

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)

OMB No. 1545-0047

2007

Open to Public Inspection

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

A For the 2007 calendar year, or tax year beginning **7/01/07**, and ending **6/30/08****B** Check if applicable:☐ Address change☐ Name change☐ Initial return☐ Termination☐ Amended return☐ Application pendingPlease
use IRS
label or
print or
type.
See
Specific
Instruc-
tions.**C** Name of organization**MARRAKECH, INC.**

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

6 LUNAR DRIVE

Room/suite

City or town, state or country, and ZIP + 4

WOODBIDGE**CT 06525****D** Employer identification number**23-7148533****E** Telephone number**203-389-2970****F** Accounting method: ☐ Cash☒ Accrual ☐ Other (specify)

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

G Website: **WWW.MARRAKECHINC.ORG****J** Organization type(check only one) ☒ 501(c) (**3**) (insert no.) ☐ 4947(a)(1) or ☐ 527**K** Check here ☐ if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

H and I are not applicable to section 527 organizations.

H(a) Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

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

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I** Group Exemption Number**M** Check ☒ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF).**L** Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 **11,763,107****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions.)

1	Contributions, gifts, grants, and similar amounts received:			
a	Contributions to donor advised funds	1a		
b	Direct public support (not included on line 1a)	1b		
c	Indirect public support (not included on line 1a)	1c	167,033	
d	Government contributions (grants) (not included on line 1a)	1d		
e	Total (add lines 1a through 1d) (cash \$ 167,033 noncash \$)	1e	167,033	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	11,485,146	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	11,178	
5	Dividends and interest from securities	5		
6a	Gross rents	6a	99,750	
b	Less: rental expenses SEE STATEMENT 1	6b	99,881	
c	Net rental income or (loss). Subtract line 6b from line 6a	6c	-131	
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities	(B) Other	
b	Less: cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8c		
8d		8d		
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>			
a	Gross revenue (not including \$ of contributions reported on line 1b)	9a		
b	Less: direct expenses other than fundraising expenses	9b		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c		
10a	Gross sales of inventory, less returns and allowances	10a		
b	Less: cost of goods sold	10b		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c		
11	Other revenue (from Part VII, line 103)	11		
12	Total revenue. Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	11,663,226	
13	Program services (from line 44, column (B))	13	10,371,536	
14	Management and general (from line 44, column (C))	14	661,628	
15	Fundraising (from line 44, column (D))	15	130,086	
16	Payments to affiliates (attach schedule)	16		
17	Total expenses. Add lines 16 and 44, column (A)	17	11,163,250	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	499,976	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	3,703,468	
20	Other changes in net assets or fund balances (attach explanation)	20		
21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	4,203,444	

Part II Statement of
Functional Expenses

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22a Grants paid from donor advised funds (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22a			
22b Other grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22b			
23 Specific assistance to individuals (attach schedule)	23			
24 Benefits paid to or for members (attach schedule)	24			
25a Compensation of current officers, directors, key employees, etc. listed in Part V-A SEE STATEMENT 2	25a 130,750	130,750		
b Compensation of former officers, directors, key employees, etc. listed in Part V-B	25b			
c Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	25c			
26 Salaries and wages of employees not included on lines 25a, b, and c	26 5,552,911	5,536,117		16,794
27 Pension plan contributions not included on lines 25a, b, and c	27 169,998	169,998		
28 Employee benefits not included on lines 25a - 27	28 576,975	573,448		3,527
29 Payroll taxes	29 483,165	483,165		
30 Professional fundraising fees	30			
31 Accounting fees	31 120,000	120,000		
32 Legal fees	32 8,622	8,622		
33 Supplies	33 191,120	190,247		873
34 Telephone	34 99,656	99,656		
35 Postage and shipping	35 32,410	32,410		
36 Occupancy	36 698,360	698,360		
37 Equipment rental and maintenance	37 136,974	136,974		
38 Printing and publications	38 23,070	22,290		780
39 Travel	39			
40 Conferences, conventions, and meetings	40			
41 Interest	41 410,566	410,566		
42 Depreciation, depletion, etc. (attach schedule)	42 335,865	335,865		
43 Other expenses not covered above (itemize):				
a SEE STATEMENT 3	43a 2,192,808	1,423,068	661,628	108,112
b	43b			
c	43c			
d	43d			
e	43e			
f	43f			
g	43g			
44 Total functional expenses. Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44 11,163,250	10,371,536	661,628	130,086

Joint Costs. Check ☐ if you are following SOP 98-2.Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services? ☐ Yes ☒ No

If "Yes," enter (i) the aggregate amount of these joint costs \$ _____; (ii) the amount allocated to Program services \$ _____;

(iii) the amount allocated to Management and general \$ _____; and (iv) the amount allocated to Fundraising \$ _____

Part III Statement of Program Service Accomplishments (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

What is the organization's primary exempt purpose?

