

Form **990**

Return of Organization Exempt From Income Tax

OMB No 1545-0047

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

2008
Open to Public Inspection

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

A For the 2008 calendar year, or tax year beginning **7/01/08**, and ending **6/30/09**

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

Please use IRS label or print or type. See Specific Instructions.

C Name of organization
MARRAKECH, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
6 LUNAR DRIVE

City or town, state or country, and ZIP + 4
WOODBIDGE CT 06525

D Employer identification number
23-7148533

E Telephone number
203-389-2970

G Gross receipts \$ **10,324,953**

F Name and address of principal officer:
JEFFREY L. ANDRUS
6 LUNAR DRIVE
WOODBIDGE CT 06525

H(a) Is this a group return for affiliates? Yes No

H(b) Are all affiliates included? Yes No

If "No," attach a list. (see instructions)

I Tax-exempt status: 501(c) (**3**) ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.MARRAKECHINC.ORG**

H(c) Group exemption number ▶

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

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: VOCATIONAL TRAINING FOR THE DISABLED.		
	2 Check this box <input type="checkbox"/> 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	14
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	14
	5 Total number of employees (Part V, line 2a)	5	1141
	6 Total number of volunteers (estimate if necessary)	6	40
	7a Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	-11,923
b Net unrelated business taxable income from Form 990-T, line 34	7b	-76,583	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	167,033	100,589
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	11,485,146	10,063,372
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	11,178	6,757
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	-131	103,969
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,663,226	10,274,687
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		
	14 Benefits paid to or for members (Part IX, column (A), line 4)		
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	6,430,634	5,939,215
	16a Professional fundraising fees (Part IX, column (A), line 11e)		
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 110,671		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	4,732,616	4,309,336
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	11,163,250	10,248,551	
19 Revenue less expenses. Subtract line 18 from line 12	499,976	26,136	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Year	End of Year
	21 Total liabilities (Part X, line 26)	15,657,269	15,218,620
	22 Net assets or fund balances. Subtract line 21 from line 20	11,453,825	11,081,362
		4,203,444	4,137,258

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 **CLIENT'S COPY** Date

JEFFREY L. ANDRUS **DIRECTOR OF FINANCE**

Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ Date **5/11/10** Check if self-employed Preparer's identifying number (see instructions) **P00356137**

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ **GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC** EIN ▶ **06-0971998**

505 MAIN STREET Phone no. ▶ **860-347-5689**

MIDDLETOWN, CT 06457

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments (see instructions)

1 Briefly describe the organization's mission:

VOCATIONAL TRAINING FOR THE DISABLED.

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 \$ **9,569,077** including grants of \$) (Revenue \$ **10,192,816**)

MARRAKECH, INC. OPERATES VOCATIONAL TRAINING PROGRAMS FOR DEVELOPMENTALLY DISABLED PERSONS.

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

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

4d Other program services. (Describe in Schedule O.)

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

4e Total program service expenses ▶ \$ **9,569,077** (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)? If "Yes," complete Schedule A	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2 Is the organization required to complete Schedule B, Schedule of Contributors?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule C, Part III	<input type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule D, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule D, Part IV	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10 Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<input checked="" type="checkbox"/>	<input type="checkbox"/>
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<input type="checkbox"/>	<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the U.S.?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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.? If "Yes," complete Schedule F, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule F, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17 Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<input checked="" type="checkbox"/>	<input type="checkbox"/>
19 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20 Did the organization operate one or more hospitals? If "Yes," complete Schedule H	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	<input checked="" type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," answer questions 24b-24d and complete Schedule K. If "No," go to question 25.	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<input type="checkbox"/>	<input type="checkbox"/>
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? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part II	<input type="checkbox"/>	<input checked="" type="checkbox"/>
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? If "Yes," complete Schedule L, Part III	<input type="checkbox"/>	<input checked="" type="checkbox"/>

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)? If "Yes," complete Schedule L, Part IV		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV		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? If "Yes," complete Schedule L, Part IV		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II		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? If "Yes," complete Schedule R, Part I		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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? If "Yes," complete Schedule R, Part VI		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 43		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
	1b 0		
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 1141		
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	X	
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?		
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?		
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?		X
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		
1b	Enter the number of voting members that are independent		
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?		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?		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?		X
6	Does the organization have members or stockholders?		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		X
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	X	
8b	Each committee with authority to act on behalf of the governing body?	X	
9a	Does the organization have local chapters, branches, or affiliates?		X
9b	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?		
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	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		X

Section B. Policies

		Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	X	
13	Does the organization have a written whistleblower policy?	X	
14	Does the organization have a written document retention and destruction policy?	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:		
15a	The organization's CEO, Executive Director, or top management official?	X	
15b	Other officers or key employees of the organization? Describe the process in Schedule O. (see instructions)	X	
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?		X
16b	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?		

