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► The organization may have to use a copy of this return to satisfy state reporting requirements

F Group Exemption
Number

Form **990-EZ** (2010)

Part II

Balance Sheets

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

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(See the instructions for Part II)		(A) Beginning of year	(B) End of year	
22	Cash, savings, and investments	62,986	22	64,249
23	Land and buildings		23	
24	Other assets (describe in Schedule O)	2,316	24	2,047
25	Total assets	65,302	25	66,296
26	Total liabilities (describe in Schedule O)	256	26	256
27	Net assets or fund balances (line 27 of column (B) must agree with line 21) .	65,046	27	66,040

Part III

Statement of Program Service Accomplishments

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

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What is the organization's primary exempt purpose? SERVICE/FUNDRAISING FOR EYE PROGRAMS	Expenses (Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)
Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title	

28 See Additional Data Table		
(Grants \$) If this amount includes foreign grants, check here	28a	
29		
(Grants \$) If this amount includes foreign grants, check here	29a	
30		
(Grants \$) If this amount includes foreign grants, check here	30a	
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here	31a	
32 Total program service expenses (add lines 28a through 31a)	32	15,250

Part IV

List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)

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

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(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V

Other Information (Note the statement requirements in the instructions for Part V.)

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

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		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	No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed 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	No
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a	No
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	
c	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	No
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	No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a 0		
b	Did the organization file Form 1120-POL for this year?	37b	
38a	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	No
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
b	Section 501(c)(3) and 501(c)(4) 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 that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 . . . <input type="checkbox"/> _____		
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
e	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	No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> GARNET RINAKE Telephone no <input type="checkbox"/> (402) 753-2933 724 WEST 6TH ST Located at <input type="checkbox"/> FREMONT, NE ZIP + 4 <input type="checkbox"/> 68025		
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts .	42b	No
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____	42c	No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43		
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of Form 990-EZ.	44a	No
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	No
c	Did the organization receive any payments for indoor tanning services during the year?	44c	No
d	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	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	No
45b	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	

		Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I		
46			No

Part VI

Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.

All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52.

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

		Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II		
48	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E		
49a	Did the organization make any transfers to an exempt non-charitable related organization?		
49b	If "Yes," was the related organization a section 527 organization?		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "				
(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
f Total number of other employees paid over \$100,000				

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None "		
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d	Total number of other independent contractors each receiving over \$100,000	
52	Did the organization complete Schedule A? NOTE: All Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A	<input type="checkbox"/> Yes <input type="checkbox"/> No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	***** Signature of officer		2012-11-05 Date		
	GARNET RINAKER SECRETARY Type or print name and title				
Paid Preparer's Use Only	Preparer's signature	GARY R POHLMANN	Date	Check if self-employed <input type="checkbox"/>	Preparer's taxpayer identification number (See instructions) P00249569
	Firm's name (or yours if self-employed), address, and ZIP + 4	DANA F COLE & COMPANY LLP 1248 O STREET SUITE 500 LINCOLN, NE 68508			EIN 47-0526649
					Phone no (402) 479-9300
May the IRS discuss this return with the preparer shown above? See instructions <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No					

Additional Data

Software ID:
Software Version:
EIN: 47-0368563
Name: REBEKAH ASSEMBLY IOOF OF NEBRASKA
ATTN GARNET RINAKER

Form 990-EZ, Special Condition Description:

Special Condition Description

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.	Expenses (Required for 501(c)(3) and 501(c)(4) organizations and 4947(a)(1) trusts; optional for others.)	
28 SCHOLARSHIP FUND - CASH DONATION FOR CONTINUING EDUCATION (Grants \$ 1,750) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	28a	1,750
29 EYE PROGRAM - CASH DONATION (Grants \$ 6,148) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	29a	6,148
30 EDUCATION FOUNDATION, ARTHRITIS FOUNDATION, AND OTHER MISCELLANEOUS DONATIONS (Grants \$ 1,451) If this amount includes foreign grants, check here . . . <input type="checkbox"/>	30a	1,451
DUES (Grants \$ 5,901) If this amount includes foreign grants, check here . . . <input type="checkbox"/>		5,901

