NOTICE

GuideStar has been informed by the IRS of processing errors on IRS Forms 990 filed electronically between January 1, 2009, and December 3, 2010, for form year 2008. These processing errors resulted in inaccurate data appearing on the scanned images of the affected returns that are posted on GuideStar and do not reflect the information filed with the IRS.

These errors include:

- Part III, line 1, organization's mission description—may not reflect what was originally submitted by the nonprofit organization.
- Part VIII, line 8a, gross income for special events—values may have been transposed.
- Part IX, line 7c, other salaries and wages, management and general expenses—may show a blank where a value was originally reported.
- Schedule D, Part V, line 3a(ii), endowment funds and possession by related organizations—checkbox values may have been transposed.

GuideStar is working with the IRS to obtain a corrected copy of its form year 2008 Form 990. GuideStar will replace this Form 990 if, and when, the accurate return is made available from the IRS.

For more information, please visit http://www2.guidestar.org/rxg/help/form-year-2008-returns.aspx



Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

2008

Open to Public Inspection

\ Fo	r the 2	2008 ca	lendar yea		_	and ending 06-30-20	09	D Employer id	entification number
_		pplicable	Please	C Name of organization MARRAKECH INC	on				
Address change Name change			use IRS label or	Doing Business As				23-71485: E Telephone n	
Na	me char	nge	print or type. See						
Init	tıal retur	rn	Specific Instruc-		or PO box if mail is	not delivered to street add	ress) Room/suite	(203) 389-	ots \$ 10,324,953
Tei	mınatıo	n	tions.	6 LUNAR DRIVE				d dioss receip	γ 10,524,555
- Am	ended r	return		City or town, state of		- 4		1	
– Apı	plication	pending		WOODBRIDGE, CT	06525				
		Ī	F Na	me and address of P	rıncıpal Officer		H(a) Is the	s a group retur	n for
				EY L ANDRUS			affilia		┌Yes ┌No
				AR DRIVE BRIDGE,CT 0652	:5		H/h) A	l -661;-t ;l., d	Lada Eva Eva
Та	x-exem	pt status		:) (3) - ((insert no)		527		l affiliates includ	l ed? Yes No t See instructions)
w	eb site	e: ► WW	W MARRA	KECHINC ORG				p Exemption N	
🕻 Тур	e of org	anızatıon	Corpora	tion trust associat	tion other ►		L Year of Fo	rmation M	State of legal domicile
Pa	rt I	Sumr	mary						
	1	Briefly d	lescribe th	ne organization's mis	ssion or most sig	nıfıcant actıvıtıes			
y		VOCAT	IONALTE	RAINING FOR THE	DISABLED				
É									
į									
aovemianice	2	Checkt	his box 🦵	if the organization of	discontinued its	operations or disposed	of more than 2		
	3	Number	ofvoting	members of the gov	erning body (Par	t VI, line 1a)		3	14
o O	4	Number	ofındepei	ndent voting membe	ers of the governi	ng body (Part VI, line 1	1b)	. 4	14
ACIIVIII S Q	5	Total nu	ımber of eı	mployees (Part V , lı	ne 2 a)			5	1,141
Ę	6	Total nu	ımber of vo	olunteers (estimate	ıf necessary) .		6	40	
ŧ	7a	Total gr	oss unrela	ited business reven	ue from Part VII	I, lıne 12, column (C)		7a _.	-11,923
	ь	Net unre	elated bus	iness taxable incom	ne from Form 990)-T, line 34		7b	-76,583
							Pric	or Year	Current Year
_	8	Contril	butions an	d grants (Part VIII,	, lıne 1h)			167,033	100,589
Revenue	9	Progra	m service	revenue (Part VIII	, lıne 2g) 		11,485,146	10,063,372	
9.60	10	Invest	ment inco	me (Part VIII, colu	mn (A), lınes 3, 4	, and 7d)		11,178	6,757
_	11		-			:, 9c, 10c, and 11e)		-131	103,969
	12	Total r 12)	evenue—a	dd lines 8 through 1	l 1 (must equal P	art VIII, column (A), lı	ne	11,663,226	10,274,687
	13	Grants	and simil	ar amounts paid (Pa	art IX, column (A), lınes 1–3)			0
	14	Benefit	ts paid to o	or for members (Par	t IX, column (A),	line 4)			0
ø,	15		s, other c	ompensation, emplo	yee benefits (Pa	rt IX, column (A), lınes	5 –	6,430,634	E 020 21 E
Expenses	160	10)	aranal fund	drawaya fana (Dart I	V solumn (A.) lu	20 110		0,430,634	5,939,215
<u>क</u>	16a			draising fees (Part I		·			0
五	17	•	-	penses, Part IX, column	-	<u> </u>		4 722 616	4 200 226
	17 18		•	(Part IX, column (A		1, 111–241) X, line 25, column (A))		4,732,616	4,309,336
	19			penses Subtract Ir				499,976	26,136
e 00		ive ve iii	ue less ex	penses Subtract in	ie 10 iioiii iiie 1.		Roginni	ing of Year	End of Year
200	20	Total -	seeste /D-	rt X, line 16)			Degiiilli	15,657,269	15,218,620
net Assets or Fund Balances	20							, ,	· · · · · · · · · · · · · · · · · · ·
32			,	Part X, line 26)		20		11,453,825	11,081,362
	22 11111			nd balances Subtra	ct line 21 from III	ne 20		4,203,444	4,137,258
Pa	(T		ature Bl		ave examined this m	eturn, including accompanyir	na schodulos and s	tatements and to	the hest of my knowledge
						er (other than officer) is bas			
Plea		****					2010	-04-05	
Sigr		Signa	ature of offic	er			Date		
ler	E			US DIRECTOR OF FINAN	ICE				
		Type	or print nan	ne and title				_	
		Preparer'		VEL V CONOLOMONI		Date 2010-05-11	Check If self-	Preparer's PTIN	(See Gen Inst)
Paid		signature	e V MICH	AEL A SOKOLOWSKI		2010-03-11	empolyed •		
	arer's	Firm's name (or yours GUILMARTIN DIPIRO & SOKOLOWSKI LLC						ETNI L	
Jse (Only		nployed), and ZIP + 4	505 MAIN STREET				EIN Þ	
		ĺ ,		MIDDLETOWN, CT	06457			Phone no 🕨 (860) 347-5689
1 2 4 .	tha IDS	L discus	e this rati	ITDULETOWN, CT		Saa instructions)			Vas ENo