▶ **VOCATIONAL TRAINING FOR THE DISABLED.**

All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)

Program Service Expenses

(Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)

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

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

10,371,536**b**

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

c

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

d

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

e Other program services (attach schedule)

(Grants and allocations \$)

If this amount includes foreign grants, check here ▶ ☐

f Total of Program Service Expenses (should equal line 44, column (B), Program services)**10,371,536**Form **990** (2007)

Part IV Balance Sheets (See the instructions.)**Note:** Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.

		(A) Beginning of year		(B) End of year	
Assets	45 Cash—non-interest-bearing	1,467,215	45	1,815,212	
	46 Savings and temporary cash investments		46		
	47a Accounts receivable	1,179,156			
	b Less: allowance for doubtful accounts		47c	1,179,156	
	48a Pledges receivable				
	b Less: allowance for doubtful accounts		48c		
	49 Grants receivable		49		
	50a Receivables from current and former officers, directors, trustees, and key employees (attach schedule)		50a		
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (att. schedule)		50b		
	51a Other notes and loans receivable (attach schedule)				
	b Less: allowance for doubtful accounts		51c		
	52 Inventories for sale or use		52		
	53 Prepaid expenses and deferred charges	241,274	53	175,889	
	54a Investments—publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a		
	b Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b		
	55a Investments—land, buildings, and equipment: basis				
	b Less: accumulated depreciation (attach schedule)		55c		
	56 Investments—other (attach schedule)		56		
	57a Land, buildings, and equipment: basis	11,961,471			
b Less: accumulated depreciation (attach schedule) SEE STATEMENT 4	2,486,432	9,515,172	57c	9,475,039	
58 Other assets, including program-related investments (describe SEE STATEMENT 5)	2,337,379	58	3,011,973		
59 Total assets (must equal line 74). Add lines 45 through 58	14,842,017	59	15,657,269		
Liabilities	60 Accounts payable and accrued expenses	2,677,194	60	3,107,443	
	61 Grants payable	120,000	61		
	62 Deferred revenue SEE STATEMENT 6	267,291	62	104,600	
	63 Loans from officers, directors, trustees, and key employees (attach schedule)		63		
	64a Tax-exempt bond liabilities (attach schedule)		64a		
	b Mortgages and other notes payable (attach schedule) SEE WORKSHEET	8,021,638	64b	8,079,955	
	65 Other liabilities (describe SEE STATEMENT 7)	52,426	65	161,827	
	66 Total liabilities. Add lines 60 through 65	11,138,549	66	11,453,825	
	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67 Unrestricted	2,895,013	67	3,411,826	
68 Temporarily restricted	808,455	68	791,618		
69 Permanently restricted		69			
Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.					
70 Capital stock, trust principal, or current funds		70			
71 Paid-in or capital surplus, or land, building, and equipment fund		71			
72 Retained earnings, endowment, accumulated income, or other funds		72			
73 Total net assets or fund balances. Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	3,703,468	73	4,203,444		
74 Total liabilities and net assets/fund balances. Add lines 66 and 73	14,842,017	74	15,657,269		

Part IV-A

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return (See the instructions.)

a	Total revenue, gains, and other support per audited financial statements	a	11,729,085
b	Amounts included on line a but not on Part I, line 12:		
1	Net unrealized gains on investments	b1	
2	Donated services and use of facilities	b2	49,022
3	Recoveries of prior year grants	b3	
4	Other (specify): SEE STATEMENT 8	b4	16,837
	Add lines b1 through b4	b	65,859
c	Subtract line b from line a	c	11,663,226
d	Amounts included on Part I, line 12, but not on line a :		
1	Investment expenses not included on Part I, line 6b	d1	
2	Other (specify):	d2	
	Add lines d1 and d2	d	
e	Total revenue (Part I, line 12). Add lines c and d	e	11,663,226

