



See a Social Security Number? Say Something!  
Report Privacy Problems to <https://public.resource.org/privacy>  
Or call the IRS Identity Theft Hotline at 1-800-908-4490



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 foundation)

- Do not enter Social Security numbers on this form as it may be made public. By law, the IRS generally cannot redact the information on the form.
- Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

2013

Open to Public  
InspectionDepartment of the Treasury  
Internal Revenue Service

<b>A For the 2013 calendar year, or tax year beginning 07-01-2013, and ending 06-30-2014</b>		
<b>B</b> Check if applicable	<b>C</b> Name of organization REBEKAH ASSEMBLY IOOF OF NEBRASKA ATTN GARNET RINAVER	<b>D</b> Employer identification number 47-0368563
Address change	Number and street (or P O box, if mail is not delivered to street address) 724 WEST 6TH STREET	<b>E</b> Telephone number (402) 753-2933
Name change		
Initial return		
Terminated		
Amended return		
Application pending	City or town, state or province, country, and ZIP or foreign postal code FREMONT, NE 68025	<b>F</b> 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: ► N/A**J** Tax-exempt status (check only one)  501(c)(3)  501(c)(8) (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 ► \$ 17,844**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 . . . . . 

<b>Revenue</b>	1 Contributions, gifts, grants, and similar amounts received . . . . .	1 11,974
	2 Program service revenue including government fees and contracts . . . . .	2
	3 Membership dues and assessments . . . . .	3 4,160
	4 Investment income . . . . .	4 195
	5a Gross amount from sale of assets other than inventory . . . . .	5a
	b Less cost or other basis and sales expenses . . . . .	5b
	c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	5c
	6 Gaming and fundraising events	
	a Gross income from gaming (attach Schedule G if greater than \$15,000) . . . . .	6a
	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
	c Less direct expenses from gaming and fundraising events . . . . .	6c
	d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) . . . . .	6d
	7a Gross sales of inventory, less returns and allowances . . . . .	7a 1,515
	b Less cost of goods sold . . . . .	7b 126
	c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	7c 1,389
	8 Other revenue (describe in Schedule O) . . . . .	8
	<b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ►	9 17,718
<b>Expenses</b>	10 Grants and similar amounts paid (list in Schedule O) . . . . .	10 7,464
	11 Benefits paid to or for members . . . . .	11
	12 Salaries, other compensation, and employee benefits . . . . .	12 3,350
	13 Professional fees and other payments to independent contractors . . . . .	13 1,075
	14 Occupancy, rent, utilities, and maintenance . . . . .	14 1,960
	15 Printing, publications, postage, and shipping . . . . .	15 888
	16 Other expenses (describe in Schedule O) . . . . .	16 3,656
	<b>17 Total expenses.</b> Add lines 10 through 16 ►	17 18,393
<b>Net Assets</b>	18 Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	18 -675
	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 62,680
	20 Other changes in net assets or fund balances (explain in Schedule O) . . . . .	20 2,250
	<b>21 Net assets or fund balances at end of year.</b> Combine lines 18 through 20 . . . . .	21 64,255

**Part II Balance Sheets** (see the instructions for Part II)Check if the organization used Schedule O to respond to any question in this Part II 

	(A) Beginning of year	(B) End of year
<b>22 Cash, savings, and investments</b>	59,343	<b>22</b> 58,896
<b>23 Land and buildings</b>	23	
<b>24 Other assets (describe in Schedule O)</b>	3,593	<b>24</b> 5,615
<b>25 Total assets</b>	62,936	<b>25</b> 64,511
<b>26 Total liabilities (describe in Schedule O)</b>	256	<b>26</b> 256
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21)	62,680	<b>27</b> 64,255

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III)Check if the organization used Schedule O to respond to any question in this Part III 

What is the organization's primary exempt purpose?

SERVICE/FUNDRAISING FOR EYE PROGRAMS

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

**Expenses**

(Required for section 501 (c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others )

**28 See Additional Data Table**

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	28a
--------------	---	-----

**29**

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
--------------	---	-----

**30**

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	30a
--------------	---	-----

**31 Other program services (describe in Schedule O)**

(Grants \$ )	If this amount includes foreign grants, check here <input type="checkbox"/>	31a
--------------	---	-----

<b>32 Total program service expenses</b> (add lines 28a through 31a)	<b>32</b>	7,069
--	-----------	-------

**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 

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See Additional Data Table				

**Part V Other Information** (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V 

	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
35a 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 <b>Form 990-T</b> 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	37a	0
b Did the organization file <b>Form 1120-POL</b> for this year?	37b	
38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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	39a	
a Initiation fees and capital contributions included on line 9	39b	
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 ► _____, section 4912 ► _____, section 4955 ► _____	40b	
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 ► _____	40b	
d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ► _____	40b	
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 ► _____		
42a The organization's books are in care of ► <u>GARNET RINAKER</u> Telephone no ► <u>(402) 753-2933</u> Located at ► <u>724 WEST 6TH ST FREMONT, NE</u> ZIP + 4 ► <u>68025</u>		
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)?	42b	No
If "Yes," enter the name of the foreign country ► _____ See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> .	42c	No
c At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	No
If "Yes," enter the name of the foreign country ► _____		
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> ? Check here ► <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ► <u>43</u>		
44a Did the organization maintain any donor advised funds during the year? 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	

**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

<b>46</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
		No

**Part VI Section 501(c)(3) organizations only**

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

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

**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

<b>47</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>48</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49a</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
<b>49b</b>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

**48** Is the organization a school as 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?

**b** 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"

<b>(a)</b> Name and title of each employee	<b>(b)</b> Average hours per week devoted to position	<b>(c)</b> Reportable compensation (Forms W-2/1099-MISC)	<b>(d)</b> Health benefits, contributions to employee benefit plans, and deferred compensation	<b>(e)</b> Estimated amount of other compensation

**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"

<b>(a)</b> Name and business address of each independent contractor	<b>(b)</b> Type of service	<b>(c)</b> 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  \_\_\_\_\_  Yes  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.

