

# 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)

2013

Department of the Treasury  
Internal Revenue Service

► Do not enter Social Security numbers on this form as it may be made public.

► Information about Form 990-EZ and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).Open to Public  
Inspection

## A For the 2013 calendar year, or tax year beginning

and ending

B Check if  
applicable:

Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

C Name of organization

RAD-AID INTERNATIONAL INC

D Employer identification number

26-3914931

Number and street (or P.O. box, if mail is not delivered to street address)

Room/suite

2620 SPENCER ROAD

E Telephone number

(443) 621-6377

City or town, state or province, country, and ZIP or foreign postal code

CHEVY CHASE, MD 20815

F Group Exemption

Number ►

G Accounting Method:  Cash  Accrual Other (specify) ►

I Website: ► RAD-AID.ORG

J Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527K Form of organization:  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) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ► \$ 162,686.

## 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 

Revenue	1 Contributions, gifts, grants, and similar amounts received .....	1	157,462.
	2 Program service revenue including government fees and contracts .....	2	
	3 Membership dues and assessments .....	3	5,200.
	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 \$ from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) .....	6b	of contributions
	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	24.
	9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ► SEE SCHEDULE O	9	162,686.
Expenses	10 Grants and similar amounts paid (list in Schedule O) .....	SEE SCHEDULE O	10 74,244.
	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 9,093.
	14 Occupancy, rent, utilities, and maintenance .....		14 298.
	15 Printing, publications, postage, and shipping .....		15 44.
	16 Other expenses (describe in Schedule O) .....	SEE SCHEDULE O	16 68,182.
Net Assets	17 Total expenses. Add lines 10 through 16 ►		17 151,861.
	18 Excess or (deficit) for the year (Subtract line 17 from line 9) .....	18	10,825.
	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	55,800.
	20 Other changes in net assets or fund balances (explain in Schedule O) .....	SEE SCHEDULE O	20 -43,084.
	21 Net assets or fund balances at end of year. Combine lines 18 through 20 .....	21	23,541.

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

Form 990-EZ (2013)

**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

X

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments .....	53,451.	56,835.
23 Land and buildings .....	23	
24 Other assets (describe in Schedule O) .....	2,699.	3,262.
<b>25 Total assets</b> .....	<b>56,150.</b>	<b>60,097.</b>
26 Total liabilities (describe in Schedule O) .....	350.	36,556.
<b>27 Net assets or fund balances</b> (line 27 of column (B) <b>must</b> agree with line 21) .....	<b>55,800.</b>	<b>23,541.</b>

**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**

**Expenses**  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 SEE SCHEDULE O			
(Grants \$ 74,244.) If this amount includes foreign grants, check here ► <input type="checkbox"/>		28a	130,621.
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) ► <input type="checkbox"/>		32 130,621.

## Part IV List of Officers, Directors, Trustees, and Key Employees

**ees** (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

**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 Sch. 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  33

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

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  36

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

b Did the organization file Form 1120-POL for this year?  37b

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?  38a

b If "Yes," complete Schedule L, Part II and enter the total amount involved  38b

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

a Initiation fees and capital contributions included on line 9  39a

b Gross receipts, included on line 9, for public use of club facilities  39b

40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ► **0.** ; section 4912 ► **0.** ; section 4955 ► **0.**

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  40b

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  0.

d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization  0.

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

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

42a The organization's books are in care of ► **THE ORGANIZATION** Telephone no. ► **(443) 621-6377**  
Located at ► **2620 SPENCER ROAD, CHEVY CHASE, MD** ZIP + 4 ► **20815**

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 Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.

c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

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 ► **43**  **N/A**

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

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

c Did the organization receive any payments for indoor tanning services during the year?  44c

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

45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  45a

45b 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

	Yes	No
33		X
34		X
35a		X
35b	N/A	
35c		X
36		X
37a	0.	
37b		X
38a		X
38b	N/A	
39a	N/A	
39b	N/A	
40b		X
40c		
40d		
40e		X

	Yes	No
42b		X
42c		X

	Yes	No
44a		X
44b		X
44c		X
44d		
45a		X
45b		

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 

	Yes	No
47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. 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 title of each employee  NONE	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(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." ► **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 and 4947(a)(1) nonexemptcharitable 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**

Signature of officer

Date

► **DANIEL MOLLURA, PRESIDENT**

Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	BERT L. SWAIN				P00238304
	Firm's name ► DIXON HUGHES GOODMAN LLP				Firm's EIN ► 56-0747981
	Firm's address ► 111 ROCKVILLE PIKE, 6TH FLOOR ROCKVILLE, MD 20850				Phone no. 240-403-3700

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

Form 990-EZ (2013)

**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.

► Attach to Form 990 or Form 990-EZ.