Part IV-B		Reconciliation of Expenses per Audited Financial Statements With Expenses per Return	
1	2	3	4
5	6	7	8
9	10	11	12
13	14	15	16
17	18	19	20
21	22	23	24
25	26	27	28
29	30	31	32
33	34	35	36
37	38	39	40
41	42	43	44
45	46	47	48
49	50	51	52
53	54	55	56
57	58	59	60
61	62	63	64
65	66	67	68
69	70	71	72
73	74	75	76
77	78	79	80
81	82	83	84
85	86	87	88
89	90	91	92
93	94	95	96
97	98	99	100

Part I Expenses per Audited Financial Statements		Part II Expenses Not Included in Part I		Total Expenses per Return	
a	Total expenses and losses per audited financial statements			a	11,229,109
b	Amounts included on line a but not Part I, line 17:				
1	Donated services and use of facilities	b1	49,022		
2	Prior year adjustments reported on Part I, line 20	b2			
3	Losses reported on Part I, line 20	b3			
4	Other (specify): SEE STATEMENT 9	b4	16,837		
	Add lines b1 through b4			b	65,859
c	Subtract line b from line a			c	11,163,250
d	Amounts included on Part I, line 17, but not on line a:				
1	Investment expenses not included on Part I, line 6b	d1			
2	Other (specify):	d2			
	Add lines d1 and d2			d	
e	Total expenses (Part I, line 17). Add lines c and d			e	11,163,250

Part V-A

Current Officers, Directors, Trustees, and Key Employees (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions.)

[illegible]

Yes	No
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▶ 12

75b	X
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75c	X
-----	---

SEE STATEMENT 11

75d	X	
-----	---	--

N/A

Yes	No
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76		X
----	--	---

77		X
----	--	---

1	2	3
---	---	---

78a	X	
-----	---	--

78h	X	
-----	---	--

79	X
----	---

80a	X	
-----	---	--

SEE STATEMENT 12

Case	Age	Sex	Site	Time	Pathologic	Survival
1	60	M	Rectum	1978	Adenocarcinoma	10 years
2	65	F	Rectum	1980	Adenocarcinoma	12 years
3	70	M	Rectum	1982	Adenocarcinoma	15 years
4	75	F	Rectum	1985	Adenocarcinoma	18 years
5	80	M	Rectum	1988	Adenocarcinoma	20 years
6	85	F	Rectum	1990	Adenocarcinoma	22 years
7	90	M	Rectum	1992	Adenocarcinoma	25 years
8	95	F	Rectum	1995	Adenocarcinoma	28 years
9	100	M	Rectum	1998	Adenocarcinoma	30 years
10	105	F	Rectum	2000	Adenocarcinoma	32 years

81a

0

81b	X
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Part VI Other Information (continued)

Yes No

82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?	82a	X	
b	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	82b	49,022	
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?	84a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A	
85a	501(c)(4), (5), or (6). Were substantially all dues nondeductible by members?	85a	N/A	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year.	85b	N/A	
c	Dues, assessments, and similar amounts from members	85c		
d	Section 162(e) lobbying and political expenditures	85d		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12	86a		
b	Gross receipts, included on line 12, for public use of club facilities	86b		
87	501(c)(12) orgs. Enter: a Gross income from members or shareholders	87a		
b	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)	87b		
88a	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX	88a		X
b	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI	88b		X
89a	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 0 ; section 4912 0 ; section 4955 0			
b	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		X
c	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0	
d	Enter: Amount of tax on line 89c, above, reimbursed by the organization		0	
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?	89e		X
f	All organizations. Did the organization acquire a direct or indirect interest in any applicable insurance contract?	89f		X
g	For supporting organizations and sponsoring organizations maintaining donor advised funds. Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	89g		X
90a	List the states with which a copy of this return is filed CT			
b	Number of employees employed in the pay period that includes March 12, 2007 (See instructions.)	90b	825	
91a	The books are in care of JEFFREY ANDRUS 6 LUNAR DRIVE Located at WOODBIDGE, CT	Telephone no.	203-389-2970	
		ZIP + 4	06525	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	91b		X

Part VI Other information (continued)

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c ☐ Yes ☒ No

If "Yes," enter the name of the foreign country ▶

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here ▶ ☐
and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 92

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated.

