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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A For the 2008 calendar year, or tax year beginning 7/1/2008 and ending 6/30/2009

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Termination
☐ Amended return
☐ Application pending

C Name of organization REGIONAL AID FOR INTERIM NEEDS, INC.
 Doing Business As _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
811 MORRIS PARK AVE
 City or town, state or country, and ZIP + 4
BRONX NY 10461

D Employer identification number 13-6213586

E Telephone number (718) 892-5520

G Gross receipts \$ 11,909,874

F Name and address of principal officer
LOUIS VAZQUEZ 811 MORRIS PARK AVE, BRONX, NY 10461

H(a) Is this a group return for all states? ☐ Yes ☒ No
H(b) Are all states included? ☐ Yes ☒ No
 **Do not attach a list (see instructions).

I Tax-exempt status ☒ 501(c) (3) (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: www.raininc.org

K Type of organization: ☐ Corporation ☐ Trust ☐ Association ☐ Other ☐ **L** Year of formation 1964 **M** State of legal domicile NY

H(c) Group exemption number _____

Part I Summary

1 Briefly describe the organization's mission or most significant activities: Our mission is to provide an alternative to institutionalization for the elderly, while helping to maintain their dignity and quality of life at the highest level possible.

2 Check this box ☐ If the organization discontinued its operations or disposed of more than 25% of its assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3

4 Number of independent voting members of the governing body (Part VI, line 1b) 4

5 Total number of employees (Part V, line 2a) 260

6 Total number of volunteers (estimate if necessary) 6

7a Total gross unrelated business revenue from Part VIII, line 12, column (C) 0

b Net unrelated business taxable income from Form 990-T, line 34 0

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	11,350,914	10,687,363
9 Program service revenue (Part VIII, line 2g)	516,240	545,903
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0	2,561
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0	353,128
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,867,154	11,588,956
13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0	0
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	4,662,720	5,137,359
16a Professional fundraising fees (Part IX, column (A), line 11e)	0	0
b Total fundraising expenses (Part IX, column (D), line 25) <u>0</u>		
17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	6,283,740	5,307,360
18 Total expenses—add lines 13–17 (must equal Part IX, column (A), line 25)	10,946,460	10,444,719
19 Revenue less expenses—subtract line 18 from line 12	920,694	1,144,237

	Beginning of Year	End of Year
20 Total assets (Part X, line 16)	6,219,347	6,264,538
21 Total liabilities (Part X, line 26)	2,725,955	2,486,104
22 Net assets or fund balances—subtract line 21 from line 20	3,493,392	3,778,434

Part II Signature Block

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 Louis Vazquez Date 5/17/10
 Type or print name and title Executive Director

Paid Preparer's Use Only
 Preparer's signature R Venkataraman Date 5/17/2010
 Check if self-employed ☐
 Preparer's identifying number (see instructions) _____
 Firm's name (or yours if self-employed), address, and ZIP + 4 RAVI VENKATARAMAN, CPA
4315 ROUTE 1 SOUTH, MONMOUTH JUNCTION, NJ 08852 EIN _____
 Phone number 609 452-7770

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2008)

SCANNED JUL 08 2010

G-16

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Part III **Statement of Program Service Accomplishments** (see instructions)**1** Briefly describe the organization's mission:

This is multi-service community organization specializing in providing quality services and programs to meet the varied needs of New York City's elderly and homebound population.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☐ No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)
 TO PROVIDE THE ELDERLY CARE SERVICES TO THE NEEDY IN THE COMMUNITY

4b (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4e Total program service expenses ► \$ 0 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete Schedule B, Schedule of Contributors?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? <i>If "Yes," complete Schedule C, Part III</i>		
6 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? <i>If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable</i>		X
12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the U.S.?		
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? <i>If "Yes," complete Schedule F, Part I</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Part III</i>		X
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H</i>		X
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
28 During the tax year, did any person who is a current or former officer, director, trustee, or key employee		
a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? <i>If "Yes," complete Schedule L, Part IV</i>		X
b Have a family member who had a direct or indirect business relationship with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>		X
35 Is any related organization a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U S Information Returns. Enter -0- if not applicable.		
1a	41		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.		
2a	260		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.		
4a	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)?		X
4b	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.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?		X
6a	Did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?		X
7h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?		
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		X
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		X
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

