number and streams Number and streams Number Num	В	Check if ap	oplicable:	C Name of organization		D Employ	yer iden	tification number
Initial lateral Prival intensifier records 1645 N STREET A (402) 441-4399 For Investment records Agricularity record records F Group Exemption Agricularity records TINCOLIN NE 68508-1824 F Group Exemption Number F Group Exemption Number F Group Exemption Number F Group Exemption Number F Group Exemption TINCOLIN NE 68508-1824 F Group Exemption TINCOLIN TINCOLIN ORG F Group F Grou		Address ch	ress change CAUSE COLLECTIVE		36-	34706	518	
		Name chan	nge	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telepho	ne num	ber
Aprolation pending Detail both size in province country, and 2Per foreign proceed code Per Group Example Per Group Ex	Ц	Initial retur	nitial retum					
Number N	Ц	Final return	n/terminated		A	1		
G Accounting Method:	Ц	Amended r	eturn	City or town, state or province, country, and ZIP or foreign postal code		F Group I	Exempti	on
Website: Name	Ш	Application	pending				<u>r_</u> ▶	
Tax-exempt status (check only one)	G	Accounti	ing Method:	☐ Cash 🗓 Accrual Other (specify) ▶		I Check ►	if the	e organization is not
Name Composition Trust Association Other						required to	attach S	chedule B
Ladd lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets	_				527	(Form 990,	990-EZ	or 990-PF).
Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part			-					
Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)	L	Add lines	s 5b, 6c, and 7					
Check if the organization used Schedule O to respond to any question in this Part I 1 Contributions, gifts, grants, and similar amounts received	<u> </u>							110,392
1 Contributions, gifts, grants, and similar amounts received 2 75,046 2 2 3,549 3 Membership dues and assessments 3 48,797 1 1 1 1 1 1 1 1 1	Р	art I						
2								<u>X</u>
3 Membership dues and assessments 3 48,797 4 Investment income 4 55 67058 amount from sale of assets other than inventory 5a 5b 5b 5c 5b 5c 5b 5c 5c		1					1	58,046
4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less: cost or other basis and sales expenses 5 Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) 6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G 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) 6 Less: direct expenses from gaming and fundraising events 6 Net income or (loss) from gaming and fundraising events 1 Net income or (loss) from gaming and fundraising events 1 Net income or (loss) from sales of inventory (subtract line 6a) 7 Gross sales of inventory, less returns and allowances 7 Dess: cost of goods sold 7 Dess: cost		2					2	3,549
Sa Gross amount from sale of assets other than inventory Sa Sb Sb Sb Sb Sb Sb Sb		3					3	48,797
Description		4	Investment in	ncome			4	
C Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) Sc		5a	Gross amou	nt from sale of assets other than inventory	а			
6 Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than \$15,000) . 6a		b	Less: cost or	other basis and sales expenses	b			
a Gross income from gaming (attach Schedule G 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) . c Less: direct expenses from gaming and fundraising events 6 c d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)		С	Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a)			5c	
\$15,000)		6	Gaming and	fundraising events:				
sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d 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 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 3,979 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		1	Gross incom	e from gaming (attach Schedule G if greater than				
sum of such gross income and contributions exceeds \$15,000) c Less: direct expenses from gaming and fundraising events d 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 b Less: cost of goods sold c Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 3,979 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.	ne		\$15,000) •		а			
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c Less: direct expenses from gaming and fundraising events 6c d d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)	å		from fundrais					
d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			sum of such	gross income and contributions exceeds \$15,000) 6	b			
Iline 6c)		С	Less: direct e	expenses from gaming and fundraising events	С			
Ta Gross sales of inventory, less returns and allowances		d	Net income of	or (loss) from gaming and fundraising events (add lines 6a and 6b and subtrac	ct			
b Less: cost of goods sold			line 6c)				6d	
C Gross profit or (loss) from sales of inventory (subtract line 7b from line 7a) 8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 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 13 Professional fees and other payments to independent contractors 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net asset or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		7a	Gross sales	of inventory, less returns and allowances	а			