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	
93 Program service revenue:					
a PROGRAM REVENUE					11,485,146
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	11,178	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property	531120	-131			
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					
102 Gross profit or (loss) from sales of inventory					
103 Other revenue: a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		-131		11,178	11,485,146
105 Total (add line 104, columns (B), (D), and (E))					11,496,193

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I.

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. ▼	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
93A	FEES FOR VOCATIONAL TRAINING PROGRAMS FOR DEVELOPMENTALLY DISABLED PERSONS.

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes ☐ No ☒

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes ☐ No ☒

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions).

Part XI

Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

106 Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

107 Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer ID Number	(C) Description of transfer	(D) Amount of transfer
a				
b				
c				
	Totals			

108 Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

**Please
Sign
Here**

Signature of officer

JEFF ANDRUS

Type or print name and title

Date

DIRECTOR OF FINANCE

**Paid
Preparer's
Use Only**

Preparer's
signature

Date

5/04/09

Check if
self-
employed

☐

Preparer's SSN or PTIN
(See Gen. Instr. X)

P00356137

Firm's name (or yours
if self-employed),
address, and ZIP + 4

GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC
505 MAIN STREET
MIDDLETOWN, CT 06457

EIN

Phone
no.

06-0971998

860-347-5689

SCHEDULE A
(Form 990 or 990-EZ)**Organization Exempt Under Section 501(c)(3)**(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),
or 4947(a)(1) Nonexempt Charitable Trust

OMB No. 1545-0047

2007Department of the Treasury
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

MARRAKECH, INC.

Employer identification number

23-7148533**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**
(See page 1 of the instructions. List each one. If there are none, enter "None.")

(a) Name and address of each employee paid more than \$50,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to empl. benefit plans & deferred comp.	(e) Expense account and other allowances
ALAN EMMERICH C/O MARRAKECH, INC.	WOODBRIDGE CT 06525	CONTROLLER 40	78,674	6,701
LAURA STEWART C/O MARRAKECH, INC.	WOODBRIDGE CT 06525	DIR. INT AUD 40	82,018	2,844
KATE TAYLOR C/O MARRAKECH, INC.	WOODBRIDGE CT 06525	40	78,251	6,516
JILL CRETILLA C/O MARRAKECH, INC.	WOODBRIDGE CT 06525	40	79,875	2,780
LISA JARDIN C/O MARRAKECH, INC.	WOODBRIDGE CT 06525	PROGRAM DIRE 40	75,745	2,656
Total number of other employees paid over \$50,000 ▶		20		

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
CERIDIAN 30 BATTERSON PARK ROAD	FARMINGTON CT 06032	PAYROLL SERVICE 126,045
GUILMARTIN, DIPIRO & SOKOLOWSKI 505 MAIN STREET	MIDDLETOWN CT 06457	AUDIT & ACCOUNT 107,472
CCCD, INC 925 BRIDGEPORT AVE.	MILFORD CT 06460	BEHAVIORAL SERV 71,773
Total number of others receiving over \$50,000 for professional services ▶		0

Part III Compensation of the Five Highest Paid Independent Contractors for Other Services
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2007

Part III **Statements About Activities** (See page 2 of the instructions.)

	Yes	No
1 During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.)		X
Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.		
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?		X
b Lending of money or other extension of credit?		X
c Furnishing of goods, services, or facilities?		X
d Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? SEE PART V-A, FORM 990	X	
e Transfer of any part of its income or assets?		X
3a Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
b Did the organization have a section 403(b) annuity plan for its employees?	X	
c Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
d Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4a Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
b Did the organization make any taxable distributions under section 4966?		
c Did the organization make a distribution to a donor, donor advisor, or related person?		
d Enter the total number of donor advised funds owned at the end of the tax year		
e Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		
f Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0
g Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year		0

Part IV Reason for Non-Private Foundation Status (See pages 4 through 8 of the instructions.)I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5 ☐ A church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).
- 6 ☐ A school. Section 170(b)(1)(A)(ii). (Also complete Part V.)
- 7 ☐ A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8 ☐ A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9 ☐ A medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ►
- 10 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A.)
- 11a ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 11b ☐ A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12 ☐ 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 charitable, etc., 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). (Also complete the **Support Schedule** in Part IV-A.)
- 13 ☐ An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:
- ☐ Type I ☐ Type II ☐ Type III-Functionally Integrated ☐ Type III-Other

Provide the following information about the supported organizations. (See page 8 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
Total					►

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 8 of the instructions.)

