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

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.

| A For the 2020 calendar year, or tax year beginning , | | | | , 2020, and ending | | | , 20 | | | |
|---|------------------------|---|--|--------------------|------------------|----------------|-----------------------------|----------------------------|--|--|
| В | B Check if applicable: | | C Name of organization | | D Emp | | loyer identification number | | | |
| | Address change | | Rebel Guardians | | | 82- | 99 | | | |
| | Name change | | Number and street (or P.O. box if mail is not delivered to street address) | | Room/suite | E Teleph | phone number | | | |
| | Initial returr | n | | | | | | | | |
| | Final return | n/terminated | 1770 S Randall Road | | A208 | (63 | 30) 742- | -7796 | | |
| | Amended r | eturn | City or town, state or province, country, and ZIP or foreign postal code | | | F Group | Exemptio | n | | |
| | Application | pending | Geneva, IL 60134 | | | Numbe | r 🕨 | | | |
| G | Accounti | ing Method: | X Cash | | I | I Check ► | x if the | organization is not | | |
| ı | Website | : http | required to | attach Sc | hedule B | | | | | |
| J | Tax-exe | mpt status (c | 990-EZ, | or 990-PF). | | | | | | |
| ĸ | Form of | organization: | heck only one) - ☐ 501(c)(3) | Other | | | | | | |
| L | Add lines | s 5b, 6c, and 7 | 7b to line 9 to determine gross receipts. If gross receipts are \$200,0 | 000 or mor | e, or if total a | assets | | | | |
| (Pa | rt II, colu | umn (B)) are \$ | 500,000 or more, file Form 990 instead of Form 990-EZ | | | | . > \$ | 5,615 | | |
| _ | art I | | e, Expenses, and Changes in Net Assets or Fund | | | | | | | |
| | | | the organization used Schedule O to respond to any ques | | • | | | • | | |
| | 1 | | s, gifts, grants, and similar amounts received | | | | 1 | | | |
| | 2 | | vice revenue including government fees and contracts | | | | 2 | | | |
| | 3 | | dues and assessments | | | | 3 | 1,430 | | |
| | 4 | | ncome | | | | 4 | | | |
| | 5a | | | | | | | | | |
| | | D Less: cost or other basis and sales expenses | | | | | | | | |
| | 1 | c Gain or (loss) from sale of assets other than inventory (subtract line 5b from line 5a) | | | | | | | | |
| | 6 | | 5c | | | | | | | |
| | | Gaming and fundraising events: a Gross income from gaming (attach Schedule G if greater than | | | | | | | | |
| Ф | a | | | | | | | | | |
| 'n | | | - form for decision and the first solution | <u> </u> | | 4,000 | - | | | |
| Revenue | D D | b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the | | | | | | | | |
| œ | | sum of such gross income and contributions exceeds \$15,000) 6b | | | | | | | | |
| | | | • | _ | | | - | | | |
| | | | expenses from gaming and fundraising events | | | 1,041 | - | | | |
| | d | d Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | | | | | | | | |
| | | , | | | | | 6d | 2,959 | | |
| | | | of inventory, less returns and allowances | | | 185 | | | | |
| | 1 | | goods sold · · · · · · · · · · · · · · · · · · · | <u> </u> | - | 101 | | | | |
| | С | | or (loss) from sales of inventory (subtract line 7b from line 7a) | | | | 7c | 84 | | |
| | 8 | | ue (describe in Schedule O) | | | | 8 | | | |
| | 9 | | Ie. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | | | <u> ▶</u> | 9 | 4,473 | | |
| Expenses | 10 | | imilar amounts paid (list in Schedule O) | | | | 10 | 3,853 | | |
| | 11 | | to or for members | | | | 11 | 653 | | |
| | 12 | | er compensation, and employee benefits | | | | 12 | | | |
| | 13 | | fees and other payments to independent contractors | | | | 13 | 200 | | |
| | 14 | | rent, utilities, and maintenance | | | | 14 | | | |
| | 15 | | lications, postage, and shipping | | | | 15 | 205 | | |
| | 16 | Other expens | ses (describe in Schedule O) | | | | 16 | 341 | | |
| | 17 | | ses. Add lines 10 through 16 | | | | 17 | 5,252 | | |
| Net Assets | 18 | | eficit) for the year (subtract line 17 from line 9) | | | | 18 | (779) | | |
| | 19 | | r fund balances at beginning of year (from line 27, column (A)) (mu | | | | | | | |
| | | end-of-year figure reported on prior year's return) | | | | | 19 | 6,085 | | |
| | 20 | | es in net assets or fund balances (explain in Schedule O) | | | | 20 | , | | |
| | 21 | | r fund balances at end of year. Combine lines 18 through 20 | | | | 21 | 5,306 | | |
| _ | | | , | | | | | 5,550 | | |