8 Other revenue (describe in Schedule O) 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 10 Grants and similar amounts paid (list in Schedule O) 11 Benefits paid to or for members 12 Salaries, other compensation, and employee benefits 12 Salaries, other compensation, and employee benefits 13 Professional fees and other payments to independent contractors 13 3,979 14 Occupancy, rent, utilities, and maintenance 14 529 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 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) 19 90,704 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 21 84,685 For Paperwork Reduction Act Notice, see the separate instructions.		b	Less: cost of	goods sold · · · · · · · · · · · · · · · · · · ·	b			
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 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 13 3,979 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		С					7c	
10 Grants and similar amounts paid (list in Schedule O) 10 11 Benefits paid to or for members 11 12 62,790 13 Professional fees and other payments to independent contractors 13 3,979 14 Occupancy, rent, utilities, and maintenance 14 529 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 49,113 17 Total expenses. Add lines 10 through 16 17 116,411 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (6,019 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) 19 90,704 19 Net assets or fund balances at end of year. Combine lines 18 through 20 19 Net assets or fund balances at end of year. Combine lines 18 through 20 19 19 19 10 10 10 10 1		8	Other revenu	ue (describe in Schedule O)			8	
11 Benefits paid to or for members 11 12 62,790 13 Professional fees and other payments to independent contractors 13 3,979 14 Occupancy, rent, utilities, and maintenance 14 529 15 Printing, publications, postage, and shipping 15 Other expenses (describe in Schedule O) 16 49,113 17 Total expenses. Add lines 10 through 16 17 116,411 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (6,019 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) 19 90,704 19 Net assets or fund balances at end of year. Combine lines 18 through 20 19 Net assets or fund balances at end of year. Combine lines 18 through 20 19 19 19 10 10 10 10 1		9	Total revenu	ue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		▶	9	110,392
12 Salaries, other compensation, and employee benefits 12 62,790 13 Professional fees and other payments to independent contractors 13 3,979 14 Occupancy, rent, utilities, and maintenance 14 529 15 Printing, publications, postage, and shipping 15 16 Other expenses (describe in Schedule O) 16 49,113 17 Total expenses. Add lines 10 through 16 17 116,411 18 Excess or (deficit) for the year (subtract line 17 from line 9) 18 (6,019 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) 19 90,704 20 Other changes in net assets or fund balances (explain in Schedule O) 20 21 Net assets or fund balances at end of year. Combine lines 18 through 20 18 4,685 For Paperwork Reduction Act Notice, see the separate instructions. Form 990-EZ (2020)		10	Grants and s	imilar amounts paid (list in Schedule O)			10	
Professional fees and other payments to independent contractors 13 3,979 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 16 Other expenses (describe in Schedule O) 17 Total expenses. Add lines 10 through 16 18 Excess or (deficit) for the year (subtract line 17 from line 9) 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) 20 Other changes in net assets or fund balances (explain in Schedule O) 21 Net assets or fund balances at end of year. Combine lines 18 through 20 For Paperwork Reduction Act Notice, see the separate instructions.		11	Benefits paid	to or for members			11	
16 Other expenses (describe in Schedule O)	s	12	Salaries, othe	er compensation, and employee benefits			12	62,790
16 Other expenses (describe in Schedule O)	Se	13	Professional	fees and other payments to independent contractors			13	3,979
16 Other expenses (describe in Schedule O)	per	14	Occupancy, i	rent, utilities, and maintenance			14	529
17 Total expenses. Add lines 10 through 16	ŭ	15					15	
18 Excess or (deficit) for the year (subtract line 17 from line 9)		16	Other expens	ses (describe in Schedule O)			16	49,113
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					17	116,411
For Paperwork Reduction Act Notice, see the separate instructions.	10	18	Excess or (de	eficit) for the year (subtract line 17 from line 9)			18	(6,019
For Paperwork Reduction Act Notice, see the separate instructions.	šets	19	Net assets o	r fund balances at beginning of year (from line 27, column (A)) (must agree w	ith			
For Paperwork Reduction Act Notice, see the separate instructions.	Ass		-				19	90,704
For Paperwork Reduction Act Notice, see the separate instructions.	et A	20	Other change	es in net assets or fund balances (explain in Schedule O)			20	
	Z	21	Net assets o	r fund balances at end of year. Combine lines 18 through 20		▶	21	84,685
			vork Reduction	on Act Notice, see the separate instructions.				Form 990-EZ (2020)