		Yes	No
For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body	1a	14
b	Enter the number of voting members that are independent	1b	14
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X
6	Does the organization have members or stockholders?	6	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	X
b	Each committee with authority to act on behalf of the governing body?	8b	X
9a	Does the organization have local chapters, branches, or affiliates?	9a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b	
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11	X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	X
13	Does the organization have a written whistleblower policy?	13	X
14	Does the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision		
a	The organization's CEO, Executive Director, or top management official?	15a	X
b	Other officers or key employees of the organization?	15b	X
	Describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ► NY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.
☐ Own website ☐ Another's website ☐ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ► ORGANIZATION 718-892-5520
811 Morris Park Ave, Bronx, NY 10461

Part VIII Statement of Revenue

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a	Federated campaigns	1a	0				
	b	Membership dues	1b	0				
	c	Fundraising events	1c	213,712				
	d	Related organizations	1d	0				
	e	Government grants (contributions)	1e	9,382,935				
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	1,090,716				
	g	Noncash contributions included in lines 1a-1f. \$		0				
	h	Total. Add lines 1a-1f		10,687,363				
	Program Service Revenue			Business Code				
2a		Participant Income		545,903				
b				0				
c				0				
d				0				
e				0				
f		All other program service revenue		0				
g		Total. Add lines 2a-2f		545,903				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		2,561				
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross Rents	(i) Real	376,038				
		Less: rental expenses	(ii) Personal	248,567				
		Rental income or (loss)		127,471	0			
	d	Net rental income or (loss)		127,471				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	0	(ii) Other	0		
		Less: cost or other basis and sales expenses		0		0		
		Gain or (loss)		0		0		
		Net gain or (loss)		0		0		
	8a	Gross income from fundraising events (not including \$ 269,078 of contributions reported on line 1c) See Part IV, line 18	a	298,008				
	b	Less: direct expenses	b	72,351				
	c	Net income or (loss) from fundraising events		225,657				
	9a	Gross income from gaming activities See Part IV, line 19	a	0				
		Less: direct expenses	b	0				
		Net income or (loss) from gaming activities		0				
	10a	Gross sales of inventory, less returns and allowances	a	0				
		Less: cost of goods sold	b	0				
		Net income or (loss) from sales of inventory		0				
Miscellaneous Revenue		Business Code						
11a			0					
b			0					
c			0					
d	All other revenue		0					
e	Total. Add lines 11a-11d		0					
12	Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e		11,588,956	0	0	0		

Part IX Statement of Functional Expenses**Section 501(c)(3) and 501(c)(4) organizations must complete all columns.****All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).**

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	0			
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	212,192	160,000	52,192	
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	4,267,431	3,774,523	492,908	
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	217,064	173,651	43,413	
9 Other employee benefits	32,250	29,070	3,180	
10 Payroll taxes	408,422	326,738	81,684	
11 Fees for services (non-employees)				
a Management	9,423		9,423	
b Legal	0			
c Accounting	39,548	20,048	19,500	
d Lobbying	0			
e Professional fundraising services See Part IV, line 17	0			
f Investment management fees	0			
g Other	233,779	214,472	19,307	
12 Advertising and promotion	2,306		2,306	
13 Office expenses	356,882	306,892	49,990	
14 Information technology	0			
15 Royalties	0			
16 Occupancy	827,527	662,022	165,505	
17 Travel	124,316	105,669	18,647	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	20,653	20,023	630	
20 Interest	0			
21 Payments to affiliates	0	0	0	0
22 Depreciation, depletion, and amortization	8,893	0	8,893	0
23 Insurance	4,855	1,184	3,671	
24 Other expenses Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)				
a Food Supplies	2,551,256	2,551,256		
b Telephone	123,205	98,564	24,641	
c Equipment/Renovations	135,600	135,600		
d One Time Payment	343,195	343,195		
e Vehicle Expense	367,137	367,137		
f All other expenses Various	158,785	128,555	30,230	
25 Total functional expenses. Add lines 1 through 24f	10,444,719	9,418,599	1,026,120	0
26 Joint Costs. Check here ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	1,510,576	1	1,721,847
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	1,958,678	3	1,391,744
	4 Accounts receivable, net	369,562	4	567,760
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties Complete Part II of Schedule L	0	5	0
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	37,980	9	3,056
	10a Land, buildings, and equipment, cost basis 10a 2,727,381			
	b Less: accumulated depreciation Complete Part VI of Schedule D 10b 281,570	2,212,236	10c	2,445,811
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	130,316	15	134,320
16 Total assets. Add lines 1 through 15 (must equal line 34)	6,219,347	16	6,264,538	
Liabilities	17 Accounts payable and accrued expenses	1,321,183	17	804,160
	18 Grants payable		18	23,739
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable	0	24	0
	25 Other liabilities Complete Part X of Schedule D	1,404,772	25	1,658,205
	26 Total liabilities. Add lines 17 through 25	2,725,955	26	2,486,104
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here ☒ and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,493,392	27	3,778,434
	28 Temporarily restricted net assets		28	
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here ☐ and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	3,493,392	33	3,778,434
	34 Total liabilities and net assets/fund balances	6,219,347	34	6,264,538