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2013**

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 to 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 - Non-functionally integrated  
 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 it 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?  
 (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? \_\_\_\_\_  
 (ii) A family member of a person described in (i) above? \_\_\_\_\_  
 (iii) A 35% controlled entity of a person described in (i) or (ii) above? \_\_\_\_\_

h Provide the following information about the supported organization(s).

	Yes	No
11g(i)		
11g(ii)		
11g(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 col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
<b>Total</b>									

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

Schedule A (Form 990 or 990-EZ) 2013

**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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	14,347.	44,781.	60,940.	192,130.	157,462.	469,660.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
3 The value of services or facilities furnished by a governmental unit to the organization without charge .....						
4 <b>Total.</b> Add lines 1 through 3 .....	14,347.	44,781.	60,940.	192,130.	157,462.	469,660.
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) .....						
6 <b>Public support.</b> Subtract line 5 from line 4.						274,108.
						195,552.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4 .....	14,347.	44,781.	60,940.	192,130.	157,462.	469,660.
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.) .....						
11 <b>Total support.</b> Add lines 7 through 10						469,660.
12 Gross receipts from related activities, etc. (see instructions) .....					12	24.
13 <b>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 2013 (line 6, column (f) divided by line 11, column (f)) .....	14	%
15 Public support percentage from 2012 Schedule A, Part II, line 14 .....	15	%
16a <b>33 1/3% support test - 2013.</b> If the organization did not check the box on line 13, and 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 - 2012.</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"/>
17a <b>10% -facts-and-circumstances test - 2013.</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 - 2012.</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"/>
18 <b>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"/>

**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 year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
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 .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) .....						
<b>13 Total support.</b> (Add lines 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 2013 (line 8, column (f) divided by line 13, column (f)) .....	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15 .....	16	%

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

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)) .....	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17 .....	18	%
<b>19a 33 1/3% support tests - 2013.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>b 33 1/3% support tests - 2012.</b> 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 <b>stop here</b> . The organization qualifies as a publicly supported organization ► <input type="checkbox"/>		
<b>20 Private foundation.</b> If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ► <input type="checkbox"/>		

## Part IV

**Supplemental Information.** 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).

## Schedule A

## **Identification of Excess Contributions Included on Part II, Line 5**

2013

**\*\* Do Not File \*\***  
**\*\*\* Not Open to Public Inspection \*\*\***

Total Excess Contributions to Schedule A, Part II, Line 5 .....

274,108.

**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

► Attach to Form 990, Form 990-EZ, or Form 990-PF.  
► Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990) .

OMB No. 1545-0047

**2013**

Name of the organization

RAD-AID INTERNATIONAL INC

Employer identification number

26-3914931

Organization type (check one):

Filers of:

Form 990 or 990-EZ

 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

**General Rule**

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

**Special Rules**

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ► \$ \_\_\_\_\_

**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

Name of organization

RAD-AID INTERNATIONAL INC

Employer identification number

26-3914931

**Part I** **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ASRT FOUNDATION TECHNOLOGISTS 15000 CENTRAL AVE SE ALBUQUERQUE, NM 87123	\$ 33,840.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
2	PHILLIPS MEDICAL SYSTEMS 818 SW 3RD AVE #14 PORTLAND, OR 97204	\$ 105,000.	<input checked="" type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)
		\$ _____	<input type="checkbox"/> Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash
			(Complete Part II for noncash contributions.)

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**Name of organization**

**Employer identification number**

## RAD-AID INTERNATIONAL INC

26-3914931

**Part II Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$ _____	_____

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**Name of organization**

**Employer identification number**

RAD-AID INTERNATIONAL INC

26-3914931

### **Part III**

**Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year.** Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of **exclusively religious, charitable, etc., contributions of \$1,000 or less** for the year. (Enter this information once.) ► \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
			<p style="text-align: center;"><b>(e) Transfer of gift</b></p>
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

## 2013 DEPRECIATION AND AMORTIZATION REPORT

FORM 990-EZ PAGE 1

990-EZ

328111  
05-01-13

(D) - Asset disposed

\* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone

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

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No. 1545-0047

**2013**Open to Public  
Inspection

Name of the organization

RAD-AID INTERNATIONAL INC

Employer identification number  
26-3914931**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
OTHER INCOME	24.

**FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS:****ACTIVITY CLASSIFICATION:**

GRANTEE NAME: PAN AMERICAN HEALTH ORG:WORLD HEALTH ORG

GRANTEE ADDRESS: 525 23RD STREET, N.W. WASHINGTON, DC 20037

DATE OF GIFT: 03/07/13

AMOUNT GIVEN:	74,244.
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**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
MEDICATION/VACCINATIONS	3,920.
BUSINESS REGISTRATION	260.
OFFICE EXPENSES	237.
FINANCIAL CHARGES	500.
INSURANCE	2,310.
OFFICE SOFTWARE	550.
CONFERENCE	6,458.
TRAVEL	53,947.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>68,182.</b>

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

CHANGES IN NET ASSETS OR FUND BALANCES:	AMOUNT:
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LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

332211  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

**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.

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Name of the organization

RAD-AID INTERNATIONAL INC

Employer identification number  
26-3914931

PRIOR YEAR ADJUSTMENT RELATED TO ACCOUNTING FOR GRANTS

- 43,084.

FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
PREPAID	0.	262.
ACCOUNTS RECEIVABLE	1,660.	3,000.
CREDIT CARD OVERPAYMENT	1,039.	0.
<b>TOTAL TO FORM 990-EZ, LINE 24</b>	<b>2,699.</b>	<b>3,262.</b>

FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:

DESCRIPTION	BEG. OF YEAR	END OF YEAR
DEFERRED REVENUE	0.	32,988.
ACCOUNTS PAYABLE	350.	3,568.
<b>TOTAL TO FORM 990-EZ, LINE 26</b>	<b>350.</b>	<b>36,556.</b>

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO IMPROVE AND OPTIMIZE  
ACCESS TO MEDICAL IMAGING AND RADIOLOGY IN DEVELOPING REGIONS OF THE  
WORLD FOR INCREASING RADIOLOGY'S CONTRIBUTION TO GLOBAL PUBLIC HEALTH  
INITIATIVES AND PATIENT CARE.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:

RAD-AID INDIA (ASHA JYOTI) - MOBILE WOMEN'S HEALTH

PROVIDING BREAST CANCER, OSTEOPOROSIS, AND CERVICAL CANCER

SCREENING/TREATMENT IN NORTHERN INDIA. 4000 WOMEN SERVED

AND TREATED AS OF YEAR-END 2013.

RAD-AID MALAWI - RADIOLOGIC TECHNOLOGIST TRAINING PROGRAM IN MALAWI;

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.  
332211  
09-04-13

Schedule O (Form 990 or 990-EZ) (2013)

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

RAD-AID INTERNATIONAL INC

Employer identification number  
26-3914931

**ASSESSMENT PERFORMED AND CURRICULUM IMPLEMENTED FOR SCHOOL.**

**RAD-AID GHANA - PROVIDING EDUCATIONAL AND TRAINING ASSISTANCE TO GHANA  
IN RADIOLOGIC IMAGING, ALONG WITH TECHNICAL SUPPORT FOR DIGITAL IMAGING  
WORKSTATIONS. DELIVERED AND INSTALLED PACS IMAGING IN 2013.**

**RAD-AID KENYA: PROVIDING EDUCATIONAL TRAINING FOR RADIOLOGY  
PROFESSIONALS AND STUDENTS IN KENYA, WITH RESEARCH TO PROVIDE MICRO  
FINANCE SUPPORT FOR NEW STUDENTS ATTENDING KENYAN RADIOLOGY SCHOOLS.**

**EDUCATIONAL WORKSHOPS PLANNED AND HELD IN 2013.**

**RAD-AID HAITI: PROVIDING EDUCATIONAL ASSISTANCE TO HOSPITALS IN HAITI:  
MULTIPLE WORKSHOPS HELD IN 2013 FOR HAITIAN HEALTH CARE WORKERS.**