Part III	Statement of	Program S	ervice Acc	complishments	(See the	instructions \

	Briefly describe the organization VOCATIONAL TRAINING FOR T						
2	Did the organization un- the prior Form 990 or 9				r which were n	ot listed on	Yes 🔽 No
	If "Yes," describe these	new services on Sc	hedule O				
3				changes in how it coi	nducts any pr	ogram 	Yes 🔽 No
	If "Yes," describe these	changes on Schedu	le O				
4	Describe the exempt pu Section 501(c)(3) and others, the total expens	(4) organizations and	d 4947(a)(1) t	rusts are required to i	report the amo		
4a	(Code MARRAKECH, INC OPERAT) (Expenses \$ ES VOCATIONAL TRAININ		including grants of \$ R DEVELOPMENTALLY DISA	BLED PERSONS) (Revenue \$	10,192,816)
4b	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program service	•	· ·	- .	\	۵. ۴	,
4e	(Expenses \$ Total program service		uding grants of 9,569,07) (Revenu , Line 25, colur)

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	1	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		Νο
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	3		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Νο
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	5		
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	6		No
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	7		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
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	9		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part $\sqrt[N]{4}$	10		Νo
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	11	Yes	
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 .	12	Yes	
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		No
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νο
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	14b		Νο
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	15		Νο
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	16		Νο
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Yes	
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
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	21		Νο
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2^7 If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
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			No
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	25b		No
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	26		Νο
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	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	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	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νo
С	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.	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
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	34	Yes	
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	35		Νο
36	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	36		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	9				
					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			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
_	Did the organization comply with backup withholding rules for reportable payments to					
·	gaming (gambling) winnings to prize winners?	· venu		1c	Yes	
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	1,141			
b	If at least one is reported in 2a, did the organization file all required federal employments		·			
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during	the y	ear covered by this	_	.,	
	return?			3a	Yes	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Sched		-	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signover, a financial account in a foreign country (such as a bank account, securities account)?			4a		No
b	If "Yes," enter the name of the foreign country					
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Rep Financial Accounts.	ort of	Foreign Bank and			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during	g the	tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited to	ax sh	elter transaction?	5b		Νo
c	If "Yes," to 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Tax Shelter Transaction?	Entity	y Regarding Prohibited · • •	5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		Νο
b	If "Yes," did the organization include with every solicitation an express statement tha	atsuc	h contributions or gifts			
_	were not tax deductible?	•		6b		
7	Organizations that may receive deductible contributions under section 170(c).			7-		N
а	Did the organization provide goods or services in exchange for any quid pro quo contr more?	ributio	on or \$75 or	7a		No
b	If "Yes," did the organization notify the donor of the value of the goods or services pro	ovided	d?	7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal propert	•	·	_		
الد	file Form 8282?	7d		7c		No
u	If "Yes," indicate the number of Forms 8282 filed during the year	/u				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay j			_		
	benefit contract?			7e		No
	Did the organization, during the year, pay premiums, directly or indirectly, on a person		•	7f		No
g	For all contributions of qualified intellectual property, did the organization file Form 88		ŀ	7g		No
"	For contributions of cars, boats, airplanes, and other vehicles, did the organization file required?	e a r c		7h		No
8	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds an		, , , ,			
	supporting organizations. Did the supporting organization, or a fund maintained by a spexcess business holdings at any time during the	ponso	ring organization, have			
	year?			8		No
9	Section $501(c)(3)$ and other sponsoring organizations maintaining donor advised funds.					
а	Did the organization make any taxable distributions under section 4966?			9a		No
b	Did the organization make a distribution to a donor, donor advisor, or related person?		[9b		Νo
10	Section 501(c)(7) organizations. Enter					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь				
11	Section 501(c)(12) organizations Enter					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in I	lieu o	f Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the	1				
	year	12b				

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

Section I	A. Governing	Body and I	<u>Management</u>	t

			165	140
	For each "Yes" response to lines 2-7 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 14			
b	Enter the number of voting members that are independent 14			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		Νο
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		Νo
6	Does the organization have members or stockholders?	6		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		Νο
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
а	the governing body?	8a	Yes	
b	each committee with authority to act on behalf of the governing body?	8b	Yes	
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	Yes	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		No

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
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			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		Νο
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed CT
- 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
 - own website 🔽 another's website 🔽 upon request
- 19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table
- 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

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

- * List all of the organization's current officers, directors, trustees (whether individuals or organizations) and key employees 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, or 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