Section C. Disclosure

17	List the states with which a copy of this Form 990 is required to be filed	▶ CT
18	Section 6104 requires an organization to make its Form 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. <input type="checkbox"/> Own website <input checked="" type="checkbox"/> Another's website <input checked="" type="checkbox"/> 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: ▶ JEFFREY ANDRUS 6 LUNAR DRIVE WOODBRIDGE CT 06525 203-389-2970	

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
DIANNE YOUNG TURNER DIRECTOR	2	X						0	0	0
MOSHE SIEV, MD DIRECTOR	2	X						0	0	0
MERTON G. GOLLAHER, ESQ. DIRECTOR	2	X						0	0	0
DR. JENNIFER D. BOTWICK, ND DIRECTOR	2	X						0	0	0
S. ROOSEVELT BOWEN DIRECTOR	2	X						0	0	0
MIRIAM GLENN DIRECTOR	2	X						0	0	0
ADA M. LOMAX DIRECTOR	2	X						0	0	0
MARK ROBINSON DIRECTOR	2	X						0	0	0
JOHN A. RUSSO, JR. DIRECTOR	2	X						0	0	0
JENNIFER LAVIANO ESQ DIRECTOR	2	X						0	0	0
FRANCIS MCCARTHY EXEC DIR	50			X				0	234,269	28,099
JEFFREY ANDRUS FIN DIR	50			X				0	134,687	20,443
STEVEN P. SHWARTZ PRESIDENT	2			X				0	0	0
DR. GARY S. RAPPAPORT SECRETARY	2			X				0	0	0
SUZANNE LETSO VICE PRES	2			X				0	0	0
SHEILA MASTERSON TREASURER	2			X				0	0	0

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					
	b Membership dues	1b					
	c Fundraising events	1c	100,589				
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$		42,841				
	h Total. Add lines 1a-1f.		100,589				
Program Service Revenue	2a SUPPORTED EMPLOYMENT	Busn. Code	4,242,121	4,242,121			
	b MANAGEMENT FEE		2,895,074	2,895,074			
	c RENTAL		1,520,495	1,520,495			
	d OTHER PROGRAM		558,050	558,050			
	e DCF WORK/LEARN		479,921	479,921			
	f All other program service revenue		367,711	367,711			
	g Total. Add lines 2a-2f.		10,063,372				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		6,757			6,757	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6a Gross Rents	(i) Real	24,938				
		(ii) Personal					
	b Less: rental exps.		37,919				
	c Rental inc. or (loss)		-12,981				
	d Net rental income or (loss)		-12,981			-12,981	
	7a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
	b Less: cost or other basis & sales exps.						
	c Gain or (loss)						
	d Net gain or (loss)						
	8a Gross income from fundraising events (not including \$ 42,841 of contributions reported on line 1c). See Part IV, line 18	a	115,892				
	b Less: direct expenses	b					
c Net income or (loss) from fundraising events		115,892		115,892			
9a Gross income from gaming activities. See Part IV, line 19	a						
b Less: direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	13,405					
	b Less: cost of goods sold	b	12,347				
c Net income or (loss) from sales of inventory		1,058			1,058		
Miscellaneous Revenue		Busn. Code					
11a							
b							
c							
d All other revenue							
e Total. Add lines 11a-11d							
12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e			10,274,687	10,179,264	-11,923	6,757	

