

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)

2021

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 2021 calendar year, or tax year beginning, 2021, and ending, 20

B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending. C Name of organization: Rebel Guardians. D Employer identification number: 82-3532199. E Telephone number: (630) 742-7796. F Group Exemption Number.

G Accounting Method: [X] Cash [] Accrual Other (specify) H Check [] if the organization is not required to attach Schedule B (Form 990).

I Website: http://www.rebelguardiansmc.com

J Tax-exempt status (check only one) - [] 501(c)(3) [X] 501(c)(7) (insert no.) [] 4947(a)(1) or [] 527

K Form of organization: [X] 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)) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 5,790

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 [X]

Table with 3 main sections: Revenue (lines 1-9), Expenses (lines 10-17), and Net Assets (lines 18-21). Includes sub-rows for gaming events and inventory sales.

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
22 Cash, savings, and investments	5,306	6,786
23 Land and buildings	0	0
24 Other assets (describe in Schedule O)	0	0
25 Total assets	5,306	6,786
26 Total liabilities (describe in Schedule O)	0	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21).	5,306	6,786

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? See Schedule O

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; optional for others.)

28 Gifts & Awards to local organizations for general operating support & funeral costs.		
(Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	1,650
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	
32 Total program service expenses (add lines 28a through 31a).	32	1,650

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/1099-NEC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
Robert Moore President	2.00	STMA01 0	0	0
Gerald McGreevey Vice President/Quartermaster	2.00	STMA02 0	0	0
Humza Shamsuddin Secretary	2.00	STMA03 0	0	0
Brendan Driscoll Treasurer	2.00	STMA04 0	0	0
Phil Fastrum Road Captain	2.00	STMA05 0	0	0
Robert Lynd Sergeant Arms	2.00	STMA06 0	0	0

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

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
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)?
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
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.
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?
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?
b If "Yes," complete Schedule L, Part II, and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
a Initiation fees and capital contributions included on line 9.
b Gross receipts, included on line 9, for public use of club facilities.
40 a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 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.
c 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
d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization
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
41 List the states with which a copy of this return is filed
42 a The organization's books are in care of Brendan Driscoll Telephone no. 847-939-6716 Located at 1800 Kensington Drive, Algonquin, IL ZIP + 4 60102
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 See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).
c At any time during the calendar year, did the organization maintain an office outside the United States? 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.
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.
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.
c Did the organization receive any payments for indoor tanning services during the year?
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.
45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
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

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

	Yes	No
46		x

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

	Yes	No
47		

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.

	Yes	No
48		

49a Did the organization make any transfers to an exempt non-charitable related organization?

	Yes	No
49a		

b If "Yes," was the related organization a section 527 organization?

	Yes	No
49b		

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 title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC/1099-NEC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) 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."

(a) Name and business address of each independent contractor	(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 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.

Sign Here	<i>Rob Moore</i> Signature of officer	05/15/2022 Date
	Robert Moore, President Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name Martin G. Morris, CPA	Preparer's signature	Date 05-15-2022	Check <input checked="" type="checkbox"/> if self-employed	PTIN P01707313
	Firm's name ▶ M Tax Preparation	Firm's EIN ▶			
	Firm's address ▶ 3758 Pope Court				
	Plano IL 60545	Phone no. 708-917-0424			

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

**SCHEDULE O
(Form 990)**

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

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

2021

Department of the Treasury
Internal Revenue Service

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

**Open to Public
Inspection**

Name of the organization

Rebel Guardians

Employer identification number

82-3532199

01. List of grants and similar amounts paid (Part I, line 10)

Activity	Amount
Charitable Gifts & Awards	
Grantee	Local Organizations & Individuals
Amount	1,650

02. Description of other expenses (Part I, line 16)

Description	Amount
Misc. Annual & Monthly Fees	11
Office Supplies	34

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.

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

Rebel Guardians

82-3532199

Form 990EZ - Part IV
Compensation Explanation

Statement #A01

Name
Robert Moore

Explanation
Officer did not receive any paid benefits or compensation from the organization.

Form 990EZ - Part IV
Compensation Explanation

PG01
Statement #A02

Name
Gerald McGreevey

Explanation
Officer did not receive any paid benefits or compensation from the organization.

Form 990EZ - Part IV
Compensation Explanation

PG01
Statement #A03

Name
Humza Shamsuddin

Explanation
Officer did not receive any paid benefits or compensation from the organization.

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

Rebel Guardians

82-3532199

Form 990EZ - Part IV
Compensation Explanation

Statement #A04

Name
Brendan Driscoll

Explanation
Officer did not receive any paid benefits or compensation from the organization.

Form 990EZ - Part IV
Compensation Explanation

PG01
Statement #A05

Name
Phil Faustrum

Explanation
Officer did not receive any paid benefits or compensation from the organization.

Form 990EZ - Part IV
Compensation Explanation

PG01
Statement #A06

Name
Robert Lynd

Explanation
Officer did not receive any paid benefits or compensation from the organization.

Federal Supporting Statements

2021 PG01

Name(s) as shown on return

Tax ID Number

Rebel Guardians

82-3532199

Statement #EL43

Section 1.263(a)-1(f) de minimis safe harbor election

Name: Rebel Guardians

Address: 1770 S Randall Road, Geneva, IL 60134

EIN: 82-3532199

Statement: Taxpayer is making the de minimis safe harbor election under §1.263(a)-1(f).