(A) Name and Title	(B) Average hours per week	Individual Trustan or Chractor	on at Institutional Trustee	officer)	Highes employ	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
DIANNE YOUNG TURNER, DIRECTOR	2	Х						0	0	0
MOSHE SIEV MD , DIRECTOR	2	Х						0	0	0
MERTON G GOLLAHER ESQ , DIRECTOR	2	Х						0	0	0
DR JENNIFER D BOTWICK ND , DIRECTOR	2	Х						0	0	0
S ROOSEVELT BOWEN , DIRECTOR	2	Х						0	0	0
MIRIAM GLENN , DIRECTOR	2	Х						0	0	0
ADA M LOMAX , DIRECTOR	2	Х						0	0	0
MARK ROBINSON , DIRECTOR	2	Х						0	0	0
JOHN A RUSSO JR , DIRECTOR	2	Х						0	0	0
JENNIFER LAVIANO ESQ , DIRECTOR	2	Х						0	0	0
FRANCIS MCCARTHY , EXEC DIR	50			Х				0	234,269	
JEFFREY ANDRUS , FIN DIR	50			Х				0	134,687	20,443
STEVEN P SHWARTZ , PRESIDENT	2			Х				0	0	0
DR GARY S RAPPAPORT , SECRETARY	2			Х				0	0	0
SUZANNE LETSO , VICE PRES	2			Х				0	0	0
SHEILA MASTERSON , TREASURER	2			Х				0	0	0

Part VII Continued

		1	(ition that a	•					(E)	(F)
(A) Name and Title	(B) Average hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
1b Total						•	►		368,956	48,542

Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ►2

			Yes	No
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If</i> " <i>Yes,"</i> complete <i>Schedule J for such individual</i>	3		No
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		No

Section B. Independent Contractors

from the organization .

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation
CERIDIAN 30 BATTERSON PARK ROAD SUITE 100 FARMINGTON, CT 06032	PAYROLL SERVICE	123,145
GUILMARTIN DIPIRO & SOKOLOWSKI 505 MAIN STREET MIDDLETOWN, CT 06457	AUDIT & ACCOUNT	117,375
2 Total number of independent contractors (including those in 1) who received more than \$	100,000 in compensation	

Statement of Revenue

				(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
_	1a	Federated campaigns 1	a .				
芸芸	ь	Membership dues					
Contributions, gifts, grants and other similar amounts	с	1b Fundraising events	100,589				
भूमें भूभ	d	Related organizations 1c					
ξ. E.	e	Government grants (contributions) 16					
ution Rers	f	All other contributions, gifts, grants, and similar amounts not included above					
t the second	g	16 Noncash contributions included in					
2 E		lines 1a-1f \$42,841		400 500			
	h	Total (Add lines 1a-1f)		100,589			
ou.			Business Code				
ш	2a	SUPPORTED EMPLOYMENT	_	4,242,121	4,242,121		
95 S	b	MANAGEMENT FEE	-	2,895,074	2,895,074		
<u>8</u>	С	RENTAL	_	1,520,495	1,520,495		
<u> </u>	d	OTHER PROGRAM	-	558,050	558,050		
an (e f	DCF WORK/LEARN All other program service revenue	_	479,921 367,711	479,921 367,711		
Program Serwce Revenue		All other program service revenue		30/,/11	307,/11		
<u> </u>	g	Total. Add lines 2a-2f ▶ \$ 10,063,372					
	3	Investment income (including divother similar amounts)	·	6,757			6,757
	4	Income from investment of tax-exempt I	▶				
	5	Royalties	►				
		(ı) Real	(II) Personal				
	6a	Gross Rents 24,938					
	ь	Less rental 37,919 expenses					
	С	Rental income -12,981 or (loss)					
	d	Net rental income or (loss)	· · · · ·	-12,981		-12,981	
	7a	Gross amount from sales of assets other	(II) O ther				
	ь	Less cost or other basis and sales expenses					
	c d	Gain or (loss) Net gain or (loss)					
		<u> </u>	. •				
Other Revenue	8a	Gross income from fundraising events (not including \$\frac{115,892}{\text{of contributions reported on line}}\$ 1c) See Part IV, line 18 Attach Schedule G if total exceeds \$15,000	42,841				
)the	b c	Less direct expensesb Net income or (loss) from fundrais		115,892	115,892		
-	9a	Gross income from gaming activities See part IV, line 19 Complete Schedule G if total exceeds \$15,000	<u> </u>				
	b c	Less direct expensesb Net income or (loss) from gaming					
	10a	Gross sales of inventory, less returns and allowances .	13,405				
	b c	Less cost of goods sold b Net income or (loss) from sales or Miscellaneous Revenue	12,347	1,058		1,058	
	11a b						
	с						
	d	All other revenue					
	e	Total. Add lines 11a-11d					
	12	Total Revenue. Add lines 1h, 2g, 8c, 9c, 10c, and 11e		10,274,687	10,179,264	-11,923	6,757

Form 990 (2008) Part IX Statement of Functional Expenses

A	Section 501(c)(3) and 501(c)(4) orgalised of the section 501(c)(3) and 501(c)(4) orgalised of the section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not received to the section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not received to the section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not received to the section 501(c)(3) and 501(c)(4) organizations must complete column (A) but are not received to the section 501(c)(4) organizations must complete column (A) but are not received to the section 501(c)(4) organizations must complete column (A) but are not received to the section 501(c)(4) organizations must complete column (B) but are not received to the section 501(c)(4) organizations must complete column (B) but are not received to the section 501(c)(6) organization for the section 501(c)(6) organization for the section 501(c)(6) organization for the section for the section 501(c)(6) organization for the section for the).
Do i	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		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)				
а	Management				
b	Legal	6,793	6,793		
c	Accounting	121,900	121,900		
d	Lobbying				
e	Professional fundraising 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 24	Insurance	120,658	120,658		
	total expenses shown on line 25 below)				
а	MANAGMENT FEES	499,889		499,889	
b	PLANT MAINTENANCE & REPAI	293,614	293,614		
c	BAD DEBT	263,133	263,133		
d	TRANSPORTATION	255,731	255,731		
e	SMALL FURNITURE & EQUIPME	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 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				orm 990 (2008)