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|------|--|------------|---------|------------|--|--|--|--|
| Pa | rt 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 | | <u></u> | <u>. L</u> | | | | |
| | | | 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 | | Х | | | | |
| 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 | | | | | | | |
| 35 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 | | 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 | | | | | | |
| С | 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 | | | | | | | |
| 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 | | | | | | | |
| 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 | | х | | | | |
| 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 | | | | | | | | |
| b | Gross receipts, included on line 9, for public use of club facilities | 1 | | | | | | |
| | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: | 1 | | | | | | |
| | 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 | | | | | | | |
| | that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | | | | | | |
| С | Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed | 10.0 | | | | | | |
| | on organization managers or disqualified persons during the year under sections 4912, | | | | | | | |
| | 4955, and 4958 | | | | | | | |
| d | 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 | 100 | | | | | | |
| | The organization's books are in care of Phil Faustrum Telephone no. 847-8 | 94-3 | 967 | | | | | |
| | Located at ▶ 850 Clover Lane, Pingree Grove, IL ZIP+4 ▶ 60140 | | | | | | | |
| 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 | | | | |
| • | 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 | | ▶ | . [| | | | |
| | and enter the amount of tax-exempt interest received or accrued during the tax year | | | _ | | | | |
| | | | Yes | No | | | | |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be | | | | | | | |
| | completed instead of Form 990-EZ | 44a | | х | | | | |
| h | 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 | | | | |
| _ | Did the organization receive any payments for indoor tanning services during the year? | 44c | | X | | | | |
| | If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an | 770 | | | | | | |
| u | explanation in Schedule O | 44d | | | | | | |
| 1E ~ | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 440 45a | | | | | | |
| | Did the organization receive any payment from or engage in any transaction with a controlled entity within the | 43a | | Х | | | | |
| b | meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of | | | | | | | |
| | Form 900 E7. See instructions | 45h | | ., | | | | |

| Form 990-EZ (2020) Rebel Guardians 82-3532199 Pag | | | | | | | | | | age 4 | | |
|---|---|--|-----------------------------------|-----------------------------|----------------|--|-----------------|---------------|------------------|--------------|------------|--|
| | | | | | | | | _ | | Yes | No | |
| 46 Di | id the | organization engage, directly or indirectly, ir | n political campaign activitie | es on behalf | of or in oppo | sition | | | | | | |
| | | dates for public office? If "Yes," complete S | | <u></u> | | | | | 46 | | X | |
| Part V | | Section 501(c)(3) Organizations | | | | | | | _ | | | |
| | | All section 501(c)(3) organizations | must answer questi | ons 47 - 4 | .9b and 52 | 2, and co | mplete the | tables | for | lines | | |
| | 50 and 51. | | | | | | | | | | | |
| | | Check if the organization used Scl | nedule O to respond | to any qu | estion in t | his Part \ | VI | | | | <u>- U</u> | |
| | | | | | | | | - | | Yes | No | |
| | | organization engage in lobbying activities o | , , | | - | | | | | | | |
| - | year? If "Yes," complete Schedule C, Part II | | | | | | | 47 | | | | |
| 48 Is | | | | | | | • • | 48 | | | | |
| | Did the organization make any transfers to an exempt non-charitable related organization? | | | | | | - | 49a | | | | |
| | b If "Yes," was the related organization a section 527 organization? | | | | | | | | | | | |
| 50 Co | omplet | te this table for the organization's five highe | st compensated employee | s (other than | officers, dire | ctors, trust | ees and key | | | | | |
| er | employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." | | | | | | | | | | | |
| | | | (b) Average | compensation | | (d) Health benefits, contributions to employee | | (e) Estimated | | d amour | nt of | |
| | | (a) Name and title of each employee | hours per week | | | benefit plans | s, and deferred | ` ' | other compensati | | | |
| | | | devoted to position | (Forms W-2 | /1099-MISC) | compensation | | | | | | |
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| | | mber of other employees paid over \$100,00 | | | | - | | | | | | |
| 51 Co | omplet | te this table for the organization's five highe | st compensated independe | ent contracto | rs who each | received m | ore than | | | | | |
| \$1 | 100,00 | 0 of compensation from the organization. It | f there is none, enter "None | e." | | | 1 | | | | | |
| | (a) | Name and business address of each independent contra | actor | (b) Type of service (c) Com | | | c) Compe | ensatio | า | | | |
| | (/ | | | (a) Type of our solution | | | (4) | | | | | |
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| | | | | L | | | | | | | | |
| | | mber of other independent contractors each | • | | | | | | | | | |
| | | organization complete Schedule A? Note: | | | | | | | | | | |
| | _ | ed Schedule A | | | | | | <u> </u> | Yes | | No | |
| | | of perjury, I declare that I have examined this retu | | | | | , , | e and be | elief, it | is | | |
| true, corre | ect, and | d complete. Declaration of preparer (other than o | fficer) is based on all informati | on of which pr | eparer has an | y knowledge. | • | | | | | |
| C: | Rob Moore | | | | | | | | | | | |
| Sign | | Signature of officer | D | | | | | | | | | |
| Here | | Rob Moore, President | | | | | | | | | | |
| | | Type or print name and title | | | | 15: | | | | | | |
| . | | Print/Type preparer's name | Preparer's signature | | Date | | Check X if | PTIN | | | | |
| Paid | | Martin G. Morris, CPA | | | 05-10-20 | | self-employed | P01 | 7073 | 13 | | |
| Prepa | | Firm's name M Tax Preparation | on | | | Firm's | EIN 🕨 | | | | | |
| Use O | nly | Firm's address > 3758 Pope Court | | | | | | | | | | |
| | Plano IL 60545 Phone no. | | | | | e no. 708- | 917-0 | | | | | |
| May the IRS discuss this return with the preparer shown above? See instructions | | | | | | | | | | | | |

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

Rebel Guardians

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

82-3532199

01. List of grants and similar amounts paid (Part I, line 10) Activity Charitable Gifts & Awards Grantee Local Organizations & Individuals 3,853 Amount 02. Description of other expenses (Part I, line 16) Description Amount Misc. Annual & Monthly Fees 41 300 Office Supplies 03. Part III, response or note to any other line in Part III Organization's Primary Exempt Purpose: To provide assistance to our men and women that serve or have served in the United States Armed Forces, Fire Service, Emergency Medical, and first responder in their time of hardship and to provide positive support to our community where needed.