Form 990EZ, Part IV - List of Officers, Directors, Trustees, and Key Employees

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation	(E) Expense account and other allowances
LINDA PURSER 724 WEST 6TH ST FREMONT,NE 68025	PRESIDENT 1 00	0	0	0
DENISE MYERS 724 WEST 6TH ST FREMONT,NE 68025	VICE-PRESIDENT 1 00	0	0	0
SUSAN TOLLMAN 724 WEST 6TH ST FREMONT,NE 68025	WARDEN 1 00	0	0	0
GARNET RINAKER 724 WEST 6TH ST FREMONT,NE 68025	SECRETARY 1 00	3,000	0	0
GERENE WILLIAMS 724 WEST 6TH ST FREMONT,NE 68025	TREASURER 1 00	350	0	0
JEANNE RIX 724 WEST 6TH ST FREMONT,NE 68025	JR PAST PRESIDENT 1 00	0	0	0

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2011

Open to Public
Inspection

Name of the organization REBEKAH ASSEMBLY IOOF OF NEBRASKA ATTN GARNET RINAKER	Employer identification number 47-0368563
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Identifier	Return Reference	Explanation
Other Investment Income	Form 990-EZ, Part I, Line 4	INVESTMENT INCOME 555
Income from Sales of Inventory	Form 990-EZ, Part I, Line 7	Income Gross Receipts 1,418 Returns and Allowances 0 Less Cost of Goods Sold 727 Gross Profit 691 Cost of Goods Sold Inventory at Beginning of Year 2,165 Merchandise Purchased 567 Cost of Labor 0 Materials and Supplies 0 Other Costs 0 Inventory at End of Year 2,005 Cost of Goods Sold 727
Payments to Affiliates	Form 990-EZ, Part I, Line 10	Affiliate Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD FELLOWS Affiliate Address 422 TRADE STREET WINSTON-SALEM, NC 27101 Purpose of Payment DUES Amount of Payment 5,901
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification SCHOLARSHIPS Grantee Name VARIOUS Amount Given 1,750
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification EYE PROGRAM Grantee Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD Grantee Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD Grantee Address 422 TRADE STREET WINSTON-SALEM, NC 27101 Grantee Relationship AFFILIATE ORGANIZATION Amount Given 6,148
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification EDUCATION FOUNDATION Grantee Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD Grantee Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD Grantee Address 422 TRADE STREET WINSTON-SALEM, NC 27101 Grantee Relationship AFFILIATE ORGANIZATION Amount Given 305
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification ROSE PARADE FLOAT Grantee Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD Grantee Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD Grantee Address 422 TRADE STREET WINSTON-SALEM, NC 27101 Grantee Relationship AFFILIATE ORGANIZATION Amount Given 55
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification ARTHRITIS FOUNDATION Grantee Name OMAHA ARTHRITIS FOUNDATION Grantee Address 600 N 93RD ST, SUITE 206 OMAHA, NE 68114 Grantee Relationship NONE Amount Given 966
Grants and Similar Amounts Paid	Form 990-EZ, Part I, Line 10	Activity Classification CONCLAVE FUND Grantee Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD Grantee Name SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD Grantee Address 422 TRADE STREET WINSTON-SALEM, NC 27101 Grantee Relationship AFFILIATE ORGANIZATION Amount Given 125 Total included on Form 990-EZ, line 10 9,349
Other Expenses	Form 990-EZ, Part I, Line 16	Description BONDS, INSURANCE, AND TAXES Amount 1,252 Description EXPENSES OF OFFICERS Amount 1,588 Description SECRETARY'S OFFICE Amount 4,501 Description ASSEMBLY SESSION EXPENSE Amount 150 Total to Form 990-EZ, line 16 7,491
Other Assets	Form 990-EZ, Part II, Line 24	Description INVENTORY Beg of Year Amount 2,165 End of Year Amount 2,005 Description ACCRUED INTEREST Beg of Year Amount 151 End of Year Amount 42
Other Liabilities	Form 990-EZ, Part II, Line 26	Description PAYROLL LIABILITIES Beg of Year Amount 256 End of Year Amount 256

**TY 2011 Transfers Personal Benefits
Contracts Declaration**

Name: REBEKAH ASSEMBLY IOOF OF NEBRASKA
ATTN GARNET RINAKE

EIN: 47-0368563

Declaration: The organization did not, during the year, receive any funds, directly, or indirectly, to pay premiums on a personal benefit contract. The organization, did not, during the year, pay any premiums, directly, or indirectly, on a personal benefit contract.