Form **990-EZ** (2020)

EEA

P	art II Balance Sheets (see the instructions for Par	t II)				
	Check if the organization used Schedule O to	•	estion in this Part II			x
		o rooperia to arry qui		A) Beginning of year		(B) End of year
22	Cash, savings, and investments		<u> </u>	69,082	22	89,258
	Land and buildings			09,082	23	89,258
	Other assets (describe in Schedule O)				24	
	Total assets			30,417	25	0 050
				99,499		89,258
	Total liabilities (describe in Schedule O)		_	8,795	26	4,573
	Net assets or fund balances (line 27 of column (B) must agr art III Statement of Program Service Accomplis			90,704	27	84,685
Г	- Control of the Section of the Sect	•				Expenses
\ A //-	Check if the organization used Schedule O				(Requ	uired for section
vvn	nat is the organization's primary exempt purpose? TO SUPP	PORT MEMBERS TH	ROUGH EDUCATION	I, NE	501(0	c)(3) and 501(c)(4)
	scribe the organization's program service accomplishments for				orgar	nizations; optional for
	measured by expenses. In a clear and concise manner, describ		d, the number of		other	s.)
	sons benefited, and other relevant information for each program					<u>, </u>
28	SUPPORTING MEMBERS THROUGH EDUCATION,	NETWORKING AND	THE			
	POWER OF COLLECTIVE ACTION					
	(Grants \$) If this amo	unt includes foreign gra	nts, check here	▶ 📙	28a	91,584
29						
	(Grants \$) If this amo	unt includes foreign gra	nts, check here	▶ 📙	29a	
30						
	(Grants \$) If this amo	unt includes foreign gra	nts, check here	▶ 🔲	30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amo	unt includes foreign gra	nts, check here	▶ 🔲	31a	
32	Total program service expenses (add lines 28a through 31a))			32	91,584
P	art IV List of Officers, Directors, Trustees, and Key Em	ployees (list each one	even if not compensated	d - see the instructions	for Pa	art IV)
	Check if the organization used Schedule O to response	ond to any question in th	nis Part IV			
		(b) Average	(c) Reportable	(d) Health benefits,	Ι.	
	(a) Name and title	hours per week	compensation	contributions to employee	. "	e) Estimated amount of other compensation
		devoted to position	(Forms W-2/1099-MISC) (if not paid, enter -0-)	benefit plans, and deferred compensation		other compensation
MO	NICA ZINKE		,	,		
	ESIDENT	0.00	0	0		0
	SEE					
	ST PRESIDENT	0.00	0	0		0
	LEY WIECHMAN		-			
	EASURER	0.00	0	o		0
	EILA DORSEY VINTON	0,00	•			
	CRETARY	0.00	0	o		0
	LISSA FILIPI	0.00	3		+	<u> </u>
	RECTOR	0.00	0	o		0
		0.00	U		+	<u> </u>
	ONDA MATTINGI.Y				- 1	
	ONDA MATTINGLY	0.00	0	_		Λ
DI	RECTOR	0.00	0	0		0
DI TA	RECTOR UNI WADDINGTON					
DI TA DI	RECTOR UNI WADDINGTON RECTOR	0.00	0	0		0
DI TA DI KA	RECTOR UNI WADDINGTON RECTOR REN GUSTIN	0.00	0	0		0
DI TA DI KA	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR					
DI TA DI KA DI JA	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA	0.00	0	0		0
DI TA DI KA DI JA	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA ECUTIVE DIRECTOR	0.00	0	0		0
TA DI KA DI JA EX	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA ECUTIVE DIRECTOR REN BELL-DANCY	0.00	0 0	0		0 0
TA DI KA DI JA EX KA	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA ECUTIVE DIRECTOR REN BELL-DANCY RECTOR	0.00	0	0		0
TA DI KA DI JA EX KA	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA ECUTIVE DIRECTOR REN BELL-DANCY RECTOR SON SCHMIT	0.00 0.00 0.00	0 0 0	0 0		0 0 0
TA DI KA DI JA EX KA DI JA	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA ECUTIVE DIRECTOR REN BELL-DANCY RECTOR SON SCHMIT RECTOR	0.00	0 0	0		0 0
TA DI KA DI JA DI JA DI SH	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA ECUTIVE DIRECTOR REN BELL-DANCY RECTOR SON SCHMIT RECTOR ANNON SEIM	0.00 0.00 0.00 0.00	0 0 0	0 0 0		0 0 0 0
TA DI KA DI JA DI JA DI SH	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA ECUTIVE DIRECTOR REN BELL-DANCY RECTOR SON SCHMIT RECTOR	0.00 0.00 0.00	0 0 0	0 0		0 0 0
TA DI KA DI JA DI JA DI SH	RECTOR UNI WADDINGTON RECTOR REN GUSTIN RECTOR SON VARGA ECUTIVE DIRECTOR REN BELL-DANCY RECTOR SON SCHMIT RECTOR ANNON SEIM	0.00 0.00 0.00 0.00	0 0 0	0 0 0		0 0 0 0