	l	
Dart Y	Ralance	Sheet

					(A) Beginning of year		(E End of	-
	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 other related parties Complete Part II of Schedule L	, key		· · ·	5		· ·
	6	Receivables from other disqualified persons (as defined under sepersons described in section 4958(c)(3)(B) Complete Part II of 3	ction	4958(f)(1)) and		6		
	7	Notes and loans receivable, net				7		431,743
	8	Inventories for sale or use				8		
22	9	Prepaid expenses and deferred charges			175,889	9		365,103
Assets	10a	Land, buildings, and equipment cost basis	۔ما	12,412,306				
⋖	ь	Less accumulated depreciation Complete Part VI of Schedule D	10a	2,811,674		100		9,600,632
	11	Investments—publicly traded securities			5, 11 5,555	11		
		Investments—other securities See Part IV, line 11 Complete Pa				12		
	13	Investments—program-related See Part IV, line 11 Complete Part IV and See Part IV are the second sec	art VII	I		13		
	14	Intangible assets				14		
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule D			3,011,973	15		2,028,272
	16	Total assets. Add lines 1 through 15 (must equal line 34)			15,657,269		1	5,218,620
	17	Accounts payable and accrued expenses .			3,107,443			2,515,691
	18	Grants payable			3,,,,,,,	18		
	19	Deferred revenue	104,600	19		611,168		
	20	Tax-exempt bond liabilities		20				
S	21	Escrow account liability Complete Part IV of Schedule D				21		
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified						
<u></u>		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	1	1,081,362
		Organizations that follow SFAS 117, check here ► 🔽 and comp through 29, and lines 33 and 34.	lete li	nes 27				
anc	27	Unrestricted net assets			3,411,826	27		3,668,280
Balance	28	Temporarily restricted net assets			791,618	28		468,978
귤	29	Permanently restricted net assets				29		
r Fund		Organizations that do not follow SFAS 117, check here ► and lines 30 through 34.	d com	plete				
S O.	30	Capital stock or trust principal, or current funds				30		
ξ	31	Paid-in or capital surplus, or land, building or equipment fund				31		
Assets	32	Retained earnings, endowment, accumulated income, or other fu			32			
Net	33	Total net assets or fund balances			4,203,444	33		4,137,258
z	34	Total liabilities and net assets/fund balances			15,657,269	34	1	5,218,620
D-	et VI	Einancial Chataments and Beneuting						
Pa	rt XI	Financial Statements and Reporting					Yes	No

Deat VI	F:	C1-1	d D
Part XI	Financial	Statements	and Reporting

1	Accounting method used to prepare the Form 990			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		Νο
b	Were the organization's financial statements audited by an independent accountant?	2b	Yes	
С	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?	2c	Yes	
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?	3a		Νο
b	If "Yes," did the organization undergo the required audit or audits?	3b		

Employer identification number

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

OMB No 1545-0047

Open to Public Inspection

MARRA	AKECH	INC							714052	2		
Pai	rt I	Reason	for Public C	harity Status (to be co	mnleted	hy all or	nanizatio		-714853: Instruct			
				ation because it is (Please					TH3G GCC	.101137		
1	Ť		•	nurches, or association of ch			'	-	(A)(i).			
2	Ė	•		i on 170(b)(1)(A)(ii). (Attac					. , ,			
3		A hospital	or a cooperative	e hospital service organizati	on describ	bed in Sec	tion 170(l	b)(1)(A)(i	ii). (Attac	h Schedul	le H)	
4		•	•	zation operated in conjunctiv			-		- '		•	
	•		name, city, and	•		•			. , ,			
5	Г	•		or the benefit of a college or	universit	y owned o	r operated	by a gove	rnmental	unit desc	rıbed ın	
	·	Section 170(b)(1)(A)(iv). (Complete Part II)										
6	Г			overnment or governmental	unıt descr	ıbed ın Se	ction 170	(b)(1)(A)	(v).			
7	~	•		ally receives a substantial p						n the gene	ral publi	с
		_		(1)(A)(vi) (Complete Par			_			_		
8	Γ	A communi	ty trust describ	ped in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)					
9	Γ	An organiza	ation that norma	ally receives (1) more than	331/3% o	fits supp	ort from c	ontribution	ıs, membe	ership fees	s, and gro	SS
		receipts fro	m activities rel	ated to its exempt functions	-subject	to certair	n exceptio	ns, and (2) no more	than 331/	′3% of	
		ıts support	from gross inve	estment income and unrelate	ed busines	s taxable	ıncome (l	less sectio	on 511 ta:	x) from bu	sınesses	
		acquired by	the organization	on after June 30, 1975 See	Section 5	09(a)(2).	(Complet	e Part III)			
10	\sqcap	An organiza	atıon organızed	and operated exclusively to	test for p	ublic safe	ty See Se	ct ion 509((a)(4). (S	ee instruc	tions)	
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 III - C Type III - Functionally Integrated d Type III - Other										
e	Γ	other than section 50	foundation man 9(a)(2)	rtify that the organization is agers and other than one or	more publ	ıcly suppo	orted orga	nizations (described	ın sectior	509(a)((1) or
f		If the organ		d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportir	ng organi:	zation,
g			ıst 17, 2006, h	as the organization accepted	d any gift	or contrib	utıon from	any of the				,
		(i) a perso	n who directly o	r indirectly controls, either a	alone or to	gether wi	th persons	s describe	d ın (ıı)		Yes	No
			· -	ng body of the the supported	_	tion?				11g	(i)	
		(ii) a family	/ member of a p	erson described in (i) above	?					11g((ii)	
		(iii) a 35%	controlled enti	ty of a person described in (ı) or (ıı) al	bove?				11g(iii)	
h		Provide the	following inforr	mation about the organizatio	ns the org	janization	supports					
				· · · · · · · · · · · · · · · · · · ·			1					
		ame of oorted	(ii) EIN	(iii) Type of organization (described on lines 1-9		s the ation in		ou notify inization		is the ation in	(VII) Ar	nount of
1		nization		above or IRC section	_	listed in		i) of your		organized	3471	3011
	_			(See Instructions))	your go	verning		oort?	ın the	US?		
						nent?						
					Yes	No	Yes	No	Yes	No		
										1		
						1	1		1		1	

Total

Part II Support Schedule for Organizations Described in IRC 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.)

