

Short Form  
Return of Organization Exempt From Income TaxUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)

- 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.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

2010

Open to Public  
Inspection

## A For the 2010 calendar year, or tax year beginning

, 2010, and ending

B Check if applicable:	C Name of organization <b>Rad-Aid International, Inc.</b>		D Employer identification number <b>26-3914931</b>
<input type="checkbox"/> Address change	Number and street (or P.O. box, if mail is not delivered to street address) <b>2620 Spencer Road</b>		E Telephone number <b>(443) 621-6377</b>
<input type="checkbox"/> Name change	Room/suite		
<input type="checkbox"/> Initial return	City or town, state or country, and ZIP + 4 <b>Chevy Chase MD 20815</b>		F Group Exemption Number
<input type="checkbox"/> Terminated			
<input type="checkbox"/> Amended return			
<input type="checkbox"/> Application pending			

G Accounting Method:  Cash  Accrual Other (specify) ►I Website: ► [rad-aid.org](http://rad-aid.org)J Tax-exempt status (ck only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527K 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 ► \$ **44,781.**

## 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. 

R E V E N U E	1 Contributions, gifts, grants, and similar amounts received .....	1 <b>44,781.</b>
	2 Program service revenue including government fees and contracts .....	2
	3 Membership dues and assessments .....	3
	4 Investment income .....	4
	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	
b Less: cost of goods sold .....	7b	
c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) .....	7c	
8 Other revenue (describe in Schedule O) .....	8	
9 <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 .....	9 <b>44,781.</b>	
E X P E N 	10 Grants and similar amounts paid (list in Schedule O) .....	10
	11 Benefits paid to or for members .....	11
	12 Salaries, other compensation, and employee benefits .....	12
	13 Professional fees and other payments to independent contractors .....	13 <b>1,364.</b>
	14 Occupancy, rent, utilities, and maintenance .....	14
	15 Printing, publications, postage, and shipping .....	15 <b>476.</b>
	16 Other expenses (describe in Schedule O) .....	16 <b>28,182.</b>
	17 <b>Total expenses.</b> Add lines 10 through 16 .....	17 <b>30,022.</b>
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18 <b>14,759.</b>
	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 <b>1,087.</b>
20 Other changes in net assets or fund balances (explain in Schedule O) .....	20	
21 Net assets or fund balances at end of year. Combine lines 18 through 20 .....	21 <b>15,846.</b>	

BAA For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2010)

**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 .....	1,087.	22 15,369.
23 Land and buildings .....	0.	23 0.
24 Other assets (describe in Schedule O) <u>See L-24 Stmt</u> .....	0.	24 477.
25 <b>Total assets</b> .....	1,087.	25 15,846.
26 Total liabilities (describe in Schedule O) .....	0.	26 0.
27 Net assets or fund balances (line 27 of column (B) <b>must</b> agree with line 21) .....	1,087.	27 15,846.

**Part III Statement of Program Service Accomplishments** (see the instrs 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? To provide better access to medical imaging services in developing countries

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.

28 <u>RAD-AID develops strategies for improving and optimizing radiology services in poor and developing regions, by producing analyses, publications, and online resources that are freely available to the public.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	15,011.
29 <u>RAD-AID provides educational training (via conferences, online learning systems, and volunteer mentorship) on radiology for limited-resource regions and underserved patient populations.</u> (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	15,011.
30 _____  (Grants \$ 0.) If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) .... 0. (Grants \$ 0.) 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>	<b>30,022.</b>

**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 address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account and other allowances
<u>Daniel J. Mollura, MD</u> <u>2620 Spencer Road</u> <u>Chevy Chase MD 20815</u>	President 15.00	0.	0.	0.
<u>Anna Starikovsky</u> <u>74 West 68th St., Apt. 11B</u> <u>New York NY 10023</u>	Vice President 10.00	0.	0.	0.
<u>Matthew Lungren</u> <u>2211 Hillsborough Road #3009</u> <u>Durham NC 27705</u>	Secretary 10.00	0.	0.	0.
<u>Ryan Sydnor</u> <u>4600 University Dr. #1516</u> <u>Durham NC 27707</u>	Treasurer 10.00	0.	0.	0.
<u>Theresa Loar</u> <u>901 New York Ave.</u> <u>Washington DC 20001</u>	Director 0.50	0.	0.	0.
<u>Alyse Nelson</u> <u>1625 Massachusetts Ave., NW</u> <u>Washington DC 20036</u>	Director 0.50	0.	0.	0.
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**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? If 'Yes,' provide a detailed description of each activity in Schedule O. 