36-3470618

Pai				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V			<u>· </u>
22	Did the executive execution and a justificant estibility not are decided as the IDCO If II/Co II are did a		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		.,
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed	33		Х
J 4	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the			
	change on Schedule O. See instructions	34		v
35 a	•	34		X
55 a	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		х
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,			
	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		х
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets			
	during the year? If "Yes," complete applicable parts of Schedule N	36		x
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions			
b	Did the organization file Form 1120-POL for this year?	37b		x
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		х
b	If "Yes," complete Schedule L, Part II, and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9 · · · · · · · · · · · · · · · · · ·			
b		_		
40 a				
	section 4911 ►; section 4912 ►; section 4955 ►			
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	40h		
_	that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912,			
	4955, and 4958			
Ь	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line			
-	40c reimbursed by the organization · · · · · · · · · · · · · · · · · · ·			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		х
41	List the states with which a copy of this return is filed			
42 a	The organization's books are in care of ► JASON VARGA Telephone no. ► 402-4	41-4	399	
	Located at ► 1645 N STREET, SUITE A, LINCOLN, NE ZIP+4 ► 68508	-182	4	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		х
	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			
	Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the United States?	42c		Х
42	If "Yes," enter the name of the foreign country			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041-Check here			L
	43		Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be		103	140
u	completed instead of Form 990-EZ	44a		х
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be			
-	completed instead of Form 990-EZ	44b		х
С		44c		X
	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an			
	explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		Х
b	Did the organization receive any payment 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			
	Form 990-EZ. See instructions	45b		Y

Form 9	90-EZ (202	CAUSE COLLECTIVE	<u> </u>			36-34	<u> 1706</u> 1	.8	P	age 4
									Yes	No
46		organization engage, directly or indirectly, in		• • • • • • • • • • • • • • • • • • • •						
D		dates for public office? If "Yes," complete So						46		Х
Par		Section 501(c)(3) Organizations All section 501(c)(3) organizations		iona 17 10h and 5	ond con	anlata tha t	tablar	. for	linaa	
		All section 50 f(c)(3) organizations 50 and 51.	must answer quest	ions 47 - 490 and 52	z, and con	ipiete trie	lables	5 101	imes	,
		Check if the organization used Sch	nedule () to respond	to any question in t	his Part V	1				П
		Officer if the organization used our	icadic O to respond	to any question in t	ins rait v			• •	Yes	No
47	Did the	organization engage in lobbying activities or	have a section 501(h) elec	ction in effect during the ta	Y		Г		163	110
••				•				47		x
48	•	rganization a school as described in section					-	48		x
49 a		organization make any transfers to an exemp						49a		х
b		was the related organization a section 527 c		_				49b		
50	Comple	te this table for the organization's five highes	t compensated employees	s (other than officers, direc	tors, trustees	s and key	_			
	employe	ees) who each received more than \$100,000	of compensation from the	organization. If there is r	one, enter "l	None."				
			(b) Average	(c) Reportable	(d) Health		(a) F	etimata	d amour	nt of
		(a) Name and title of each employee	hours per week	compensation	contributions benefit plans,	and deferred			npensati	
			devoted to position	(Forms W-2/1099-MISC)	compe	nsation				
NON	E									
-										
f	Total nu	mber of other employees paid over \$100,000	· · · · · · · >							
51	Comple	te this table for the organization's five highes	t compensated independe	nt contractors who each r	eceived more	e than				
	\$100,00	00 of compensation from the organization. If	there is none, enter "None	. "						
	(a)	Name and business address of each independent contra	ctor	(b) Type of service	.	(c)) Compe	ensation	1	
	(/			(-, -,,		\-'-	,			
	_									
NON	<u> </u>									
d	Total nu	mber of other independent contractors each	receiving over \$100,000	▶						
52	Did the	organization complete Schedule A? Note : All	section 501(c)(3) organiza	ations must attach a			_			
		ted Schedule A				<u> </u>	<u> </u>	Yes		No
		of perjury, I declare that I have examined this retu				f my knowledge	e and be	elief, it	is	
true, o	correct, an	d complete. Declaration of preparer (other than of	ficer) is based on all informat	ion of which preparer has an	y knowledge.					
Sig	,	KILEY WIECHMAN Signature of officer			Date					
Her					Date					
1 101		KILEY WIECHMAN, TREASURER Type or print name and title	(
		2	Preparer's signature	Date		heck if	PTIN			
Paid	ŀ		ary E Riggs	11-09-20		neck if elf-employed	P002	200	:11	
	parer	Firm's name Riggs & Associa		μ1-09-20	Firm's E		F 0 0 2	- 202	,	
	Only	Firm's address 1919 S 40th Stre	•		1 111113 E					
	•	Lincoln NE 6850			Phone r	no. 402-4	183-7	885		
Mav	he IRS d	iscuss this return with the preparer shown at						Yes	$\overline{}$	No