Part IV-A Support Schedule (Complete only if you checked a box on line 10, 11, or 12.) Use cash method of accounting.**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting.

Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	662,701	125,920	106,766	124,893	1,020,280
16 Membership fees received					0
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	9,837,929	8,605,503	7,133,929	6,536,059	32,113,420
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, income from similar sources, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	11,003	6,848	2,344	3,416	23,611
19 Net income from unrelated business activities not included in line 18	-5,823				-5,823
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					0
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					0
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					0
23 Total of lines 15 through 22	10,505,810	8,738,271	7,243,039	6,664,368	33,151,488
24 Line 23 minus line 17	667,881	132,768	109,110	128,309	1,038,068
25 Enter 1% of line 23	105,058	87,383	72,430	66,644	
26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					26a 20,761
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2003 through 2006 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					26b
c Total support for section 509(a)(1) test: Enter line 24, column (e)					26c 1,038,068
d Add: Amounts from column (e) for lines: 18 23,611 19 -5,823					26d 17,788
22 26b					26e 1,020,280
e Public support (line 26c minus line 26d total)					26f 98.2864%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					
27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2006) (2005) (2004) (2003) N/A					
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2006) (2005) (2004) (2003) N/A					
c Add: Amounts from column (e) for lines: 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount from line 23, column (e)					27f
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h %
28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2003 through 2006, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.					

Part V Private School Questionnaire (See page 9 of the instructions.)(To be completed **ONLY** by schools that checked the box on line 6 in Part IV)

		N/A	Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32	Does the organization maintain the following:			
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d	Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
a	Students' rights or privileges?	33a		
b	Admissions policies?	33b		
c	Employment of faculty or administrative staff?	33c		
d	Scholarships or other financial assistance?	33d		
e	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h		
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A**Lobbying Expenditures by Electing Public Charities** (See page 11 of the instructions.)(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group. Check ☐ **b** if you checked "a" and "limited control" provisions apply.**Limits on Lobbying Expenditures**

(The term "expenditures" means amounts paid or incurred.)

		(a) Affiliated group totals	(b) To be completed for all electing organizations
36 Total lobbying expenditures to influence public opinion (grassroots lobbying)	36		
37 Total lobbying expenditures to influence a legislative body (direct lobbying)	37		
38 Total lobbying expenditures (add lines 36 and 37)	38		
39 Other exempt purpose expenditures	39		
40 Total exempt purpose expenditures (add lines 38 and 39)	40		
41 Lobbying nontaxable amount. Enter the amount from the following table-			
If the amount on line 40 is-	The lobbying nontaxable amount is-		
Not over \$500,000	20% of the amount on line 40		
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
42 Grassroots nontaxable amount (enter 25% of line 41)	42		
43 Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	43		
44 Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	44		

Caution: If there is an amount on either line 43 or line 44, you must file Form 4720.**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.)

See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2007	(b) 2006	(c) 2005	(d) 2004	(e) Total
45 Lobbying nontaxable amount					
46 Lobbying ceiling amount (150% of line 45(e))					
47 Total lobbying expenditures					
48 Grassroots nontaxable amount					
49 Grassroots ceiling amount (150% of line 48(e))					
50 Grassroots lobbying expenditures					

Part VI-B**Lobbying Activity by Nonelecting Public Charities**(For reporting only by organizations that did not complete Part VI-A) (See page 14 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

	Yes	No	Amount
a Volunteers			
b Paid staff or management (Include compensation in expenses reported on lines c through h.)			
c Media advertisements			
d Mailings to members, legislators, or the public			
e Publications, or published or broadcast statements			
f Grants to other organizations for lobbying purposes			
g Direct contact with legislators, their staffs, government officials, or a legislative body			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means			
i Total lobbying expenditures (Add lines c through h.)			