Part XI Financial Statements and Reporting

- 1** Accounting method used to prepare the Form 990. ☐ Cash ☒ Accrual ☐ Other
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
- b** Were the organization's financial statements audited by an independent accountant?
- c** If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b** If "Yes," did the organization undergo the required audit or audits?

	Yes	No
2a		X
2b	X	
2c	X	
3a	X	
3b	X	

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

REGIONAL AID FOR INTERIM NEEDS, INC

Employer identification number

13-6213586

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 (Please check only **one** organization.)

- 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)**. (Attach Schedule H.)
- 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)**. (see instructions)
- 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—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 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? ☐

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

h Provide the following information about the organizations the organization supports

(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 support
			Yes	No	Yes	No	Yes	No	
									0
									0
									0
									0
									0
									0
Total									0

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	9,250,139	9,673,724	10,508,399	11,350,914	10,687,363	51,470,539
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
3 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
4 Total. Add lines 1-3	9,250,139	9,673,724	10,508,399	11,350,914	10,687,363	51,470,539
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 Public support. Subtract line 5 from line 4.						51,470,539

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7 Amounts from line 4	9,250,139	9,673,724	10,508,399	11,350,914	10,687,363	51,470,539
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	0	0	0		2,561	2,561
9 Net income from unrelated business activities, whether or not the business is regularly carried on						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	378,255	911,045	164,186	516,240	353,128	2,322,854
11 Total support. Add lines 7 through 10						53,795,954
12 Gross receipts from related activities, etc. (see instructions)					12	
13 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

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)).	14	95.68%
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	0.00%
16a 33 1/3% support test-2008. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization. ▶ ☒		
b 33 1/3% support test-2007. 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 stop here. The organization qualifies as a publicly supported organization. ▶ ☐		
17a 10%-facts-and-circumstances-test-2008. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
b 10%-facts-and-circumstances test-2007. 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 stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. ▶ ☐		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions. ▶ ☐		

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	0	0	0			0
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	0	0	0			0
3 Gross receipts from activities that are not an unrelated trade or business under section 513						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	0	0	0			0
5 The value of services or facilities furnished by a governmental unit to the organization without charge	0	0	0			0
6 Total. Add lines 1-5	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						0
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000						0
c Add lines 7a and 7b	0	0	0	0	0	0
8 Public support. (Subtract line 7c from line 6.)						0

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						0
c Add lines 10a and 10b	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	0	0	0			0
13 Total support. (Add lines 9, 10c, 11, and 12.)						0
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 2008 (line 8, column (f) divided by line 13, column (f))	15	0.00%
16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	0.00%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f))	17	0.00%
18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h	18	0.00%

- 19a 33 1/3% support tests—2008.** 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—2007.** 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. ▶ ☐

Part IV

Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. (see instructions)

Area for supplemental information with horizontal dashed lines.

Late Filing Penalty and Interest (990)

End of tax year	6/30/2009
Tax return due date	11/16/2009
Taxes due with return	0

Late payment penalty and late interest do not apply

Late Payment Penalty

Enter the date that total payment will be made	
Number of months late	0
Monthly penalty rate for late payment	0.00%
Total late payment penalty	0

Late Filing Penalty

Enter the date the tax return will be filed	
Enter the amount of Gross Receipts	11,909,874
Number of days filed late	0
Penalty per day	100
Total late filing penalty	0

Late Interest

Number of days return will be late	0
Quarterly interest rate(s)	