Form **990-EZ** (2020)

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.

OMB No. 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

Name of the organization Employer identification number CAUSE COLLECTIVE 36-3470618 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: 5 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.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross 10 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.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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. 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. 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. 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 U 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, Typ 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). (i) Name of supported organization (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see above (see instructions)) document? instructions) instructions) Yes Nο (A) (B) (C) (D) (E) Total

(Complete only if you	checked the box on line 5	5, 7, or 8 of Part I or if	the organization f	ailed to qualify unde
Part III. If the organiza	ation fails to qualify under	the tests listed below	, please complete	Part III.)

	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
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)						
	Public support. Subtract line 5 from line 4						
	ction B. Total Support			T	T	T	
	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
_	Amounts from line 4						
8	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties, and income from						
•	similar sources						
9	Net income from unrelated business						
	activities, whether or not the business						
40	is regularly carried on						
10	Other income. Do not include gain or						
	loss from the sale of capital assets						
44	(Explain in Part VI.)						
	Total support. Add lines 7 through 10					12	
	Gross receipts from related activities, etc. (se First five years. If the Form 990 is for the org		,				2)
13	organization, check this box and stop here				•	. , ,	·
50	ction C. Computation of Public Suppor						▶ ∐
	Public support percentage for 2020 (line 6, c			column (fl)		14	%
	Public support percentage from 2019 Sched					15	
	33 1/3% support test - 2020. If the organizat						
	box and stop here . The organization qualifies						
ŀ	33 1/3% support test - 2019. If the organizat						_
	this box and stop here. The organization qua						_
17a	10%-facts-and-circumstances test - 2020.	-		-			
	10% or more, and if the organization meets the	-					
	Part VI how the organization meets the facts				-	-	ed
	organization			-	•		
ŀ	10%-facts-and-circumstances test - 2019.						
	15 is 10% or more, and if the organization me	•				•	
	in Part VI how the organization meets the fac						
	organization			-	•		
18	Private foundation. If the organization did no						
	instructions						▶ □

90 or 990-EZ) 2020 CAUSE COLLECTIVE Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")	95,718	78,209	135,793	140,706	106,843	557,269
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	4,551	7,573	3,225	4,888	3,549	23,786
3	Gross receipts from activities that are not an	4,551	7,373	3,223	4,000	3,349	23,780
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
-	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
-	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5	100,269	85,782	139,018	145,594	110,392	581,055
	Amounts included on lines 1, 2, and 3	100,203	03,702	133,010	143,334	110,332	301,033
	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000						
	or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support. (Subtract line 7c from						
	line 6.)						581,055
Sec	ction B. Total Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6	100,269	85,782	139,018	145,594	110,392	581,055
10a	Gross income from interest, dividends,		·		·	·	<u> </u>
	payments received on securities loans, rents,						
	royalties, and income from similar sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)			695			695
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	100,269	85,782	139,713	145,594	110,392	581,750
14	First 5 years. If the Form 990 is for the organ				•		_
_	organization, check this box and stop here	· · · · · · · · ·					▶ ∐
	ction C. Computation of Public Suppor					1 1	
	Public support percentage for 2020 (line 8, c		-			15	99.88 %
	Public support percentage from 2019 Sched					16	99.96 %
	ction D. Computation of Investment In			40 1 (0		1 4= 1	
	Investment income percentage for 2020 (line		-			17	0.00 %
	Investment income percentage from 2019 Sc					18	0.00 %
19a	33 1/3% support tests - 2020. If the organiza						_
	17 is not more than 33 1/3%, check this box a	-	-	-		-	
b	33 1/3% support tests - 2019. If the organization 40 is not seen than 22 1/20% also all this let						
20	line 18 is not more than 33 1/3%, check this b	-	-	-			nization 🕨 📙
∠U	Private foundation. If the organization did no	ol check a box c	лг шпе 14, 19a,	or 190, check	uns dox and se	e instructions	🕨 📗