	(Complete only if you chec	ked the box of	1 line 5, 7, or	0 01 Part 1.)				
	ublic Support				-			
	endar 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	106,766	125,920	662,701	167,033		135,024	1,197,444
4	Total. Add line 1-3	106,766	123,920	662,701	167,033		133,024	1,197,444
5	The portion of total contribution by each person (other than a government unit or publicly supported organization) included on line 1 that exceed 2% of the amount shown on line 11, column (f)							
6	Public Support subtract line 5 from line							1,197,444
	4							
	otal Support	T		T				
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
7	A mounts from line 4	106,766	6,848	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 instruction:	s)			12		47,125,879
13 C	First Five Years. If the Form 990 is for the organization, check this box and stop here omputation of Public Support Perc		st, second, third	l, fourth, or fifth	tax year as a 5	01(c)(▶ ┌
14	Public Support Percentage for 2008 (line 6	column (f) dıvıdı	ed by line 11 co	lumn (f))		14		96.914 %
15	Public Support Percentage for 2007 Sched	ule A , Part IV - A	, lıne 26f			15		97.738 %
	33 1/3% Test - 2008. If the organization did and stop here. The organization qualifies as 33 1/3% Test - 2007. If the organization did	a publicly supp	orted organizati	on				▶ ✓
	box and stop here. The organization qualified 10% Facts and Circumstances Test - 2008. It more, and if the organization meets the "facts and circumstances and circumstances" meets the "facts and circumstances" meets and circumstances meets and circumstan	es as a publicly s If the organization ts and circumsta	supported organ in did not check ances" test, che	ization a box on line 13 cck this box and	3, 16a, or 16b a stop here. Exp	ınd lınd laın ın	' e 14 is 10 Part IV ho	▶ % or
	10% Facts and Circumstances Test - 2007. I more, and if the organization meets the "fact the organization meets the "facts and circumstantes Equation 15 the organization did	ts and circumsta mstances" test	ances" test, che The organizatio	eck this box and n qualifies as a	stop here. Exp publicly suppor	laın ın ted org	Part IV ho ganization	
18	Private Foundation. If the organization did	not check the DO	x on time 15, 16	а, тор, т/а ог 1	. / D, CHECK LMS	DOX a	nu see	▶□

Pa	Support Schedule for On (Complete only if you ched)(2)		
	ction A. Public Support						
Cale	ndar 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						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
c	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
•	line 6)						
To	tal Support		•	•			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975						
С	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						
12	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 fi	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶□
	mputation of Public Support Perc						
15	Public Support Percentage for 2008 (line		•	olumn (f))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
	mputation of Investment Income						
17	Investment Income Percentage for 2008 (-))	17	
18	Investment Income Percentage from 2007	'Schedule A , Pa	rt IV-A, line 27	h		18	

19a 33 1/3% 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 **33 1/3% 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

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

Schedule A (Form 990 or 990-EZ) 2008

▶□

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

Schedule A (Form 990 or 990-EZ) 2008

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DLN: 93493131011050

OMB No 1545-0047

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Schedule D (Form 990) 2008

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ 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.

	me of the organization RRAKECH INC		Employer identification number
	NORCE II AND		23-7148533
Pa	organizations Maintaining Donor organization answered "Yes" to Form	990, Part IV, line 6.	·
		(a) Donor advised funds	(b) Funds and other accounts
•	Total number at end of year		
	Aggregate Contributions to (during year)		
	Aggregate Grants from (during year)		
•	Aggregate value at end of year		
i	Did the organization inform all donors and donor actions are the organization's property, subject to the		roradvised Yes V No
5	Did the organization inform all grantees, donors, ar used only for charitable purposes and not for the b impermissible private benefit?		·
a	rt III Conservation Easements. Complet	te if the organization answered "Yes" to	o Form 990, Part IV, line 7.
L	Purpose(s) of conservation easements held by the Preservation of land for public use (e.g., recreation) Protection of natural habitat Preservation of open space	ation or pleasure)	historically importantly land area
!	Complete lines 2a-2d if the organization held a quon the last day of the tax year	ialified conservation contribution in the form	of a conservation easement
			Held at the End of the Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easeme	ents	2b
C	Number of conservation easements on a certified	historic structure included in (a)	2c
d	Number of conservation easements included in (c	:) acquired after 8/17/06	2d
3	Number of conservation easements modified, trans	sferred, released, extinguished, or terminate	ed by the organization during
	the taxable year 🕨		
ļ	Number of states where property subject to conse	rvation easement is located ►	
•	Does the organization have a written policy regard enforcement of the conservation easements it hold		ations, and Yes V No
•	Staff or volunteer hours devoted to monitoring, ins	pecting and enforcing easements during the	year ►
'	A mount of expenses incurred in monitoring, inspec	cting, and enforcing easements during the ye	ear ► \$
3	Does each conservation easement reported on line $170(h)(4)(B)(I)$ and $170(h)(4)(B)(II)$?	e 2(d) above satisfy the requirements of sec	Tyes ✓ No
)	In Part XIV, describe how the organization reports balance sheet, and include, if applicable, the text of the organization's accounting for conservation eas	of the footnote to the organization's financial	·
ar	Complete if the organization answered		or Other Similar Assets.
la	If the organization elected, as permitted under SFA art, historical treasures, or other similar assets he provide, in Part XIV, the text of the footnote to its	eld for public exhibition, education or researc	ch in furtherance of public service,
b	If the organization elected, as permitted under SFA historical treasures, or other similar assets held for provide the following amounts relating to these items	or public exhibition, education, or research i	•
	(i) Revenues included in Form 990, Part VIII, line	e 1	► \$
	(ii) Assets included in Form 990, Part X		► \$
2	If the organization received or held works of art, hi following amounts required to be reported under SF	·	or financial gain, provide the
а	Revenues included in Form 990, Part VIII, line 1		► \$
ь	Assets included in Form 990 Part X		b- ⊄