		Number of Days	Interest Rate Per Annum	Late Interest Due
1/1/2009	to 3/31/2009	0	5.00%	0.00
4/1/2009	to 6/30/2009	0	0.00%	0.00
7/1/2009	to 9/30/2009	0	0.00%	0.00
10/1/2009	to 12/31/2009	0	0.00%	0.00
1/1/2010	to 3/31/2010	0	0.00%	0.00
4/1/2010	to 6/30/2010	0	0.00%	0.00
7/1/2010	to 9/30/2010	0	0.00%	0.00
10/1/2010	to 12/31/2010	0	0.00%	0.00
1/1/2011	to 3/31/2011	0	0.00%	0.00
4/1/2011	to 6/30/2011	0	0.00%	0.00
7/1/2011	to 9/30/2011	0	0.00%	0.00
10/1/2011	to 12/31/2011	0	0.00%	0.00

Total late interest	0
-------------------------------	---

Total Late Payment/Filing Penalty and Interest	0
---	----------

Supplemental Information Regarding Fundraising or Gaming Activities

▶ **Attach to Form 990 or Form 990-EZ.** Must be completed by organizations that answer "Yes" to Form 990, Part IV, lines 17, 18, or 19, and by organizations that enter more than \$15,000 on Form 990-EZ, line 6a

OMB No. 1545-0047

2008

Open To Public Inspection

Name of the organization

REGIONAL AID FOR INTERIM NEEDS, INC.

Employer identification number

13-6213586

Part I Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply

- a ☐ Mail solicitations
b ☐ Email solicitations
c ☐ Phone solicitations
d ☐ In-person solicitations
e ☐ Solicitation of non-government grants
f ☐ Solicitation of government grants
g ☐ Special fundraising events

- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. Form 990-EZ filers are not required to complete this table.

(i) Name of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
				0	0	0
Total				0	0	0

- 3** List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1 Annual Fundraiser (event type)	(b) Event #2 Golf Fundraiser (event type)	(c) Other Events NONE (total number)	(d) Total Events (Add col (a) through col (c))
Revenue	1 Gross receipts	272,078	25,930	0	298,008
	2 Less. Charitable contributions	0	0	0	0
	3 Gross revenue (line 1 minus line 2)	272,078	25,930	0	298,008
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Non-cash prizes	0	0	0	0
	6 Rent/facility costs	39,312	14,044	0	53,356
	7 Other direct expenses	13,759	5,236	0	18,995
	8 Direct expense summary Add lines 4 through 7 in column (d)				(72,351)
	9 Net income summary. Combine lines 3 and 8 in column (d)				225,657

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (Add col (a) through col (c))
Revenue	1 Gross revenue				0
Direct Expenses	2 Cash prizes				0
	3 Non-cash prizes				0
	4 Rent/facility costs				0
	5 Other direct expenses				0
	6 Volunteer labor	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	☐ Yes _____ % ☐ No	
	7 Direct expense summary Add lines 2 through 5 in column (d)				(0)
	8 Net gaming income summary Combine lines 1 and 7 in column (d)				0

9 Enter the state(s) in which the organization operates gaming activities _____

a Is the organization licensed to operate gaming activities in each of these states? . . .

b If "No," Explain _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," Explain. _____

11 Does the organization operate gaming activities with nonmembers? . . .

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? . . .

	Yes	No
9a		
10a		
11		
12		

13 Indicate the percentage of gaming activity operated in

- | | | |
|------------|---------------------------------------|---|
| 13a | The organization's facility | % |
| 13b | An outside facility | % |

14 Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name ►

Address ►

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?

- b** If "Yes," enter the amount of gaming revenue received by the organization ► \$ and the amount of gaming revenue retained by the third party ► \$
- c** If "Yes," enter name and address:

Name ►

Address ►

16 Gaming manager information

Name ►

Gaming manager compensation ► \$0

Description of services provided ►

☐ Director/officer

 ☐ Employee

 ☐ Independent contractor
17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$

	Yes	No
13a		
13b		
14		
15a		
16		
17a		
17b		

SCHEDULE J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees

▶ **Attach to Form 990. To be completed by organizations
that answered "Yes" to Form 990, Part IV, line 23.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

REGIONAL AID FOR INTERIM NEEDS, INC.