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				
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	4,883,323	4,835,678	29,356	18,289
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	145,461	144,578	883	
9 Other employee benefits	507,769	503,345	2,392	2,032
10 Payroll taxes	402,662	400,374	2,288	
11 Fees for services (non-employees):				
a Management				
b Legal	6,793	6,793		
c Accounting	121,900	121,900		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other	120,865	120,865		
12 Advertising and promotion				
13 Office expenses	74,490	72,450		2,040
14 Information technology				
15 Royalties				
16 Occupancy	735,327	729,161	6,166	
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest	431,254	431,254		
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	372,789	372,789		
23 Insurance	120,658	120,658		
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 MANAGEMENT FEES	499,889		499,889	
b PLANT MAINTENANCE & REPAIR	293,614	293,614		
c BAD DEBT	263,133	263,133		
d TRANSPORTATION	255,731	255,731		
e SMALL FURNITURE & EQUIPMENT	203,804	203,804		
f All other expenses	809,089	692,950	27,829	88,310
25 Total functional expenses. Add lines 1 through 24f	10,248,551	9,569,077	568,803	110,671
26 Joint Costs. Check here <input type="checkbox"/> 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	1,815,212	1	1,531,573
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	1,179,156	4	1,261,297
	5 Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	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		6	
	7 Notes and loans receivable, net		7	431,743
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	175,889	9	365,103
	10a Land, buildings, and equipment: cost basis	10a 12,412,306		
	b Less: accumulated depreciation. Complete Part VI of Schedule D	10b 2,811,674	9,475,039	10c 9,600,632
	11 Investments—publicly traded securities		11	
	12 Investments—other securities. See Part IV, line 11		12	
	13 Investments—program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,011,973	15	2,028,272
16 Total assets. Add lines 1 through 15 (must equal line 34)	15,657,269	16	15,218,620	
Liabilities	17 Accounts payable and accrued expenses	3,107,443	17	2,515,691
	18 Grants payable		18	
	19 Deferred revenue	104,600	19	611,168
	20 Tax-exempt bond liabilities		20	
	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		22	
	23 Secured mortgages and notes payable to unrelated third parties	8,079,955	23	7,690,509
	24 Unsecured notes and loans payable		24	
	25 Other liabilities. Complete Part X of Schedule D	161,827	25	263,994
	26 Total liabilities. Add lines 17 through 25	11,453,825	26	11,081,362
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	3,411,826	27	3,668,280
	28 Temporarily restricted net assets	791,618	28	468,978
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> 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	4,203,444	33	4,137,258	
34 Total liabilities and net assets/fund balances	15,657,269	34	15,218,620	

Part XI Financial Statements and Reporting

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other		
2a Were the organization's financial statements compiled or reviewed by an independent accountant?		X
b Were the organization's financial statements audited by an independent accountant?	X	
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?	X	
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?		X
b If "Yes," did the organization undergo the required audit or audits?		

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2008



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.

Department of the Treasury Internal Revenue Service

Name of the organization

MARRAKECH, INC.

Employer identification number

23-7148533

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 [X] 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?
h Provide the following information about the organizations the organization supports.

Table with 2 columns: Yes, No. Rows: 11g(i), 11g(ii), 11g(iii)

Table with 7 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (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. Includes a Total row at the bottom.

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.")	106,766	125,920	662,701	167,033	135,024	1,197,444
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 Total. Add lines 1-3	106,766	125,920	662,701	167,033	135,024	1,197,444
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						1,197,444

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	106,766	125,920	662,701	167,033	135,024	1,197,444
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,344	6,848	11,003	11,178	6,757	38,130
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 Total support. Add lines 7 through 10						1,235,574
12 Gross receipts from related activities, etc. (see instructions)					12	47,125,879
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f))	14	96.9140 %
15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f	15	97.7382 %
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 <input checked="" type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <input type="checkbox"/>		
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 <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.)

Section A. Public Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1-5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: Calendar year (or fiscal year beginning in), (a) 2004, (b) 2005, (c) 2006, (d) 2007, (e) 2008, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add 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

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f)) - 15 - %; Row 16: Public support percentage from 2007 Schedule A, Part IV-A, line 27g - 16 - %

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2008 (line 10c, column (f) divided by line 13, column (f)) - 17 - %; Row 18: Investment income percentage from 2007 Schedule A, Part IV-A, line 27h - 18 - %

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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2008

Department of the Treasury Internal Revenue Service

Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

Name of the organization

Employer identification number

MARRAKECH, INC.

23-7148533

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 3 columns: Line number, (a) Donor advised funds, (b) Funds and other accounts. Includes rows for total number at end of year, aggregate contributions, aggregate grants, aggregate value, and questions about donor advisement.

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Form for Part II Conservation Easements. Includes questions about purpose of easements, total number, acreage, and monitoring expenses. Includes a table for 'Held at the End of the Year' with rows 2a, 2b, 2c, 2d.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for revenues and assets.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

	Amount
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV.