Part IV Sur

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- **c** Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI**.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- Bid the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If "Yes," provide detail in Part VI.*
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If "Yes," answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
	163	140
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
0-		
9с		
10a		
10b	- × 000 F	7) 2020

		36-3470618		Page
Pa	art IV Supporting Organizations (continued)		Vo	s No
11	Has the organization accepted a gift or contribution from any of the following persons?		Te	SINO
	A person who directly or indirectly controls, either alone or together with persons described in lines 11	o and		
-	11c below, the governing body of a supported organization?	118	a	
b	A family member of a person described in line 11a above?	111		+
	A 35% controlled entity of a person described in 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	vide		
	detail in Part VI .	110	С	
Sec	ction B. Type I Supporting Organizations			
			Ye	s No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one of	or		
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's office	rs,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported	d		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
_	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	5 1 7 11 5			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	Part		
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
500	supervised, or controlled the supporting organization. ction C. Type II Supporting Organizations	2		
<u> </u>	ction of Type it oupporting organizations		Ye	s No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the dire	ectors	1.0	- 110
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how con			
	or management of the supporting organization was vested in the same persons that controlled or management			
	the supported organization(s).	1		
Sec	ction D. All Type III Supporting Organizations			
		_	Ye	s No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month o			
	organization's tax year, (i) a written notice describing the type and amount of support provided during t			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copi			
_	organization's governing documents in effect on the date of notification, to the extent not previously pr			
2	, , , , , , , , , , , , , , , , , , , ,	•		
	organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Par</i>			
2	the organization maintained a close and continuous working relationship with the supported organization	• • • • • • • • • • • • • • • • • • • •		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations a significant voice in the organization's investment policies and in directing the use of the organization			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1		ear (see instructi	ons).	
а		•	-	
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental	ment entity (see ins	st <u>ruct</u>	ions).
2	Activities Test. Answer lines 2a and 2b below.		Ye	s No
а				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identition	-		
	those supported organizations and explain how these activities directly furthered their exempt purpo			
	how the organization was responsive to those supported organizations, and how the organization determ			
	that these activities constituted substantially all of its activities.	2a	1	
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involve			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," exp			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged			
•	these activities but for the organization's involvement.	2b	,	
3	11 - 3			
d	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in Part VI.	3a		
h	 Did the organization exercise a substantial degree of direction over the policies, programs, and activities 			
J	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this re			

CAUSE COLLECTIVE 36-3470618

Pa							
1							
	instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sec	ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection						
	of gross income or for management, conservation, or maintenance of						
	property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sec	ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
	Fair market value of other non-exempt-use assets	1c					
	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sec	tion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functionally	/ integra	ted Type III supporting	organization			
	(see instructions).	•	i o	-			

EEA Schedule A (Form 990 or 990-EZ) 2020

Schedi	rlle A (Form 990 or 990-EZ) 2020		36-	3470	618 Page
Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting Organiz	ations (continue	d)	
Sec	tion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	npt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	3	
4	Amounts paid to acquire exempt-use assets	-		4	
5	Qualified set-aside amounts (prior IRS approval required) - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	e organization is respons	ive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sec	tion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributio Pre-2020	ns	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
_3	Excess distributions carryover, if any, to 2020				
	From 2015				
b	From 2016				
c	From 2017				
d	From 2018				
е	From 2019				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
h	Applied to 2020 distributable amount				
i_	Carryover from 2015 not applied (see instructions)				
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
	Section D, line 7: \$				
	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder Subtract lines 4a and 4h from line 4				

EEA Schedule A (Form 990 or 990-EZ) 2020

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2021. Add lines 3j

. . . .