33	Yes	No
	X	

**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		X

**35** If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T. 

35a		X
35b		

**a** Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements? 

36	X	

**b** If 'Yes,' has it filed a tax return on **Form 990-T** for this year (see instructions)? 

37a	0.	
37b	X	

**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. 

38a		
38b		

**37a** Enter amount of political expenditures, direct or indirect, as described in the instructions. ► **37a** 0. 

37b	X	
38a	X	

**b** Did the organization file **Form 1120-POL** for this year? 

38b		
39a		

**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? 

39a		
39b		

**b** If 'Yes,' complete Schedule L, Part II and enter the total amount involved. 

39b		
40a		

**39** Section 501(c)(7) organizations. Enter: 

40a		
40b	X	

**a** Initiation fees and capital contributions included on line 9. 

40b		
40c		

**b** Gross receipts, included on line 9, for public use of club facilities. 

40c		
40d		

**40a** Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: 

40d		
40e	X	

**section 4911** ► \_\_\_\_\_; **section 4912** ► \_\_\_\_\_; **section 4955** ► \_\_\_\_\_ 

40e		
42a		

**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. 

42a		
42b		

**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. ► \_\_\_\_\_ 

42b		
42c		

**d** Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. ► \_\_\_\_\_ 

42c		
42d		

**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. 

42d		
43		

**41** List the states with which a copy of this return is filed ► **Maryland**

43		
44a		

**42a** The organization's books are in care of ► **Darci Niestroy, EBS LLC** Telephone no. ► **(703) 241-9008**  
Located at ► **5113 N 26th Road** **Arlington** **VA** ZIP + 4 ► **22207**

44a		
44b		

**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)? 

44b		
44c		

If 'Yes,' enter the name of the foreign country: ► \_\_\_\_\_ 

44c		
44d		

See the instructions for exceptions and filing requirements for **Form TD F 90-22.1, Report of a Foreign Bank and Financial Accounts**.**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.? 

44d		
45		

If 'Yes,' enter the name of the foreign country: ► \_\_\_\_\_ 

45		
46a		

**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 ► **43**

45		
46a		

**44a** Did the organization maintain any donor advised funds during the year? If 'Yes,' Form 990 must be completed instead of Form 990-EZ. 

46a		
46b		

**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. 

46b		
46c		

**c** Did the organization receive any payments for indoor tanning services during the year? 

46c		
46d		

**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. 

46d		
47		

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

		Yes	No
47	Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C, Part II	47	X
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	

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 and deferred compensation	(e) Expense account and other allowances
None				
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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 address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
None		
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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		Date
	► <u>Daniel Mollura</u>		President
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date
	<u>Darci Niestroy</u>	<u>Darci Niestroy</u>	05/05/11
	Firm's name ►	Envision Business Solutions LLC	
	Firm's address ►	5113 26TH RD N	Arlington
	VA	22207	
	Phone no. (703) 782-0174		

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

BAA

Form 990-EZ (2010)

**SCHEDULE A**  
 (Form 990 or 990-EZ)

 Department of the Treasury  
 Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

**2010**
**Open to Public  
Inspection**

Name of the organization

Rad-Aid International, Inc.

Employer identification number

26-3914931

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1  A church, convention of churches or association of churches described in **section 170(b)(1)(A)(i)**.  
 2  A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)  
 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.  
 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:  
 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)  
 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.  
 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)  
 9  An organization that normally receives: (1) more than 33-1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions – subject to certain exceptions, and (2) no more than 33-1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)  
 10  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.  
 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.  
 a  Type I      b  Type II      c  Type III – Functionally integrated      d  Type III – Other  
 e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).  
 f  If the organization received a written determination from the IRS that is a Type I, Type II or Type III supporting organization, check this box .....   
 g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
11 g (i)		
11 g (ii)		
11 g (iii)		