Employer identification number

13-6213586

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| ☐ First-class or charter travel | ☐ Housing allowance or residence for personal use |
| ☐ Travel for companions | ☐ Payments for business use of personal residence |
| ☐ Tax indemnification and gross-up payments | ☐ Health or social club dues or initiation fees |
| ☐ Discretionary spending account | ☐ Personal services (e.g., maid, chauffeur, chef) |

b If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director. Check all that apply.

- | | |
|--|---|
| ☐ Compensation committee | ☒ Written employment contract |
| ☐ Independent compensation consultant | ☐ Compensation survey or study |
| ☐ Form 990 of other organizations | ☒ Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a.

- a** Receive a severance payment or change of control payment? **4a** ☐ Yes ☒ No
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? **4b** ☐ Yes ☒ No
- c** Participate in, or receive payment from, an equity-based compensation arrangement? **4c** ☐ Yes ☒ No
- If "Yes" to any of lines 4a–c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations must complete lines 5–8.

5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization? **5a** ☐ Yes ☒ No
- b** Any related organization? **5b** ☐ Yes ☒ No
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization? **6a** ☐ Yes ☐ No
- b** Any related organization? **6b** ☐ Yes ☐ No
- If "Yes" to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs. section 53.4958-4(a)(3)? If "Yes," describe in Part III

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)–(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

[illegible]

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8. Also complete this part for any additional information.

Area with horizontal dashed lines for supplemental information.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

- **Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.**

OMB No 1545-0047

2008

**Open to Public
Inspection**

Name of the organization

REGIONAL AID FOR INTERIM NEEDS, INC

Employer identification number

13-6213586

Form 990 Part VI Section B Line 15 A & B All Compensation and benefit to employees are approved by the Board of Trustees

Form 990 Part VI Section A Line 10 Form 990 is prepared by a CPA. It is reviewed by the CFO and presented to the

Full Board for review

Form 990 Part VI Section B Line 12C The Board members are required to sign a conflict of interest statement annually

Part VIII, Lines 1a-h (990) - Contributions, Gifts, Grants, and Other Amounts

		Cash		Non Cash
1	Federated Campaigns		1	
2	Membership dues		2	
3	Fundraising events	213,712	3	
4	Related organizations		4	
5	Government grants (contributions)	9,382,935	5	
6	All other contributions, gifts, grants, and similar amounts not included above:			
	Corporate and Foundation	29,580		
	Individual support	27,500		
	NY City Meals on Wheels	900,749		
	Other contributions	132,887		
	Other contributions total	1,090,716	6	0
7	Total	10,687,363	7	0

Part IX, Line 22 (990) - Depreciation, Depletion, etc.

		8,893	0	8,893	0
		(A)	(B)	(C)	(D)
		Total	Program	Management	Fundraising
			services	and general	
1	Description	8,893		8,893	
2		0			
3		0			
4		0			
5		0			
6		0			
7		0			
8		0			
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

Part X, Line 3 (990) - Pledges and Grants Receivable

		Pledges and grants receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Grants receivable	1	1,958,678	1,391,744		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11				
12 Total pledges and grants receivable	12	1,958,678	1,391,744	0	0

Part X, Line 4 (990) - Accounts Receivable

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1 Accounts Receivable	1	369,562	567,760		
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11 Total accounts receivable	11	369,562	567,760	0	0

Part X, Lines 10a and 10b (990) - Land, Buildings, and Equipment

Category or Item		Land	Buildings	Leasehold Improvements	Equipment	Other	Check if Investment Asset	Check if Asset Disposed	Cost/Other Basis	Beginning Accumulated Depreciation	Ending Accumulated Depreciation	Disposals/ Adjustments	Beginning Balance	Ending Balance
1	Buildings & Equipments								2,557,481	233,333	281,570		2,324,148	2,275,900
2	Land	X							169,900	0			169,900	169,900
3									0	0			0	0
4									0	0			0	0
5									0	0			0	0
6									0	0			0	0
7									0	0			0	0
8									0	0			0	0
9									0	0			0	0
10									0	0			0	0
11									0	0			0	0
12									0	0			0	0
13									0	0			0	0
14									0	0			0	0
15									0	0			0	0
16									0	0			0	0
17									0	0			0	0
18									0	0			0	0
19									0	0			0	0
20									0	0			0	0

