



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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form

A For the 2010 calendar year, or tax year beginning, 2010, and ending, 20

B Check if applicable:

- Address change
Name change
Initial return
Terminated
Amended return
Application pending

C Name of organization: RESCATE SERVICES, INC
Number and street (or P O box, if mail is not delivered to street address): 2509 NORTH CAMPBELL AVENUE
Room/suite: 135
City or town, state or country, and ZIP + 4: TUCSON, AZ 85719

D Employer identification number: 86-0910889
E Telephone number: 011-52-622-226-0101
F Group Exemption Number

G Accounting Method: [X] Cash [] Accrual Other (specify)
I Website:
J Tax-exempt status (check only one) - [X] 501(c)(3) [] 501(c)() (insert no) [] 4947(a)(1) or [] 527

H Check [X] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check [] if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

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, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ \$ 66,828

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]

RECEIVED MAY 2011

SCANNED JUN 28 2011

Table with 21 rows and 3 columns: Description, Sub-row, Amount. Includes rows for Contributions, Program service revenue, Membership dues, Investment income, Gaming and fundraising events, Total revenue, Total expenses, and Net assets.

For Paperwork Reduction Act Notice, see the separate instructions. EEA Form 990-EZ (2010)

MAILED RRR # 7010 1060-0000 5162 2331

20

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

33 Did the organization engage in any activity not previously reported to the IRS? ... 34 Were any significant changes made to the organizing or governing documents? ... 35 If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a ... 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? ... 37a Enter amount of political expenditures, direct or indirect, as described in the instructions ... 37b Did the organization file Form 1120-POL for this year? ... 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? ... 38b 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 ... 40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ... 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? ... 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 ... d Section 501(c)(3) and 501(c)(4) 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? ... 41 List the states with which a copy of this return is filed. ... 42a The organization's books are in care of L DIANE BARROLL Telephone no. Located at PO BOX 215 SAN CARLOS GUAYMAS, AA ZIP + 4 ... 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)? ... c At any time during the calendar year, did the organization maintain an office outside of the U S ? ... 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 ... 44a Did the organization maintain any donor advised funds during the year? ... b Did the organization operate one or more hospital facilities during the year? ... 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

Form 990-EZ (2010) **RESCATE SERVICES, INC** 86-0910889 Page 4

45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	Yes	No
a	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)	45a		X
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		X

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, 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? If "Yes," complete Schedule C, Part II	47	Yes	No
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		X
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		X
b	If "Yes," was the related organization a section 527 organization?	49b		X

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
NONE				

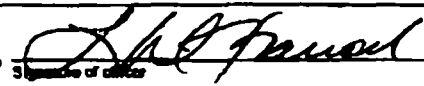
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

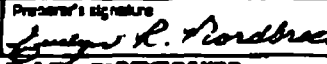
(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
NONE		

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.

Sign Here  Date May 23, 2011
 L DIANE BARROLL, TREASURER
 Type or print name and title

Paid Preparer Use Only
 Preparer's name: Evelyn R Nordbrock
 Preparer's signature:  Date: 05-23-2011
 Check if self-employed PPN: 13425
 Firm's name: NORDBROCK FAMILY LTD PARTNERSHIP Firm's EIN: 86-0940986
 Firm's address: 6642 Calle de San Alberto Tucson AZ 85710 Phone no: 520-296-3052

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

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.

OMB No 1545-0047

2010

**Open to Public
Inspection**

RESCATE SERVICES, INC

Employer identification number

86-0910889

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

Description	Amount
BROKERAGE FEES	174

02. Other changes in net assets or fund balances (Part I, line 20)

Description	Amount
UNRECOGNIZED GAIN ON SECURITIES	11,019

Federal Supporting Statements

2010 PG 01

Name(s) as shown on return

Employer Identification Number

RESCATE SERVICES, INC

86-0910889

Form 990EZ, Part I, Line 5(c)
Gain(Loss) from Sale of Public Securities Schedule

Statement #101

Gross Sales	\$27,593
Basis	\$37,911
Sales Expense	\$
Total Net	\$(10,318)

Gross Sales	\$15,037
Basis	\$12,698
Sales Expense	\$
Total Net	\$2,339

Gross Sales	\$1,237
Basis	\$1,161
Sales Expense	\$
Total Net	\$76

Gross Sales	\$1,041
Basis	\$1,291
Sales Expense	\$
Total Net	\$(250)

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

▶ **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization RESCATE SERVICES, INC	Employer identification number 86-0910889
File by the due date for filing your return See instructions	Number, street, and room or suite no. If a P O box, see instructions. 2509 NORTH CAMPBELL, SUITE 135	
	City, town or post office, state, and ZIP code For a foreign address, see instructions. TUCSON, ARIZONA 85719	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 3

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

• The books are in the care of ▶ L DIANE BARROLL, P O BOX 215, SAN CARLOS GUAYMAS, MEXICO

Telephone No ▶ 011-52-622-226-6101 FAX No ▶ _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 20 11, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year 20 10 or
 ▶ tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Mailed
5-6-11