<b>Sign Here</b>	***** Signature of officer GARNET RINAVER SECRETARY Type or print name and title	2014-10-23 Date
------------------	---	--------------------

<b>Paid Preparer Use Only</b>	Print/Type preparer's name ANGELA MURRAY	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00735725
	Firm's name ► DANA F COLE & COMPANY LLP			Firm's EIN ► 47-0526649	
	Firm's address ► 1248 O STREET SUITE 500 LINCOLN, NE 68508			Phone no (402) 479-9300	

May the IRS discuss this return with the preparer shown above? See instructions  \_\_\_\_\_  Yes  No

## Additional Data

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

### 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 \$ 896) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	29a 896
30 EDUCATION FOUNDATION, ARTHRITIS FOUNDATION, AND OTHER MISCELLANEOUS DONATIONS (Grants \$ 575) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	30a 575
DUES (Grants \$ 3,848) If this amount includes foreign grants, check here . . . ► <input type="checkbox"/>	3,848

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

<b>(A) Name and address</b>	<b>(B) Title and average hours per week devoted to position</b>	<b>(C) Compensation (If not paid, enter -0-.)</b>	<b>(D) Contributions to employee benefit plans &amp; deferred compensation</b>	<b>(E) Expense account and other allowances</b>
DENISE MYERS PRESIDENT	1 00	0	0	0
SUSAN TOLLMAN VICE-PRESIDENT	1 00	0	0	0
SANDY VRTISKA WARDEN	1 00	0	0	0
GARNET RINAVER SECRETARY	1 00	3,000	0	0
GERENE WILLIAMS TREASURER	1 00	350	0	0
LINDA PURSER JR PAST PRESIDENT	1 00	0	0	0
DARLENE GRIFFIN FINANCE CHAIRMAN	1 00	0	0	0

2013

Open to Public  
Inspection**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at  
[www.irs.gov/form990](http://www.irs.gov/form990).Name of the organization  
REBEKAH ASSEMBLY IOOF OF NEBRASKA  
ATTN GARNET RINAVEREmployer identification number  
47-0368563**990 Schedule O, Supplemental Information**

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 4 - OTHER INVESTMENT INCOME	DESCRIPTION INVESTMENT INCOME AMOUNT 195
FORM 990-EZ, PART I, LINE 7 - SALES OF INVENTORY	INCOME GROSS RECEIPTS 1,515 RETURNS AND ALLOWANCES 0 LESS COST OF GOODS SOLD 126 GR OSS PROFIT 1,389 COST OF GOODS SOLD INVENTORY AT BEGINNING OF YEAR 3,250 MERCHANDISE PURCHASED 2,376 COST OF LABOR 0 MATERIALS AND SUPPLIES 0 OTHER COSTS 0 INVENTORY A T END OF YEAR 5,500 COST OF GOODS SOLD 126
FORM 990-EZ, PART I, LINE 10 - PAYMENTS TO AFFILIATES	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 3,848
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION SCHOLARSHIPS GRANTEE NAME VARIOUS AMOUNT GIVEN 1,750
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION EYE PROGRAM GRANTEE NAME SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD GRANTEE NAME SOVEREIGN GRAND LODGE INDEPENDENT ORDER OF ODD GRANTEE ADDRESS 42 TRADE STREET WINSTON-SALEM, NC 27101 GRANTEE RELATIONSHIP AFFILIATE ORGANIZATION AMOUNT GIVEN 896
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 198
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 291
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	ACTIVITY CLASSIFICATION UN PILGRIMAGE 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 445
FORM 990-EZ, PART I, LINE 10 - GRANTS AND SIMILAR AMOUNTS PAID	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 36 TOTAL INCLUDED ON FORM 990-EZ, LINE 10 3,616
FORM 990-EZ, PART I, LINE 16 - OTHER EXPENSES	DESCRIPTION BONDS, INSURANCE, AND TAXES AMOUNT 670 DESCRIPTION EXPENSES OF OFFICERS AMOUNT 1,375 DESCRIPTION SECRETARY'S OFFICE AMOUNT 784 DESCRIPTION ASSEMBLY SESSION EXPENSE AMOUNT 773 DESCRIPTION PRESIDENTS JEWELRY AMOUNT 54 TOTAL TO FORM 990-EZ, LINE 16 3,656
FORM 990-EZ, PART I, LINE 20 - OTHER CHANGES IN NET ASSETS	DESCRIPTION INVENTORY ADJUSTMENT AMOUNT 2,250
FORM 990-EZ, PART II, LINE 24 - OTHER ASSETS	DESCRIPTION INVENTORY BEG OF YEAR AMOUNT 3,250 END OF YEAR AMOUNT 5,500 DESCRIPTION ACCRUED INTEREST BEG OF YEAR AMOUNT 343 END OF YEAR AMOUNT 115
FORM 990-EZ, PART II, LINE 26 - OTHER LIABILITIES	DESCRIPTION PAYROLL LIABILITIES BEG OF YEAR AMOUNT 256 END OF YEAR AMOUNT 256

## TY 2013 Transfers Personal Benefits Contracts Declaration

**Name:** REBEKAH ASSEMBLY IOOF OF NEBRASKA  
ATTN GARNET RINAVER

**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.