Part X, Line 15 (990) - Other Assets

130,316

134,320

Description		Beginning	End
1	Due from Sponsor-DFTA		5,208
2	Financing costs	182,446	182,446
3	Less. Accumulated amortization	-52,130	-68,334
4	Loan Receivable		15,000
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Part X, Line 25 (990) - Other Liabilities

1,404,772

1,658,205

Description		Beginning	End
1	Loan payable-RAIN		328,885
2	Mortgage payable	1,404,772	1,329,320
3			
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art II (Sch G (990/990EZ)) - Events

		298,008	0	298,008	0	0	0	0	53,356	18,9
Event Type		Line 1	Line 2	Line 3	Line 4	Line 5	Line 6	Line 7		
		Gross Receipts	Less: (Charitable contributions)	Gross Revenue (line 1 minus line 2)	Cash Prizes	Non-cash Prizes	Rent/Facility costs	Other direct expenses		
1	Annual Fundraiser	272,078		272,078			39,312	13,7		
2	Golf Fundraiser	25,930		25,930			14,044	5,2		
3				0						
4				0						
5				0						
6				0						
7				0						
8				0						
9				0						
10				0						
11				0						
12				0						
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15				0						
16				0						
17				0						
18				0						
19				0						
20				0						

Part VI, Line 17 (990) - States with Which a Copy of this Form 990 is Required to be Filed

☐ Armed Forces the Americas	☐ Louisiana	☐ Palau
☐ Armed Forces Europe	☐ Massachusetts	☐ Rhode Island
☐ Alaska	☐ Maryland	☐ South Carolina
☐ Alabama	☐ Maine	☐ South Dakota
☐ Armed Forces Pacific	☐ Marshall Islands	☐ Tennessee
☐ Arkansas	☐ Michigan	☐ Texas
☐ American Samoa	☐ Minnesota	☐ Utah
☐ Arizona	☐ Missouri	☐ Virginia
☐ California	☐ Commonwealth of the Northern Mariana Islands	☐ U.S. Virgin Islands
☐ Colorado	☐ Mississippi	☐ Vermont
☐ Connecticut	☐ Montana	☐ Washington
☐ District of Columbia	☐ North Carolina	☐ Wisconsin
☐ Delaware	☐ North Dakota	☐ West Virginia
☐ Florida	☐ Nebraska	☐ Wyoming
☐ Federated States of Micronesia	☐ New Hampshire	
☐ Georgia	☐ New Jersey	
☐ Guam	☐ New Mexico	
☐ Hawaii	☐ Nevada	
☐ Iowa	☒ New York	
☐ Idaho	☐ Ohio	
☐ Illinois	☐ Oklahoma	
☐ Indiana	☐ Oregon	
☐ Kansas	☐ Pennsylvania	
☐ Kentucky	☐ Puerto Rico	

Part I, Line 2b (Sch G (990/990EZ)) - High Paid Fundraisers

[illegible]

Part I, Line 3 (Sch G (990/990EZ)) - States Where Registered or Licensed to Solicit Funds

☐ Armed Forces the Americas	☐ Louisiana	☐ Palau
☐ Armed Forces Europe	☐ Massachusetts	☐ Rhode Island
☐ Alaska	☐ Maryland	☐ South Carolina
☐ Alabama	☐ Maine	☐ South Dakota
☐ Armed Forces Pacific	☐ Marshall Islands	☐ Tennessee
☐ Arkansas	☐ Michigan	☐ Texas
☐ American Samoa	☐ Minnesota	☐ Utah
☐ Arizona	☐ Missouri	☐ Virginia
☐ California	☐ Commonwealth of the Northern Mariana Islands	☐ U.S. Virgin Islands
☐ Colorado	☐ Mississippi	☐ Vermont
☐ Connecticut	☐ Montana	☐ Washington
☐ District of Columbia	☐ North Carolina	☐ Wisconsin
☐ Delaware	☐ North Dakota	☐ West Virginia
☐ Florida	☐ Nebraska	☐ Wyoming
☐ Federated States of Micronesia	☐ New Hampshire	
☐ Georgia	☐ New Jersey	
☐ Guam	☐ New Mexico	
☐ Hawaii	☐ Nevada	☐ All States
☐ Iowa	☐ New York	
☐ Idaho	☐ Ohio	
☐ Illinois	☐ Oklahoma	
☐ Indiana	☐ Oregon	
☐ Kansas	☐ Pennsylvania	
☐ Kentucky	☐ Puerto Rico	

