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. 1545-1150 2018

Department of the Treasury Internal Revenue Service

 $\blacktriangleright$  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.

Open to Public Inspection

A For the 2018 calend			ar year, or tax year beginning January 1 , 2018, and ending	December 31 , 20 18				
B Check if applicable			C Name of organization			dentification number		
Address change			•	1	82-3532199			
Name change			Rebel Guardians  Number and street (or P O box, if mail is not delivered to street address)  Room/suite	E Tele				
	Initial retu	ım		1 '				
		m/terminated	1770 S Randall Road Suite A208 City or town, state or province, country, and ZIP or foreign postal code			30) 742-7796 emption		
	Amended				nber	•		
*****		on pending ting Method:	Geneva, IL 60134			if the organization is not		
	<b>Nebsit</b> e	-				ir the organization is <b>not</b> tach Schedule B		
			www.rebelguardiansmc.com ck only one) — ☐ 501(c)(3) ☑ 501(c) ( 7 ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527			0-EZ, or 990-PF).		
			Corporation Trust Association Other	(1 01111 3	30, 33	0-12, 01 000-11).		
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if tot	al accate				
			500,000 or more, file Form 990 instead of Form 990-EZ	a assets	▶ .			
_	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the	a inetnu	ction	s for Part I)		
	arti		the organization used Schedule O to respond to any question in this Part					
	T 4		ns, gifts, grants, and similar amounts received		1			
	1				2	0		
	2	_	ervice revenue including government fees and contracts		3	0		
	3		p dues and assessments		4	2,160		
	1 _	Investment	1 - 1		<del></del>	0		
	5a			0	┨			
	b		or other basis and sales expenses	0	=-			
	6	•	s) from sale of assets other than inventory (Subtract line 3b from line 3a) d fundraising events:		5c	<u> </u>		
	1 -	-	ome from gaming (attach Schedule G if greater than					
<u>o</u>	а			_	]			
Ĕ	.		<u></u>	0	1			
Revenue	Ь		me from fundralsing events (not including \$ 0 of contribution	115	,			
Œ	1		h gross income and contributions exceeds \$15,000)   6b	•	ł			
	۱ ـ		t expenses from gaming and fundraising events 6c	574	1			
	d		571	i				
	"	line 6c)	e or (loss) from gaming and fundraising events (add lines 6a and 6b and st	Duace	6d			
	7a	•	s of inventory, less returns and allowances	2.470	<del></del>	-571		
	1 .			2,479 2,682	1			
	b		of goods sold		7c	204		
	8		nue (describe in Schedule O)		8	-204 0		
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		9	1,386		
_	10		similar amounts paid (list in Schedule O)		10	1,360		
	11		id to or for members		11	100		
ø	12	•	her compensation, and employee benefits	• •	12	0		
ses	13		al fees and other payments to independent contractors	• •	13	467		
Expens	14		r, rent, utilities, and maintenance		14	0		
찞	15		iblications, postage, and shipping	• •	15	0		
ш	16		nses (describe in Schedule O)	• •	16	413		
	17		nses. Add lines 10 through 16		17	979		
_	18	Evcess or	deficit) for the year (Subtract line 17 from line 9)	• •	18	406		
Net Assets	19		or fund balances at beginning of year (from line 27, column (A)) (must agree	e with		400		
SS	.0		r figure reported on prior year's return)		19	662		
ž	20	Other changes in net assets or fund balances (explain in Schedule O)			20	662		
ž	21		<del>-</del>		21	1,068		
For	21 Net assets or fund balances at end of year. Combine lines 18 through 20.  For Paperwork Reduction Act Notice, see the separate Instructions.					Form <b>990-EZ</b> (2018)		
· Ur	rapen	MAIN MARINCE	on Act Nouce, see the separate instructions.	الى د		. 5/11/ 000-110/		
			[숙] JUL <b>0</b> 6 2020	131				

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Form	990-EZ (2018)						Page 2
Pa	rt II Balance Sheets (see the inst						_
	Check if the organization used	Schedule	O to respond to a	ny question in this		·	<u> L</u>
				1	(A) Beginning of year	<u> </u>	(B) End of year
22	Cash, savings, and investments .				662		
23	Land and buildings					23	<del></del>
24	Other assets (describe in Schedule O)	-			<u>.</u>	24	
25	Total assets				662		
26	Total liabilities (describe in Schedule				0 662	26	
27	Net assets or fund balances (line 27 till Statement of Program Service					21	1,068
Par	Statement of Program Service Check if the organization used					l	Expenses
W/ha	it is the organization's primary exempt pu		See Schedule O	ny quodion in tino			equired for section 1(c)(3) and 501(c)(4)
as m	cribe the organization's program service neasured by expenses. In a clear and cons benefited, and other relevant informa- Charitable and community support: No su	concise m ation for ea	anner, describe the sch program title.	e services provided	i, the number of	ort	ganizations, optional for ners.)
	(Grants \$ 0) If th	nis amount	includes foreign gra	ants, check here .	🕨 🗆	28	a 0
29							
	(Grants \$ ) If th	nis amount	includes foreign gra	ants, check here .	▶ □	29	a
30							
		·		A - L - L 4		00	_
04	<u> </u>		includes foreign gra			30	la
31	Other program services (describe in Sci		includes foreign gra			31	
22	(Grants \$ ) If the Total program service expenses (add					32	
_	t IV List of Officers, Directors, Trustee						
r ai	Check if the organization used						
	(a) Name and title	Ochedule	(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 employ benefit plans, and	-   '	a) Estimated amount of other compensation
Rob	Moore - President		9				
Gera	ild McGreevy - Vice President / Quartermas	ter		† · · · · · · · ·	<u> </u>	4	
Gela	in McGreey - Vice President / Quarternas		2		,	o	O
Hum	za Shamsuddin - Secretary		<del></del>			Ť	
1101111	John John John John John John John John		2			0	0
Phil I	Faustrum - Treasurer					T	
			2		ol	0	0
Bob i	Lynd - Sergeant at Arms						
			1			0	0
Ron	Tomlinson - Road Captain		1			0	O
						$\dagger$	
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						+	