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2007**

For calendar year 2007, or tax year beginning

7/01/07, and ending

6/30/08

Name

Employer Identification Number

MARRAKECH, INC.**23-7148533****FORM 990, PART IV, LINE 64B - 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 AUTHORIT	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)	136,969	109,833
(2)	300,420	285,664
(3)	70,733	69,492
(4)	41,853	41,226
(5)	33,443	32,938
(6)	94,486	87,535
(7)	245,073	241,476
(8)	197,140	194,342
(9)	246,847	242,256
(10)	400,680	394,876
Totals	1,767,644	1,699,638

Forms
990 / 990-PF**Mortgages and Other Notes Payable****2007**

For calendar year 2007, or tax year beginning

7/01/07, and ending

6/30/08

Name

Employer Identification Number

MARRAKECH, INC.**23-7148533****FORM 990, PART IV, LINE 64B - 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 PROPERTY
(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)	110,732	105,010
(2)	106,283	99,023
(3)	171,490	161,404
(4)	446,618	441,588
(5)	250,000	249,153
(6)	36,288	7,094
(7)	33,887	11,694
(8)	43,448	19,139
(9)	346,776	250,021
(10)	473,175	388,336
Totals	2,018,697	1,732,462

Mortgages and Other Notes Payable

2007

Forms
990 / 990-PF

For calendar year 2007, or tax year beginning

7/01/07, and ending

6/30/08

Employer Identification Number

Name

23-7148533

MARRAKECH, INC.

FORM 990, PART IV, LINE 64B - 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) SOVEREIGN BANK	NONE
(7) JP MORGAN CHASE	NONE
(8) TOYOTA CREDIT CORP	NONE
(9) CITIZENS	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	8.500
(3)		6/30/16	MONTHLY	8.450
(4) 263,076	8/25/06	9/25/11	MONTHLY	6.000
(5)		10/01/18	MONTHLY	9.150
(6)		12/01/07	MONTHLY	6.830
(7)		5/01/12	MONTHLY	6.960
(8) 25,979		3/01/13	MONTHLY	9.250
(9)		2/28/09	MONTHLY	
(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	VEHICLES
(7) VEHICLES	PURCHASE OF VEHICLES
(8) VEHICLE	PURCHASE VEHICLE
(9) LINE OF CREDIT	LINE OF CREDIT
(10)	

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year
(1)	28,492	17,020
(2)	138,000	138,000
(3)	36,595	33,548
(4)	219,230	166,615
(5)	103,379	86,762
(6)	5,064	
(7)		36,204
(8)		24,883
(9)		550,000
(10)	530,760	1,053,032
Totals		

Mortgages and Other Notes PayableForms
990 / 990-PF**2007**

For calendar year 2007, or tax year beginning

7/01/07, and ending

6/30/08

Name

Employer Identification Number

MARRAKECH, INC.**23-7148533****FORM 990, PART IV, LINE 64B - 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)	325,644	321,154
(2)	332,644	328,240
(3)	247,727	243,120
(4)	389,384	382,498
(5)	402,985	395,858
(6)	249,151	243,077
(7)	304,868	297,664
(8)	164,708	151,472
(9)	117,803	110,165
(10)	1,169,623	1,121,575
Totals	3,704,537	3,594,823

Federal Statements**Form 990 - General Footnote****Description**

FOOTNOTE 1: PART IV LINE 57:

JUNE 30, 2008

BUILDING LAND & IMPROVEMENT 10865608

VEHICLES 606083

FURNITURE FIXTURES & EQUIPMENT 489780

TOTAL FIXED ASSETS 2486432

LESS ACCUM DEPRECIATION (2486432)

NET FIXED ASSETS 9475039

THE ORGANIZATION CAPITALIZES ALL EXPENDITURES FOR PROPERTY AND EQUIPMENT IN EXCESS OF \$2500 WITH A USEFUL LIFE GREATER THAN THREE YEARS. PURCHASE PROPERTY AND EQUIPMENT ARE CARRIED AT COST. DONATED PROPERTY AND EQUIPMENT ARE CARRIED AT THE APPROXIMATE VALUE AT THE DATE OF DONATION. DEPRECIATION IS COMPUTED USING THE STRAIGHT LINE METHOD OVER THE ESTIMAED LIVES FROM 3 TO 30 YEARS.