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment _____ %
- c Term endowment _____ %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIV the intended uses of the organization's endowment funds.

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings		11,268,682	1,762,586	9,506,096
c Leasehold improvements				
d Equipment		530,086	494,820	35,266
e Other		613,538	554,268	59,270
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				9,600,632

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	10,274,687
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	10,248,551
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	26,136
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	32,778
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	32,778
10	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9	10	58,914

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements	1	10,317,830
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	
b	Donated services and use of facilities	2b	32,778
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV)	2d	53,206
e	Add lines 2a through 2d	2e	85,984
3	Subtract line 2e from line 1	3	10,231,846
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	42,841
c	Add lines 4a and 4b	4c	42,841
5	Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part 1, line 12.)	5	10,274,687

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements	1	10,258,916
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Losses reported on Form 990, Part IX, line 25	2c	
d	Other (Describe in Part XIV)	2d	53,206
e	Add lines 2a through 2d	2e	53,206
3	Subtract line 2e from line 1	3	10,205,710
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIV)	4b	42,841
c	Add lines 4a and 4b	4c	42,841
5	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)	5	10,248,551

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

PART XI, LINE 8 - RECONCILIATION OF CHANGES - OTHER

<u>NET ASSETS RELEASED FROM RESTRICTION</u>	\$	2,940
<u>990T EXPENSES</u>	\$	50,266
<u>DONATED NONCASH ITEMS FOR GALA</u>	\$	-42,841
<u>NET ASSETS RELEASED FROM RESTRICTIONS</u>	\$	-2,940
<u>990T EXPENSES</u>	\$	-50,266
<u>NONCASH ITEMS</u>	\$	42,841

Part XIV Supplemental Information (continued)

PART XII, LINE 2D - REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER

NET ASSETS RELEASED FROM RESTRICTION \$ 2,940

990T EXPENSES \$ 50,266

PART XII, LINE 4B - REVENUE AMOUNTS INCLUDED ON RETURN - OTHER

DONATED NONCASH ITEMS FOR GALA \$ 42,841

PART XIII, LINE 2D - EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER

NET ASSETS RELEASED FROM RESTRICTIONS \$ 2,940

990T EXPENSES \$ 50,266

PART XIII, LINE 4B - EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER

NONCASH ITEMS \$ 42,841

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	(b) Event #2	(c) Other Events	(d) Total Events		
		GALA	FOUNDERS AWARDS	1	(Add col. (a) through col. (c))		
		(event type)	(event type)	(total number)			
Revenue	1	Gross receipts	128,827	29,906	57,748	216,481	
	2	Less: Charitable contributions	42,841		57,748	100,589	
	3	Gross revenue (line 1 minus line 2)	85,986	29,906		115,892	
Direct Expenses	4	Cash prizes					
	5	Non-cash prizes					
	6	Rent/facility costs					
	7	Other direct expenses					
	8	Direct expense summary. Add lines 4 through 7 in column (d)					
	9	Net income summary. Combine lines 3 and 8 in column (d)					115,892

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				
Direct Expenses	2	Cash prizes				
	3	Non-cash prizes				
	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes % No	
	7	Direct expense summary. Add lines 2 through 5 in column (d)				
	8	Net gaming income summary. Combine lines 1 and 7 in column (d)				

	Yes	No
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?	9a	
b If "No," Explain:		
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?	10a	
b If "Yes," Explain:		
11 Does the organization operate gaming activities with nonmembers?	11	
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?	12	

13 Indicate the percentage of gaming activity operated in:

- a The organization's facility
- b An outside facility

13a		%
13b		%

	Yes	No

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 ▶

	Yes	No
15a		

16 Gaming manager information:

Name ▶

Gaming manager compensation ▶ \$

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
17a		

SCHEDULE J
(Form 990)

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

Department of the Treasury
Internal Revenue Service

Name of the organization

MARRAKECH, INC.

Employer identification number
23-7148533

Part III 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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> 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.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?

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?
- b** Any related organization?

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?
- b** Any related organization?

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

	Yes	No
1a		
1b		
2		
3		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X

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 dotted lines for supplemental information.

**SCHEDULE M
(Form 990)**

NonCash Contributions

OMB No. 1545-0047

2008

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990.

Name of the organization

MARRAKECH, INC.