Part				_
	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 detalled description of each activity in Schedule O	33	.00	<b>√</b>
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		✓
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		
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	35c		✓
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		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		<del></del>	
ь 38а	Did the organization file <b>Form 1120-POL</b> for this year?	37b		✓
ooa	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		<b>-</b>
b	If "Yes," complete Schedule L, Part II and enter the total amount involved   38b		-	Y
39	Section 501(c)(7) organizations. Enter:	]		
а	Initiation fees and capital contributions included on line 9	Į		•
b	Gross receipts, included on line 9, for public use of club facilities	l		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶ ; 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	40ь		
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		-	
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	40e		<b>√</b>
41	List the states with which a copy of this return is filed ▶ Illinois			<u></u>
42a		847) 894-3967		
h	Located at ▶ 850 Clover Lane, Pingree Grove, IL  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	60140	-9116 <b>Yes</b>	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	163	✓
	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	1		
	Financial Accounts (FBAR).	1		
C	As an arrangement of the state			
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		. 1	▶ [
			Yes	No
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		<u> </u>
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		1
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>√</b>
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	<del>                                     </del>	
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	440 45a		1
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	l l	

Pag	А	4

							res	NO		
	old the organization engage, directly or in									
to	candidates for public office? If "Yes," of		, Part I			· 46		✓		
Part VI										
All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables							or line	<del>)</del> S		
	50 and 51.									
	Check if the organization used Sc	hedule O to respond	I to any question in	this Part VI						
							Yes	No		
47 D	old the organization engage in lobbying	activities or have a	section 501(h) election	on in effect	during the	tax				
	ear? If "Yes," complete Schedule C, Par					. 47				
•	the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E									
	of the organization make any transfers t						$\vdash$			
	"Yes," was the related organization a se	-	-				<del>  </del>			
	Complete this table for the organization's						4	i ke		
<b>30</b> C	mployees) who each received more than	s \$100 000 of comper	estion from the orga	nization If t	there is non	e. enter "N	Jone."	,		
	imployees) who each received more than		Т		h benefits,	10, 0				
	(a) Name and title of each employee	(b) Average hours per week	(c) Reportable compensation	contributions	s to employee	(e) Estimate				
	(a) Name and the oreach employee	devoted to position	(Forms W-2/1099-MISC)		, and deferred ensation	other con	npensatio	on		
				Сопре	, Sauti	<del> </del>				
None				1						
				<del> </del>						
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f T	otal number of other employees paid ov	er \$100.000	. •							
	Complete this table for the organization			contractor	s who eacl	h received	more	thar		
\$1 \$	100,000 of compensation from the organization	inization. If there is no	one, enter "None."							
			T							
	(a) Name and business address of each independ	dent contractor	(b) Type of ser	VICE	(c	) Compensati	on			
Mana.			- v							
None			†							
					<del> </del>					
			1							
					<del>                                     </del>					
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			L	···	L					
	otal number of other independent contra			· <b>-</b>						
<b>52</b> D	oid the organization complete Schedu	ule A? Note: All se	ection 501(c)(3) orga	anizations r	nust attacl	h a				
С	ompleted Schedule A	<u></u>		· · · · · ·	<u> </u>	.▶ ☐ Yes	;	lo_		
Under pena	alties of perjury, I declare that I have examined this	return, including accompan	ying schedules and statem	ents, and to th	e best of my k	nowledge and	i belief, r	it is		
true, correc	ct, and complete. Declaration of preparer (other than	officer) is based on all info	ormation of which preparer	has any knowi	edge.					
	-11-1	hamalli		20	20-06-01					
Sign	Signature of officer Date									
Here	Humza Shamsuddin, Secretary									
	Type or print name and title									
	Print/Type preparer's name	Preparer's signature	ΙD	ate		1 4 PTIN				
Paid	. , ,		-	Check if self-employed						
Prepar	l	<u> </u>		T_		·				
Use O		<del></del>			m's EIN ▶					
Manak	Firm's address >	Firm's address Phone no.								
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## 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

2018

Employer identification number

Open to Public Inspection

Rebel Guardians	82-3532199					
1. Part I, Revenue, Expenses, and Changes in Net Assets or Fund Balances.						
c. Description of other expenses, in response to line 16. Totaling \$413						
Banking Fees - \$132						
(L State Filing Fees - \$6						
Trademark Filing Fees - \$275						
2. Part III, Statement of Program Service Accomplishments. What is the organization's primary exempt	purpose?					
What is the organization's primary exempt purpose? In response to line.						
Rebel Guardians' mission is 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.						
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