**RAD-AID JAMAICA: PROVIDING EDUCATIONAL ASSISTANCE TO RADIOLOGY  
PROFESSIONALS IN JAMAICA: FOCUS ON BREAST CANCER SCREENING AND  
ULTRASOUND. MAMMOGRAPHY WORKSHOP PLANNED AND HELD.**

**RAD-AID CHINA: PROVIDING EDUCATIONAL SUPPORT TO HEALTH CARE WORKERS FOR  
CANCER IMAGING AND TREATMENT IN YINCHUAN, CHINA. DELEGATION PRODUCED  
ASSESSMENT AND PLAN FOR CANCER IMAGING/TREATMENT PROGRAM WITH TWO TEAMS  
TO FOLLOW IN 2014.**

**RAD-AID CHAPTERS: PROVIDING TRAINING AND PROJECT DEVELOPMENT SUPPORT TO  
US-BASED ACADEMIC UNIVERSITIES HAVING RAD-AID CHAPTERS, TO SUPPORT  
GRASSROOTS ORGANIZATIONS CONDUCTING GLOBAL HEALTH RADIOLOGY OUTREACH.  
CHAPTERS PROGRAM ACHIEVED 25 INSTITUTIONAL MEMBERSHIPS, WITH MULTIPLE  
UNIVERSITIES CONTRIBUTING PROJECT TEAMS IN NICARAGUA, INDIA,  
HAITI, GHANA AND KENYA.**

**RAD-AID CONFERENCE: YEARLY CONFERENCE FOR PRESENTATION OF  
INTERNATIONAL RADIOLOGY PROJECTS.**

**RAD-AID LEARNING MANAGEMENT SYSTEM: PROVIDE ONLINE LEARNING MODULES FOR**

**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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

Name of the organization

RAD-AID INTERNATIONAL INC

Employer identification number  
26-3914931

RADIOLOGY PROFESSIONALS WHO ARE WORKING IN RESOURCE-LIMITED

COMMUNITIES. 4 EDUCATIONAL MODULES COMPLETED AND MADE AVAILABLE VIA

RAD-AID ONLINE LEARNING CENTER.

RAD-AID TECHNOLOGIST PROGRAM: DEVELOPMENT AND IMPLEMENTATION OF  
PROGRAMS FOR RADIOLOGIC TECHNOLOGISTS TO PARTICIPATE IN RAD-AID TEAMS.

RAD-AID RADIOLOGIC NURSING PROGRAM: DEVELOPMENT AND IMPLEMENTATION OF  
PROGRAMS FOR RADIOLOGIC NURSES TO PARTICIPATE IN RAD-AID TEAMS.

RAD-AID/WHO: WORKING WITH WORLD HEALTH ORGANIZATIONS ON PUBLIC HEALTH  
POLICY AND COUNTRY-BASED OUTREACH FOR DEVELOPMENT OF RADIOLOGY SERVICES  
IN POOR REGIONS OF THE WORLD, WITH DIRECT ASSISTANCE TO WHO REGIONAL  
OFFICE (PAN AMERICAN HEALTH ORGANIZATION, WASHINGTON DC) AND WHO  
HEADQUARTERS (GENEVA): CONDUCTED WEBINARS IN 2013 AND ONWARD, INCLUDING  
140 RADIOLOGY WORKERS FROM 8 COUNTRIES.

RAD-AID TEXTBOOK: WRITING AND PUBLISHING (DUE TO BE RELEASED IN AUGUST  
2014) ON GLOBAL HEALTH RADIOLOGY.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,  
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Application for Extension of Time To File an  
Exempt Organization Return

► File a separate application for each return.  
► Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .

• 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](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits.

**Part I 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.*

Enter filer's identifying number

Type or print	Name of exempt organization or other filer, see instructions.  <b>RAD-AID INTERNATIONAL INC</b>	Employer identification number (EIN) or  <b>26-3914931</b>
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.  <b>2620 SPENCER ROAD</b>	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions.  <b>CHEVY CHASE, MD 20815</b>	

Enter the Return code for the return that this application is for (file a separate application for each return) ..... 0 | 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	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 ORGANIZATION**

• The books are in the care of ► **2620 SPENCER ROAD - CHEVY CHASE, MD 20815**

Telephone No. ► **(443) 621-6377** 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, 2014**, to file the exempt organization return for the organization named above. The extension

is for the organization's return for:

►  calendar year **2013** or

►  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

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 Forms 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 Forms 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	<b>Balance due.</b> 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 funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.