Employer identification number
23-7148533

Part II Types of Property

	(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded				
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution (historic structures)				
14 Qualified conservation contribution (other)				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ()	X	124	42,841	VARIOUS ITEMS
26 Other ▶ ()				
27 Other ▶ ()				
28 Other ▶ ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?

b If "Yes," describe in Part II.

33 If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

SCHEDULE O
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization

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

Employer identification number
23-7148533

MARRAKECH, INC.

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990
EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE 990 FOR REVIEW BEFORE
FILING.

FORM 990, PART VI, LINE 12C - ENFORCEMENT OF CONFLICTS POLICY
MEMBERS OF THE BOARD FILL OUT A CONFLICT OF INTEREST STATEMENT ANNUALLY.

FORM 990, PART VI, LINE 15A - COMPENSATION PROCESS FOR TOP OFFICIAL
THE BOARD OF DIRECTORS DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR BY
REVIEWING 990'S OF COMPARABLE ORGANIZATIONS ALONG WITH SURVEYS.

FORM 990, PART VI, LINE 15B - COMPENSATION PROCESS FOR OFFICERS
THE SENIOR DIRECTOR OF ADMINISTRATION AND EXECUTIVE DIRECTOR DETERMINE THE
SALARIES OF OFFICERS AND KEY EMPLOYEES

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION
ALL GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

SCHEDULE R
(Form 990)

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2008

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.
▶ See separate instructions.

Open to Public Inspection

Name of the organization

MARRAKECH, INC.

Employer identification number
23-7148533

Part I Identification of Disregarded Entities

(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

Part II Identification of Related Tax-Exempt Organizations

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling entity
MARRAKECH HOUSING OPTIONS, INC. 6 LUNAR DRIVE WOODBIDGE CT 06525 06-1319874	PROG DISAB	CT	501C3	7	N/A
MARRAKECH DAY SERVICES, INC. 6 LUNAR DRIVE WOODBIDGE CT 06525 06-1319875	DAY PROG	CT	501C3	7	N/A
MARRAKECH RESIDENTIAL SERVICES, INC. 6 LUNAR DRIVE WOODBIDGE CT 06525 06-1319876	RES PROG	CT	501C3	7	N/A
.....					
.....					
.....					
.....					
.....					
.....					
.....					
.....					

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)	(F) Share of total income	(G) Share of end-of-year assets	(H) Dispro- portionate alloc.?		(I) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(J) General or managing partner?
							Yes	No		
.....										
.....										
.....										
.....										
.....										
.....										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust

(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Type of entity (C corp, S corp, or trust)	(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
.....							
.....							
.....							
.....							
.....							
.....							

Part IV Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to other organization(s)		X
c Gift, grant, or capital contribution from other organization(s)		X
d Loans or loan guarantees to or for other organization(s)		X
e Loans or loan guarantees by other organization(s)		X
f Sale of assets to other organization(s)		X
g Purchase of assets from other organization(s)		X
h Exchange of assets		X
i Lease of facilities, equipment, or other assets to other organization(s)		X
j Lease of facilities, equipment, or other assets from other organization(s)		X
k Performance of services or membership or fundraising solicitations for other organization(s)		X
l Performance of services or membership or fundraising solicitations by other organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets		X
n Sharing of paid employees		X
o Reimbursement paid to other organization for expenses		X
p Reimbursement paid by other organization for expenses		X
q Other transfer of cash or property to other organization(s)		X
r Other transfer of cash or property from other organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(A) Name of other organization(s)	(B) Transaction type (a-r)	(C) Amount involved
(1)	MARRAKECH HOUSING OPTIONS, INC.	P	1,840,127
(2)	MARRAKECH RESIDENTIAL SERVICES, INC.	P	241,458
(3)	MARRAKECH DAY SERVICES	P	304,772
(4)			
(5)			
(6)			

Other Notes and Loans Receivable

Forms
990 / 990-PF

2008

For calendar year 2008, or tax year beginning 7/01/08 , and ending 6/30/09

Name

Employer Identification Number

MARRAKECH, INC.