711 MARRAKECH, INC.

23-7148533

FYE: 6/30/2008

5/4/2009

Federal Statements

Statement 1 - Form 990, Part I, Line 6b - Rental Expenses

<u>Description</u>	<u>Deduction</u>
RENTAL PROPERTY	
LEGAL FEES	99
INTEREST	42,938
INSURANCE	4,292
CLEANING & MAINTENANCE	7,656
PROPERTY TAX	8,410
UTILITIES	17,030
DEPRECIATION	19,456
TOTAL	<u>99,881</u>

Federal Statements

5/4/2009

Statement 2 - Form 990, Part II, Line 25a - Compensation of Current Officers

<u>Name</u>	<u>Program Services</u>	<u>Management & General</u>	<u>Fundraising</u>
EXPENSES	\$	\$	\$
SEE PART V COMPENSATION	130,750		
TOTAL	<u>\$ 130,750</u>	<u>\$ 0</u>	<u>\$ 0</u>

Federal Statements

Statement 3 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
EXPENSES	\$	\$	\$	\$
MANAGMENT FEES	661,628		661,628	
CONSULTANTS	174,351	174,351		
ADVERTISING	88,847	88,847		
INSURANCE	116,552	116,552		
DUES, FEES & LICENSES	17,226	17,226		
STAFF TRAINING	97,385	97,385		
BANK CHARGES	27,096	24,635		2,461
PLANT MAINTENANCE & REPAIRS	263,528	263,528		
MISCELLANEOUS	61,222	11,067		50,155
SMALL FURNITURE & EQUIPMENT	19,032	19,032		
PROPERTY TAXES	61,547	61,547		
TRANSPORTATION	292,389	292,389		
DATA PROCESSING EXPENSE	169,157	169,157		
BUILDING FUND EXPENSE	55,496			55,496
BAD DEBT	71,748	71,748		
PUBLIC RELATIONS	15,604	15,604		
TOTAL	<u>\$ 2,192,808</u>	<u>\$ 1,423,068</u>	<u>\$ 661,628</u>	<u>\$ 108,112</u>

Federal Statements**Statement 4 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment**

Description	Beginning of Year	Accum Depr	End of Year	Accum Depr
SEE FOOTNOTE 1	\$11,635,669	\$ 2,120,497	\$11,961,471	\$ 2,486,432
TOTAL	<u>\$11,635,669</u>	<u>\$ 2,120,497</u>	<u>\$11,961,471</u>	<u>\$ 2,486,432</u>

Statement 5 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$ 21,385	\$ 21,385
DEFERRED EXPENSES	5,493	5,190
OTHER ASSETS	8,624	6,003
DUE FROM 501(C)(3) AFFILIATE	1,959,625	1,792,906
DUE FROM 501(C)(3) WHALLEY HOUSING	342,252	1,186,489
TOTAL	<u>\$ 2,337,379</u>	<u>\$ 3,011,973</u>

Statement 6 - Form 990, Part IV, Line 62 - Deferred Revenue

Description	Beginning of Year	End of Year
DEFERRED REVENUE	\$ 267,291	\$ 104,600
TOTAL	<u>\$ 267,291</u>	<u>\$ 104,600</u>

Statement 7 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CAPITAL LEASES	\$ 2,925	\$
SECURITY DEPOSITS	7,580	
DUE TO HRS	41,921	30,136
DUE TO GRANTORS		131,691
TOTAL	<u>\$ 52,426</u>	<u>\$ 161,827</u>

Federal Statements

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Statement 8 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
NET ASSETS RELEASED FROM RESTRICTION	\$ 16,837
TOTAL	\$ 16,837

Statement 9 - Form 990, Part IV-B - Other Expenses included on Financial Statements

Description	Amount
NET ASSETS RELEASED FROM RESTRICTIONS	\$ 16,837
TOTAL	\$ 16,837

Federal Statements

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Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
FRANCIS MCCARTHY 6 LUNAR DRIVE WOODBRIIDGE CT 06525	EXEC DIR	11	49,218	6,134	0
SILVIA MOSCARIELLO 6 LUNAR DRIVE WOODBRIIDGE CT 06525	CONSMR SERV	10	26,716	2,087	0
HEATHER LATORRA 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIR ADMIN	10	26,667	4,468	0
JEFFREY ANDRUS 6 LUNAR DRIVE WOODBRIIDGE CT 06525	FIN DIR	9	28,149	4,512	0
MOSHE SIEV MD 6 LUNAR DRIVE WOODBRIIDGE CT 06525	PRESIDENT	2	0	0	0
STEVE SHWARTZ 6 LUNAR DRIVE WOODBRIIDGE CT 06525	SECRETARY	2	0	0	0
MERT GOLLAHER, ESQ 6 LUNAR DRIVE WOODBRIIDGE CT 06525	VICE PRES	2	0	0	0
JENNIFER BOTWICK MD 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
S. ROOSEVELT BOWEN 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0