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in column (i) listed in your governing document?		(v) Did you notify the organization in column (i) of your support?		(vi) Is the organization in column (i) organized in the U.S.?		(vii) Amount of support
				Yes	No	Yes	No	Yes	No	
(A)										
(B)										
(C)										
(D)										
(E)										
<b>Total</b>										

BAA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2010

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include 'unusual grants.') ....				14,347.	44,781.	59,128.
2 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....				14,347.	44,781.	59,128.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ....						
<b>6 Public support.</b> Subtract line 5 from line 4 .....						59,128.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4 .....				14,347.	44,781.	59,128.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
9 Net income from unrelated business activities, whether or not the business is regularly carried on .....						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						59,128.
12 Gross receipts from related activities, etc (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input checked="" type="checkbox"/>

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2009 Schedule A, Part II, line 14 .....	15	%
<b>16a 33-1/3% support test – 2010.</b> If the organization did not check the box on line 13, and the line 14 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 33-1/3% support test – 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33-1/3% or more, check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>17a 10%-facts-and-circumstances test – 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>b 10%-facts-and-circumstances test – 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the 'facts-and-circumstances' test, check this box and <b>stop here</b> . Explain in Part IV how the organization meets the 'facts-and-circumstances' test. The organization qualifies as a publicly supported organization .....	<input type="checkbox"/>	
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....	<input type="checkbox"/>	

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Schedule A (Form 990 or 990-EZ) 2010

**Part III Support Schedule for Organizations Described in Section 509(a)(2)**

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal yr beginning in) ►

1 Gifts, grants, contributions and membership fees received. (Do not include any 'unusual grants.') .....

2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....

3 Gross receipts from activities that are not an unrelated trade or business under section 513 .....

4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....

5 The value of services or facilities furnished by a governmental unit to the organization without charge .....

**6 Total.** Add lines 1 through 5 .....

**7a** Amounts included on lines 1, 2, and 3 received from disqualified persons .....

**b** Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....

**c** Add lines 7a and 7b .....

**8 Public support** (Subtract line 7c from line 6.) .....

	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1						
2						
3						
4						
5						
<b>6</b>						
<b>7a</b>						
<b>b</b>						
<b>c</b>						
<b>8</b>						

**Section B. Total Support**

Calendar year (or fiscal yr beginning in) ►

**9** Amounts from line 6 .....

**10a** Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....

**b** Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....

**c** Add lines 10a and 10b .....

**11** Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....

**12** Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....

**13 Total support.** (Add Ins 9, 10c, 11, and 12.) .....

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** .....**Section C. Computation of Public Support Percentage**

**15** Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f)) .....

15	%
----	---

**16** Public support percentage from 2009 Schedule A, Part III, line 15 .....

16	%
----	---

**Section D. Computation of Investment Income Percentage**

**17** Investment income percentage for **2010** (line 10c, column (f) divided by line 13, column (f)) .....

17	%
----	---

**18** Investment income percentage from **2009** Schedule A, Part III, line 17 .....

18	%
----	---

**19a 33-1/3% support tests – 2010.** If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, and line 17 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**b 33-1/3% support tests – 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization .....

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions .....

BAA

TEEA0403 12/29/10

Schedule A (Form 990 or 990-EZ) 2010

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)

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**SCHEDULE O**  
(Form 990 or 990-EZ)Department of the Treasury  
Internal Revenue Service**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2010****Open to Public  
Inspection**

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.

Name of the organization

Rad-Aid International, Inc.

Employer identification number

26-3914931

Part I, Line 1 Rad-Aid International received contributions of services  
and use of facilities in 2010. The value of these donations  
were not included in revenue totals in Part I.

Johns Hopkins Radiology: Use of conference facilities (Estimated FMV \$400)

Aperian Globesmart: Use of software license (Estimated FMV \$10,000)

Akin Gump Strauss Hauer and Feld LLP: Legal services  
(No estimated FMV provided)

IRS e-file Signature Authorization  
for an Exempt Organization

OMB No. 1545-1878

Department of the Treasury  
Internal Revenue Service

For calendar year 2010, or fiscal year beginning \_\_\_\_\_, 2010, and ending \_\_\_\_\_.

► Do not send to the IRS. Keep for your records.  
► See instructions.

2010

Name of exempt organization

Rad-Aid International, Inc.