23-7148533

FORM 990, PART X, LINE 7 - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) DUE FROM WHALLEY AVENUE HOUSING	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

Security provided by borrower	Purpose of loan
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)		431,743	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals		431,743	

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2008**For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09**

Name

Employer Identification Number

MARRAKECH, INC.**23-7148533****FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) CITIZEN'S BANK	NONE
(2) CITIZEN'S BANK	NONE
(3) CCO MORTGAGE CORP	NONE
(4) CCO MORTGAGE CORP	NONE
(5) CCO MORTGAGE CORP	NONE
(6) CCO MORTGAGE CORP	NONE
(7) CCO MORTGAGE CORP	NONE
(8) CCO MORTGAGE CORP	NONE
(9) CONNECTICUT HOUSING FINANCE AUTHORITY	NONE
(10) CCO MORTGAGE CORP	NONE

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		5/01/12	MONTHLY-VARIABLE INT RATE	5.900
(2)		9/01/10	MONTHLY	6.500
(3)		9/01/31	MONTHLY	6.500
(4)		8/01/30	MONTHLY	8.250
(5)		7/01/30	MONTHLY	8.250
(6)		5/01/18	MONTHLY	4.250
(7)		3/01/36	MONTHLY	5.500
(8)		5/01/36	MONTHLY	5.625
(9)		10/01/30	MONTHLY	6.630
(10)		8/01/36	MONTHLY	5.875

Security provided by borrower	Purpose of loan
(1) PROPERTY	MORTGAGE
(2) PROPERTY	MORTGAGE
(3) PROPERTY	MORTGAGE
(4) PROPERTY	MORTGAGE
(5) PROPERTY	MORTGAGE
(6) PROPERTY	MORTGAGE
(7) PROPERTY	MORTGAGE
(8) PROPERTY	MORTGAGE
(9) PROPERTY	MORTGAGE
(10) PROPERTY	MORTGAGE

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	109,833	81,009
(2)	285,664	268,921
(3)	69,492	68,167
(4)	41,226	40,545
(5)	32,938	32,389
(6)	87,535	80,282
(7)	241,476	237,677
(8)	194,342	191,383
(9)	242,256	237,352
(10)	394,876	389,181
Totals	1,699,638	1,626,906

Mortgages and Other Notes Payable

Forms
990 / 990-PF

2008

For calendar year 2008, or tax year beginning 7/01/08 , and ending 6/30/09

Name

Employer Identification Number

MARRAKECH, INC.

23-7148533

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) CCO MORTGAGE CORP	NONE
(2) CCO MORTGAGE CORP	NONE
(3) CONNECTICUT HOUSING FINANCE AUTHORITY	NONE
(4) CONNECTICUT HOUSING FINANCE AUTHORITY	NONE
(5) CONNECTICUT HOUSING FINANCE AUTHORITY	NONE
(6) CONNECTICUT HOUSING FINANCE AUTHORITY	NONE
(7) CONNECTICUT HOUSING FINANCE AUTHORITY	NONE
(8) WACHOVIA BANK	NONE
(9) WACHOVIA BANK	NONE
(10) WACHOVIA BANK	NONE

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		11/01/36	MONTHLY	5.625
(2)		6/01/37	MONTHLY	5.625
(3)		10/01/30	MONTHLY	6.630
(4)		1/01/33	MONTHLY	5.750
(5)		1/01/33	MONTHLY	5.750
(6)		9/01/26	MONTHLY	7.340
(7)		8/01/27	MONTHLY	6.930
(8)		10/01/16	MONTHLY	6.660
(9)		6/01/18	MONTHLY	6.250
(10)		10/01/21	MONTHLY	7.150

Security provided by borrower	Purpose of loan
(1) PROPERTY	MORTGAGE
(2) PROPERTY	MORTGAGE
(3) PROPERTY	MORTGAGE
(4) PROPERTY	MORTGAGE
(5) PROPERTY	MORTGAGE
(6) PROPERTY	MORTGAGE
(7) PROPERTY	MORTGAGE
(8) PROPERTY	MORTGAGE
(9) PROPERTY	MORTGAGE
(10) PROPERTY	MORTGAGE

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	321,154	316,406
(2)	328,240	323,581
(3)	243,120	238,198
(4)	382,498	375,205
(5)	395,858	
(6)	243,077	236,488
(7)	297,664	289,951
(8)	151,472	137,285
(9)	110,165	102,008
(10)	1,121,575	1,069,700
Totals	3,594,823	3,088,822

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2008**For calendar year 2008, or tax year beginning **7/01/08**, and ending **6/30/09**