Cat No 52283D

Sche	dule D (Form 990) 2008									Page 2
Par	Organizations Maintaining Collections of Art, His	stori	ica	l Treas	sures, or C	the	r Similar	Asse	ts (cc	ntınued)
3	Using the organization's accession and other records, check any of the items (check all that apply)	he fol	llow	ving that	are a signific	ant u	se of its col	lection	ı	
а	Public exhibition d	Γ	L	oan or ex	xchange prog	ams				
b	Scholarly research e	\vdash	0	ther						
c	Preservation for future generations									
4	Provide a description of the organization's collections and explain hor Part XIV	w the	y fu	urther th	e organızatıor	ı's ex	empt purpo	se in		
5	During the year, did the organization solicit or receive donations of ar assets to be sold to raise funds rather than to be maintained as part of						ılar	Γ,	Yes	√ No
Pai	Trust, Escrow and Custodial Arrangements. Com Part IV, line 9, or reported an amount on Form 990, Part IV.				ganızatıon a	nsw	ered "Yes'	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other intermediary included on Form 990, Part X?				s or other ass	ets r	not	Γ,	Yes	√ No
b	If "Yes," explain why in Part XIV and complete the following table				_					
								A mou	nt	
c	Beginning balance					1c				
d	Additions during the year					1d				
e	Distributions during the year					1e				
f	Ending balance					1 f				
2a	Did the organization include an amount on Form 990, Part X, line 21?	,						Γ,	Yes	✓ No
ь	If "Yes," explain the arrangement in Part XIV									
Pa	rt V Endowment Funds. Complete if the organization ans									
)Prior	Yea	r (c)	Two Years Back	(d)	Three Years B	ack (e)	Four Ye	ears Back
1a	Beginning of year balance									
Ь	Contributions									
с	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									
а	Board designated or quasi-endowment									
ь	Permanent endowment ►									
c	Term endowment									
3a	Are there endowment funds not in the possession of the organization	that	are	held and	d administere	d for	the			
	organization by						_		Yes	No
	(i) unrelated organizations		•			•		3a(i)		No
_	(ii) related organizations		٠.				[3a(ii)		No
	If "Yes" to 3a(II), are the related organizations listed as required on S Describe in Part XIV the intended uses of the organization's endowm					•	[3Ь		N o
4 Dat	t VI Investments—Land, Buildings, and Equipment. S				Dart Y line	1 0				
-	Till vestments—Land, bundings, and Equipment.			ost or othe	'					
	Description of investment			investmen			(c) Depreci	ation	(d) Bo	ok value
1a	Land									
b	Buildings				11,26	8,682	1,76	52,586		9,506,096
c	Leasehold improvements									
d	Equipment				53	0,086	49	94,820		35,266
_ e	Other				61	3,538	55	54,268		59,270
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B,), line	e 10	D(c).) .						9,600,632
							Schedu	le D (F	orm 9	90) 2008

Part VIII Investments—Other Securities. S	see Form 990, Part X, line 12.	
(a) Description of security or cateory (including name of security)	(b)Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		Cook of and or your market value
Closely-held equity interests		
Other		
		_
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) -	
	<u> </u>	2
Part VIII Investments—Program Related.		3. (c) Method of valuation
(a) Description of investment type	(b) Book value	Cost or end-of-year market value
		·
Total. (Column (b) should equal Form 990, Part X, col (B) line 13) » -	
Part IX Other Assets. See Form 990, Part >		
	scription	(b) Book value
DUE FROM 501(C)(3) AFFILIATE		1,846,994
DUE FROM 501(C)(3)WHALLEY HOUSING		123,546
DEPOSITS		47,612
OTHER ASSETS		5,233
DEFERRED EXPENSES		4,887
Total. (Column (b) should equal Form 990, Part X, col.(B) I	ıne 15.)	
Part X Other Liabilities. See Form 990, Pa		·
(a) Description of Liability	(b) A mount	
Federal Income Taxes		
DUE TO GRANTORS	246,213	
DUE TO HRS	17,781	
CAPITAL LEASES		
SECURITY DEPOSITS		
Total. (Column (b) should equal Form 990. Part X, col (B) line 25	263 994	

Pai	rt XI Reconciliation of Change in Net Assets from Form 990 to Financial Statemen	nts	
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
	t XIII Reconciliation of Revenue per Audited Financial Statements With Revenue p		•
1	Total revenue, gains, and other support per audited financial		10,317,830
	statements	1	
2	A mounts included on line 1 but not on Form 990, Part VIII, line 12		
а	Net unrealized gains on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIV)		
е	Add lines 2a through 2d	2e	85,984
3	Subtract line 2e from line 1	3	10,231,846
4	A mounts included on Form 990, Part VIII, line 12, but not on line 1		
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a		
Ь	Other (Describe in Part XIV) 4b 42,841		
С	Add lines 4a and 4b	4c	42,841
5	Total Revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line 12)	5	10,274,687
	XIII Reconciliation of Expenses per Audited Financial Statements With Expenses		
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 Donated services and use of facilities		
a b	Prior year adjustments		
•	Losses reported on Form 990, Part IX, line 25		
d	Other (Describe in Part XIV)		
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:		10,203,710
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
ь	Other (Describe in Part XIV)		
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
	rt XIV Supplemental Information		10,210,331