Part III (Sch G (990/990EZ)) - Gaming Information**14.** Provide the name and address of the person who prepares the organization's gaming/special events books and records

Name			Entity is a business ☐
Address			
City, Town, or Post Office	State	Zip Code	Foreign Country

15c. Provide the name and address of a third party from whom the organization receives gaming revenue

Name			Entity is a business ☐
Address			
City, Town, or Post Office	State	Zip Code	Foreign Country

16. Gaming Manager Status

Name			Entity is a business ☐
Gaming manager compensation \$	Description of services provided		
☐ Director/Officer	☐ Employee	☐ Independent Contractor	

Part III (Sch J, J1 (990)) - Supplemental Information

Part		Line	Explanation
1			
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Data Sheet (8868)**Signature Method**
☐ Option (1) Using Practitioner PIN Use Section (A) below.

 Date return prepared
 05/17/2010

☐ Option (2) - Scanned 8453-EO
PIN Information

(Enter information below)

(A) Practitioner PIN:			
	PIN (5 Digits)	TP entered	ERO entered
Taxpayer PIN		☐	☐
ERO PIN.			

EFIN

Enter your 6-digit EFIN number. You can enter EFINs in the Paid Preparer Table (press F3 to open.)

EFIN: _____

Organization Information

Name REGIONAL AID FOR INTERIM NEEDS, INC.		Employer identification no. 13-6213586	
Address 811 MORRIS PARK AVE			
Care of addressee or address continuation			
City, Town, or Post Office BRONX		State NY	Zip Code 10461
Daytime Phone			
Email address	Foreign country, enter the country's name		Foreign Phone Number
Officer Name	Title		Phone
Email Address	Authorize Third Party Check ("X") here: ☐		Date return signed

ERO

ERO's Name	Check if also paid preparer ☐	Check if self-employed ☐	If non-paid preparer, enter type
Firm's name	Email address		ERO's SSN or PTIN
Address			ERO's EIN
City	State	ZIP code	Phone

Paid Preparer

Paid Preparer's name	Check if self-employed ☐	Preparer's SSN or PTIN
Firm's name RAVI VENKATARAMAN, CPA	EIN	
Address 4315 ROUTE 1 SOUTH	Phone 609 452-7770	
City MONMOUTH JUNCTION	State NJ	ZIP code 08852
Email address		

Part I (8868) - Books in care of

Name

☒

Person

☐

Business

ORGANIZATION

Address

811 Morris Park Ave

Fax no.

Telephone no

718-892-5520

City

Bronx

State

NY

Zip code

10461

Foreign country

Payment (8868)**Zero Balance Option**☒

Taxes have been paid in full.

Payment Options☐

You owe \$0 in tax liability.

☐

Check this box if you have already mailed a paper Form 8868 to IRS.

☐

Paper check by mail See 'Mailing Inst' tab below for addresses.

☐

Direct Debit. Complete the Bank Information section below. Be sure to include the payment date.

Bank Information**Tax Payer's Bank Information:**

Routing number:

Account number

Type of account:

☐

Checking

☐

Savings

If a payment is due, enter the date of payment and the amount you will pay.

Date

Amount to Pay

0

Perjury Statement

Under penalties of perjury, I declare that I am an officer of the above exempt organization and that I have examined a copy of the exempt organization's 2008 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, it is true, correct, and complete.

Consent to Disclosure

I consent to allow my electronic return originator (ERO), transmitter, or intermediate service provider to send the exempt 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) an indication of any refund offset, (c) the reason for any delay in processing the return or refund, and (d) the date of any refund.

Officer's Signature

I am signing this Tax Return and Electronic Funds Withdrawal Consent, if applicable, by entering my self-selected PIN below

Officer's PIN _____

Date. _____

ERO Declaration

I declare that the information contained in this electronic return is the information furnished to me by the corporation. If the exempt organization furnished me a completed return, I declare that the information contained in this electronic return is identical to that contained in the return provided by the exempt organization. If the furnished return was signed by a paid preparer, I declare I have entered the paid preparer's identifying information in the appropriate portion of this electronic return. If I am the paid preparer, under the penalties of perjury, I declare that I have examined this electronic return, and to the best of my knowledge and belief, it is true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Signature

I am signing this tax return by entering my PIN below:

ERO's PIN _____

(Enter EFIN plus 5 self-selected numerics)