. . . .

. . . .

. . . .

Part VI. See instructions.

and 4c.

8 Breakdown of line 7: a Excess from 2016

b Excess from 2017

c Excess from 2018

d Excess from 2019

e Excess from 2020

EEA Schedule A (Form 990 or 990-EZ) 2020

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Employer identification number

I vallic 0	Tile organization		Employer identification framber
CAUSE	COLLECTIVE		36-3470618
Organiz	zation type (check one	a):	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	X 501(c)(3) (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private foundation	n
		527 political organization	
Form 990-PF		501(c)(3) exempt private foundation	
		4947(a)(1) nonexempt charitable trust treated as a private foundation	
		501(c)(3) taxable private foundation	
Check if	your organization is co	overed by the General Rule or a Special Rule .	
Note: O	•), (8), or (10) organization can check boxes for both the General Rule and a Specia	ıl Rule. See
Genera	I Rule		
x	=	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to r property) from any one contributor. Complete Parts I and II. See instructions for ntributions.	_
Special	Rules		
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990 that received from any one contributor, during the year, total contributions of the greather amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete	-EZ), Part II, line eater of (1)
	contributor, during th	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received e year, total contributions of more than \$1,000 exclusively for religious, charitable, all purposes, or for the prevention of cruelty to children or animals. Complete Partinstead of the contributor name and address), II, and III.	scientific,
	contributor, during th contributions totaled during the year for ar General Rule applies	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received e year, contributions exclusively for religious, charitable, etc., purposes, but no such more than \$1,000. If this box is checked, enter here the total contributions that we exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless to this organization because it received nonexclusively religious, charitable, etc., core during the year	h ere received ess the contributions
	-	t isn't covered by the General Rule and/or the Special Rules doesn't file Schedule E ust answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its	

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization Employer identification number CAUSE COLLECTIVE 36-3470618

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		(c)			
(a) No.	(b) Name, address, and ZIP + 4	(d) Type of contribution			
1	LINCOLN COMMUNITY FOUNDATION 215 CENTENNIAL MALL SOUTH, SUITE 10 LINCOLN NE 68508	\$7,750	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
2	WOODS CHARITABLE FUND 1248 O STREET SUITE 1130 LINCOLN NE 68508	\$	Person k Payroll Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution		
		\$	Person		

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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

Open to Public Inspection

Employer identification number

CAUSE COLLECTIVE 36-3470618

01. Description of other expenses (Pa	art I, line 16)		
Description	Amount		
TRAINING AND CONFERENCES	44,222		
INSURANCE	1,739		
OFFICE SUPPLIES AND EXPENSES	1,643		
TECHNOLOGY, INTERNET AND COMPUTER	1,502		
MISCELLANEOUS EXPENSES	7		
02. Description of other assets (Part	: II, line 24)		
Category	Beginning of Year	End of Year	
GRANTS/OTHER RECEIVABLES	42	0	
PREPAID EXPENES	30,375	0	
03. Description of total liabilities	(Part II, line 26)		
Category	Beginning of Year	End of Year	
ACCOUNTS PAYABLE	0	379	
DEFERRED REVENUE	1,075	600	
LOANS PAYABLE	4,500	0	
PAYROLL TAXES PAYABLE	1,176	1,231	
ACCRUED VACATION PAYABLE	2,044	2,363	

Depreciation Detail Listing

990 EZ

2020

PAGE 1

for Section 199A calculations.

See "UBIA" in lower right corner.

Name(s) as shown on return

* Item is included in UBIA

For your records only

Social security number/EIN

CAUSE COLLECTIVE								36-3470618							
No.	Description	Date	Cost	Basis Adjustment	Business percentage	Section 179	Bonus depreciation	Depreciable Basis	Life	Method	Rate	Prior Depreciation	Current Depreciation	Accumulated Depreciation	AMT Current
1	PROJECTOR	09262001	4,080		100.00		·	4,080	5		0	4,080		4,080	
2	COMPUTER, OPTIPLEX 74	02112008	1,122		100.00			1,122	5		0	1,122		1,122	
	Totals		5,202					5,202				5,202		5,202	

5,202