Employer identification number

26-3914931

Name and title of officer

Daniel Mollura President

**Part I Type of Return and Return Information (Whole Dollars Only)**

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here .... ► <input type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12) .....	1b _____
2a Form 990-EZ check here .... ► <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9) .....	2b 44,781.
3a Form 1120-POL check here .... ► <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22) .....	3b _____
4a Form 990-PF check here .... ► <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5) .....	4b _____
5a Form 8868 check here .... ► <input type="checkbox"/>	b Balance Due (Form 8868, Part I, line 3c or Part II, line 8c) .....	5b _____

**Part II Declaration and Signature Authorization of Officer**

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2010 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

**Officer's PIN: check one box only**

I authorize \_\_\_\_\_ to enter my PIN \_\_\_\_\_ as my signature  
ERO firm name

Enter five numbers, but  
do not enter all zeros

on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2010 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ► \_\_\_\_\_

Date ► 05/03/2011

**Part III Certification and Authentication**

**ERO's EFIN/PIN.** Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN .....

54070953728  
do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2010 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ► \_\_\_\_\_

Date ► 05/05/2011

**ERO Must Retain This Form – See Instructions**  
**Do Not Submit This Form To the IRS Unless Requested To Do So**

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Part I, Line 16 Other Expenses**

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Other expenses (describe in Schedule O)

<u>Business registration fees</u>	306.
<u>Bank service charges</u>	163.
<u>Research &amp; conference materials</u>	3,105.
<u>Gifts for travel (logo items: t-shirts, pens, thumb drives)</u>	1,470.
<u>Advertising</u>	85.
<u>Office software</u>	889.
<u>Office supplies</u>	53.
<u>Travel &amp; lodging</u>	22,111.
<b>Total</b>	<b><u>28,182.</u></b>

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Schedule O (Form 990 or 990-EZ), Supplemental Information to Form 990 or 990-EZ  
**Form 990-EZ, Page 1, Part II, Line 24**

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<b>Line 24 - Other Assets:</b>	<b>Beginning of Year</b>	<b>End of Year</b>
<u>Grant Receivable - Gatewood</u>	0.	477.
<b>Total</b>	<b><u>0.</u></b>	<b><u>477.</u></b>

**Supporting Statement of:**

Form 990-EZ/Line 1

Description	Amount
Philips Project/Hope Grant	32,168.
Private Donations	4,082.
William Gatewood Award (Johns Hopkins Radiology)	8,531.
Total	<u>44,781.</u>

**Supporting Statement of:**

Form 990-EZ/Line 13

Description	Amount
Accounting Fees - Form 990 preparation	250.
Website maintenance	1,114.
Total	<u>1,364.</u>

**Supporting Statement of:**

Form 990-EZ/Line 15

Description	Amount
Postage	142.
Printing and copying	102.
Office supplies	232.
Total	<u>476.</u>

**Supporting Statement of:**

Form 990-EZ/Line 16, Amount-8

Description	Amount
China/India	17,454.
Haiti	941.
Uganda	3,500.
Philips - Hope Meeting	216.
Total	<u>22,111.</u>

**Supporting Statement of:**

Sch. A, page 2/Line 1-4

Description	Amount
<u>Daniel Mollura</u>	<u>3,000.</u>
<u>Som Javadi</u>	<u>2,900.</u>
<u>Saeed Javadi</u>	<u>4,500.</u>
<u>Anna Starikovsky</u>	<u>60.</u>
<u>Jennifer Hird</u>	<u>500.</u>
<u>Anonymous</u>	<u>200.</u>
<u>William Gatewood Award (Johns Hopkins Radiology)</u>	<u>2,280.</u>
<u>Duke University</u>	<u>907.</u>
Total	<u>14,347.</u>

**Supporting Statement of:**

Sch. A, page 2/Line 1-5

Description	Amount
<u>Philips/Project Hope</u>	<u>32,168.</u>
<u>William Gatewood Award (Johns Hopkins Radiology)</u>	<u>8,531.</u>
<u>Individuals - various</u>	<u>2,082.</u>
<u>Goldman Sachs Matching</u>	<u>125.</u>
<u>Maverick Capital Foundation (JPMorgan)</u>	<u>375.</u>
<u>Soros Foundation</u>	<u>1,500.</u>
Total	<u>44,781.</u>