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

Ident if ier	Return Reference	Explanation
RECONCILATION OF CHANGES - OTHER	SCHEDULE D, PAGE 4, PART XI, LINE 8	NET ASSETS RELEASED FROM RESTRICTION 2,940 990T EXPENSES 50,266 DONATED NONCASH ITEMS FOR GALA - 42,841 NET ASSETS RELEASED FROM RESTRICTIONS - 2,940 990T EXPENSES -50,266 NONCASH ITEMS 42,841
REVENUE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 2D	NET ASSETS RELEASED FROM RESTRICTION 2,940 990T EXPENSES 50,266
REVENUE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XII, LINE 4B	DONATED NONCASH ITEMS FOR GALA 42,841
EXPENSE AMOUNTS INCLUDED IN FINANCIALS - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 2D	NET ASSETS RELEASED FROM RESTRICTIONS 2,940 990T EXPENSES 50,266
EXPENSE AMOUNTS INCLUDED ON RETURN - OTHER	SCHEDULE D, PAGE 4, PART XIII, LINE 4B	NONCASH ITEMS 42,841

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DLN: 93493131011050

Supplemental Information Regarding
Fundraising or Gaming Activities

OMB No 1545-0047

2008

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

SCHEDULE G

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

Open to Public Inspection

					Employer ide	ntification number				
MARRAKECH INC					23-7148533	3				
Part I Fundraising A	ctivities. Complet	e if the or	rganızat	ion answered "Yes"						
1 Indicate whether the orga						,				
a	ns			,	non-government grants government grants sıng events	;				
2a Did the organization have or key employees listed	_		•	, -	•	Г Yes Г м				
b If "Yes," list the ten higher to be compensated at least										
		(iii) Did fundraiser have custody or control of		fundraiser have custody or control of		fundraiser have custody or			(v) A mount paid to	() (
(i) Name of individual or entity (fundraiser)	(ii) Activity	contr	ol of	(iv) Gross receipts from activity	(or retained by) fundraiser listed in col (i)	(vi) A mount paid to (or retained by) organization				
*	(ii) Activity	contr	ol of	1	fundraiser listed in	(or retained by)				
3 7	(ii) Activity	contr contribu	ol of utions?	1	fundraiser listed in	(or retained by)				

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

			(a) Event #1	(b) Event #2	(c) O ther Events	(d) Tot	al Eve	nts
				FOUNDEDC AWARDS		(Add col	(a) thr	
			(event type)	(event type)	(total number)	co	(c))	
₽	1	Gross receipts	128,827	29,906	,		216	5,481
Revenue	2	Less Charitable contributions	42,841		57,748		100	0,589
<u>~</u>	3	Gross revenue (line 1 minus line 2)	85,986	29,906			115	5,892
	4	Cash Prizes						
Ses	5	Non-cash Prizes						
Çpen	6	Rent/Facility costs						
Direct Expenses	7	Other direct expenses						
<u>D</u>	8	Direct expense summary Add lin	es 4 through 7 ın column	(d)	🕨			
	9	Net income summary Combine li	nes 3 and 8 ın column (d)		🚩		115	5,892
Par	t III	Gaming. Complete if the or \$15,000 on Form 990-EZ, lir		Yes" to Form 990, Pa	rt IV, line 19, or repoi	rted mor	e than	
Revenue			(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) O ther gaming	(d) Total col (a) the		
ď	1	Gross revenue						
မှာ	2	Cash prizes						
pens	3	Non-cash prizes						
Direct Expenses	4	Rent/facility costs						
₽ B	5	Other direct expenses						
	6	Volunteer labor	┌ Yes	┌ Yes	┌ Yes			
			,	, ,,,	1 110			
	7	Direct expense summary Add line	s 2 through 5 in column (d)				
		Direct expense summary Add line						
		Direct expense summary Add line Net gaming income summary Com			.		Yes	No
9	8		bine lines 1 and 7 in colu	mn (d)			Yes	No
а	8 Ente	Net gaming income summary Comer the state(s) in which the organization licensed to operate	bine lines 1 and 7 in colu	mn (d)	_	· 9a	Yes	No
9 a b	8 Ente	Net gaming income summary Comerthe state(s) in which the organiza	bine lines 1 and 7 in colu	mn (d)	_	· 9a	Yes	No
a b	8 Ente Is ti	Net gaming income summary Comer the state(s) in which the organization licensed to operate No," Explain	ibine lines 1 and 7 in colu ition operates gaming act gaming activities in each	mn (d)			Yes	No
а	8 Ente	Net gaming income summary Comer the state(s) in which the organization licensed to operate	ibine lines 1 and 7 in colu ition operates gaming act gaming activities in each	mn (d)		· 9a	Yes	No
a b LOa	8 Ente	Net gaming income summary Comer the state(s) in which the organization licensed to operate No," Explain	ibine lines 1 and 7 in colu ition operates gaming act gaming activities in each	mn (d)			Yes	No