Federal Statements

5/4/2009

Statement 10 - Form 990, Part V-A - List of Officers, Directors, Trustees, and Key Employees (continued)

Name and Address	Title	Average Hours	Compensation	Benefits	Expenses
ADA LOMAX 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
SHEILA MASTERSON 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
GARY RAPPAPORT MD 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
JOHN RUSSO 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
MIRIAM GLENN 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
SUZANNE LETSO 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
MARK ROBINSON 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
DIANE YOUNG TURNER 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0
JENNIFER LAVIANO ESQ 6 LUNAR DRIVE WOODBRIIDGE CT 06525	DIRECTOR	2	0	0	0

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Statement 11 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Organization EIN	Relationship	Related Organization Name1	Compensation	Benefits	Expenses	Related Organization Name2	Compensation Description
FRANCIS E. MCCARTHY	06-1319874	MARRAKECH HOUSING OPTIONS		130,648	16,283	0		
FRANCIS E. MCCARTHY	06-1319875	MARRAKECH DAY SERVICES INC		22,417	2,794	0		
FRANCIS E. MCCARTHY	06-1319876	MARRAKECH RESIDENTIAL SERVICES INC		17,813	2,220	0		
SILVIA MOSCARIELLO	06-1319874	MARRAKECH HOUSING OPTIONS		70,917	5,541	0		
SILVIA MOSCARIELLO	06-1319875	MARRAKECH DAY SERVICES INC		12,168	951	0		
SILVIA MOSCARIELLO	06-1319876	MARRAKECH RESIDENTIAL SERVICES INC		9,669	755	0		
HEATHER LATORRA	06-1319874	MARRAKECH HOUSING OPTIONS		70,786	11,860	0		
HEATHER LATORRA	06-1319875	MARRAKECH DAY SERVICES INC		12,146	2,035	0		
HEATHER LATORRA	06-1319876	MARRAKECH RESIDENTIAL SERVICES INC		9,651	1,617	0		
JEFFREY L ANDRUS	06-1319874	MARRAKECH HOUSING OPTIONS		74,721	11,978	0		
JEFFREY L ANDRUS	06-1319875	MARRAKECH DAY SERVICES INC		12,821	2,055	0		
JEFFREY L ANDRUS	06-1319876	MARRAKECH RESIDENTIAL SERVICES INC		10,187	1,633	0		

Federal Statements**Statement 12 - Form 990, Part VI, Line 80b - Name of Related Organization(s)**

<u>Name of related organization(s)</u>	<u>Type</u>
MARRAKECH RESIDENTIAL SERVICES, INC.	EXEMPT
MARRAKECH HOUSING OPTIONS, INC.	EXEMPT
MARRAKECH DAY SERVICES, INC.	EXEMPT

711 MARRAKECH, INC.

23-7148533

FYE: 6/30/2008

Federal Statements

5/4/2009

Statement 1 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
RENTAL PROPERTY	
LEGAL FEES	99
INTEREST	42,938
INSURANCE	4,292
CLEANING & MAINTENANCE	7,656
TAXES	8,410
UTILITIES	17,030
TOTAL	<u>80,425</u>

711 MARRAKECH, INC.
23-7148533
FYE: 6/30/2008

5/4/2009

Federal Statements

Form 990, Part I, Line 1c - Indirect Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
GRANT REVENUE	\$ 167,033	\$	\$ 167,033
TOTAL	\$ 167,033	\$ 0	\$ 167,033

711 MARRAKECH, INC.

23-7148533

FYE: 6/30/2008

5/4/2009

Federal Statements

NUMBER OF EMPLOYEES

Description

THE ORGANIZATION HAS FYE 6/30/08 - HENCE THE NUMBER OF EMPLOYEES IS FOR
THE PERIOD INCLUDING MARCH 12, 2008.