Name

Employer Identification Number

MARRAKECH, INC.**23-7148533****FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) WACHOVIA BANK	NONE
(2) STATE OF CT DEPT OF MENTAL RETARDATI	NONE
(3) STATE OF CT DEPT OF MENTAL RETARDATI	NONE
(4) TD BANKNORTH	NONE
(5) COMMUNITY CAPITAL FUND	NONE
(6) WACHOVIA BANK	NONE
(7) WACHOVIA BANK	NONE
(8) WACHOVIA BANK	NONE
(9) NEW ALLIANCE BANK	NONE
(10) NEW ALLIANCE BANK	NONE

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)		8/01/19	MONTHLY	7.250
(2)		3/01/18	MONTHLY	6.000
(3)		6/01/19	MONTHLY	6.000
(4)		12/01/16	MONTHLY	7.000
(5) 250,000		1/01/18	MONTHLY	3.000
(6)		10/01/08	MONTHLY	5.250
(7)		1/01/09	MONTHLY	5.250
(8)		3/01/09	MONTHLY	4.750
(9) 496,096	12/23/05	1/01/11	MONTHLY	7.010
(10) 487,690	5/11/07	1/01/11	MONTHLY	7.070

Security provided by borrower	Purpose of loan
(1) PROPERTY	MORTGAGE
(2) PROPERTY	MORTGAGE
(3) PROPERTY	MORTGAGE
(4) PROPERTY	MORTGAGE
(5) PROPERTY	MORTGAGE
(6) VEHICLE	VEHICLE LOAN
(7) VEHICLE	VEHICLE LOAN
(8) VEHICLE	VEHICLE LOAN
(9) VEHICLES & PERSONAL PROPERTY	ACQUIRE VEHICLES & PERSONAL PROPERT
(10) FIRST LIEN INTEREST IN PROP AQUIRED	ACQUIRE VEHICLES & PERSONAL PROP

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	105,010	98,831
(2)	99,023	91,315
(3)	161,404	150,696
(4)	441,588	434,174
(5)	249,153	244,016
(6)	7,094	
(7)	11,694	
(8)	19,139	
(9)	250,021	146,183
(10)	388,336	297,176
Totals	1,732,462	1,462,391

Mortgages and Other Notes Payable

Forms
990 / 990-PF

2008

For calendar year 2008, or tax year beginning 7/01/08, and ending 6/30/09

Name

MARRAKECH, INC.

Employer Identification Number

23-7148533

FORM 990, PART X, LINE 23 - ADDITIONAL INFORMATION

Name of lender	Relationship to disqualified person
(1) GENERAL MOTORS	NONE
(2) CORPORATION FOR INDEPENDENT LIVING	NONE
(3) CORPORATION FOR INDEPENDENT LIVING	NONE
(4) PEOPLE'S BANK	NONE
(5) STATE OF CONNECTICUT	NONE
(6) JP MORGAN CHASE	NONE
(7) TOYOTA CREDIT CORP	NONE
(8) CITIZENS	NONE
(9) CT DEPT OF DEVELOPMENTAL SERVICES	NONE
(10)	

Original amount borrowed	Date of loan	Maturity date	Repayment terms	Interest rate
(1)	12/01/04	11/01/09	MONTHLY	9.150
(2)	138,000	2/01/10	FORGIVEN IN COMPLIANCE	
(3)		6/30/16	MONTHLY	8.500
(4)	263,076	9/25/11	MONTHLY	8.450
(5)		10/01/18	MONTHLY	6.000
(6)		5/01/12	MONTHLY	6.830
(7)	25,979	3/01/13	MONTHLY	6.960
(8)		2/28/09	MONTHLY	9.250
(9)		7/01/38	MONTHLY P&I	6.000
(10)				

Security provided by borrower	Purpose of loan
(1) VEHICLES	PURCHASING VEHICLES
(2) PROPERTIES	ASSOCIATED GROUP HOMES
(3) ACCOUNTS RECEIVABLE	WORKING CAPITAL
(4) 2 GROUP HOMES & \$100000 CD	MORTGAGE
(5)	VARIOUS REVOLVING LOANS
(6) VEHICLES	PURCHASE OF VEHICLES
(7) VEHICLE	PURCHASE VEHICLE
(8) LINE OF CREDIT	LINE OF CREDIT
(9) BUILDING & PROPERTY	MORTGAGE
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	17,020	4,451
(2)	138,000	138,000
(3)	33,548	30,457
(4)	166,615	114,000
(5)	86,762	70,383
(6)	36,204	27,410
(7)	24,883	20,303
(8)	550,000	870,000
(9)		237,386
(10)		
Totals	1,053,032	1,512,390