			
13	Indicate the percentage of gaming activity operated in		
а	The organization's facility		
b	An outside facility		
14	Provide the name and address of the person who prepares the organization's gaming/special events books and records		
	Name •		
	Address •		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a	
Ь	If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address		
	Name •		
	Address 🟲		
16	Gaming manager information		
	Name 🟲		
	Gaming manager compensation 🕨 \$		
	Description of services provided 🟲		
	Director/officer Employee Independent contractor		
17	Mandatory distributions		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?	17a	
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 📂 💲		

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DLN: 93493131011050

OMB No 1545-0047

OMB No 1545-004

2008

2008

Employer identification number

Schedule J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

Compensation Information

Open to Public Inspection

MARRAKECH INC. 23-7148533 **Questions Regarding Compensation** Νo Yes Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items First class or charter travel Housing allowance or residence for personal use Payments for business use of personal residence Travel for companions Health or social club dues or initiation fees Tax idemnification and gross-up payments Discretionary spending account Personal services (e.g., maid, chauffeur, chef) If line 1a is checked, did the organization follow a written policy regarding payment or reimbursement or provision of all the expenses described above? If "No," complete Part III to explain **1**b 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? 2 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed in Form 990, Part VII, Section A, line 1a Receive a severance payment or change of control payment? Νo 4b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Νo 4c Νo 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 501(c)(3) and 501(c)(4) organizations only must complete lines 5-8. For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of a The organization? 5a Νo 5b Νo Any related organization? If "Yes," to line 5a or 5b, describe in Part III 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 The organization? 6a Νo 6b Any related organization? Νo

payments not described in lines 5 and 6? If "Yes," describe in Part III

For persons listed in form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed

Were any amounts reported in Form 990, Part VII, paid or accured pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe

If "Yes," to line 6a or 6b, describe in Part III

ın Part III

Cat No 50053T

7

Νo

Νo

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

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

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

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form
		(i) Base compensation	(ii) Bonus & ıncentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)	990 or Form 990-EZ
FRANCIS MCCARTHY	(ı) (ıı)	234,269				28,099	262,368	220,096
JEFFREY ANDRUS	(I) (II)					20,443	155,130	125,878
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2008

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

Ident if ier	Return Reference	Explanation

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DLN: 93493131011050

OMB No 1545-0047

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SCHEDULE M (Form 990)

Department of the Treasury

MARRAKECH INC

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

Non-Cash Contributions

Internal Revenue Service Name of the organization

Employer identification number

					23-7148533			
Pa	rt I Types of Property	T		I				
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d Method of do reven	etermı	nıng	
1	Art—Works of art							
	Art—Historical treasures .							
3	Art—Fractional interests							
4	Books and publications							
5	Clothing and household							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities—Publicly traded .							
LO	Securities—Closely held stock .							
L1	Securities—Partnership, LLC, or trust interests							
L 2	Securities—Miscellaneous							
L3	Qualified conservation contribution (historic structures)							
L4	Qualified conservation contribution (other)							
. 5	Real estate—Residential .							
.6	Real estate—Commercial							
L 7	Real estate—Other							
18	Collectibles							
L 9	Food inventory							
20	Drugs and medical supplies .							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
	Other (describe)	X	124	42,841	VARIOUS ITEMS			
	Other (describe)							
	Other (describe)							
28	Other (describe)							
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	= -	ar for contributions for	29			
30a	During the year, did the organiza						Yes	No
	least three years from the date of			not required to be used for	exempt purposes			
	for the entire holding period? .					30a		No
b	If "Yes", describe the arrangem	ent in Part 1	I					
31	Does the organization have a gif					31		Νo
32a	Does the organization hire or us contributions?	e third part • • •	es or related organizations	to solicit, process, or sell	non-cash	32a		Νo
ь 33	If "Yes", describe in Part II If the organization did not report	: revenues i	n Column (c) for a type of p	property for which Column (a	a) is			-
	checked, describe in Part II							

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.							
Identifier	ReturnReference	Explanation					
24011111101	Notal III Colorelle	Explanation					
		I					

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

2008

Open to Public Inspection

Name of the organization
MARRAKECH INC

23-7148533

ldentifier	Return Reference	Explanation				
ORGANIZATION'S PROCESS USED TO REVIEW FORM 990		EACH MEMBER OF THE BOARD RECEIVES A COPY OF THE 990 FOR REVIEW BEFORE FILING				

ldentifier	Return Reference	Explanation
ENFORCEMENT OF CONFLICTS POLICY	FORM 990, PAGE 6, PART VI, LINE 12C	MEMBERS OF THE BOARD FILL OUT A CONFLICT OF INTEREST STATEMENT ANNUALLY

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR TOP OFFICIAL	FORM 990, PAGE 6, PART VI, LINE 15A	THE BOARD OF DIRECTORS DETERMINES THE SALARY OF THE EXECUTIVE DIRECTOR BY REVIEWING 990'S OF COMPARABLE ORGANIZATIONS ALONG WITH SURVEYS

ldentifier	Return Reference	Explanation
COMPENSATION PROCESS FOR OFFICERS	' '	THE SENIOR DIRECTOR OF ADMINISTRATION AND EXECUTIVE DIRECTOR DETERMINE THE SALARIES OF OFFICERS AND KEY EMPLOYEES

ldentifier	Return Reference	Explanation			
GOVERNING DOCUMENTS DISCLOSURE EXPLANATION	FORM 990, PAGE 6, PART VI, LINE 19	ALL GOVERNING DOCUMENTTS ARE AVAILABLE UPON REQUEST			

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

DLN: 93493131011050

2008

OMB No 1545-0047

Open to Public Inspection

Schedule R (Form 990) 2008

Related Organizations and Unrelated Partnerships

Department of the Treasury Internal Revenue Service

(Form 990)

SCHEDULE R

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

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	(E) nd-of-year assets	(F) Direct controlling entity
Part II Identification of Related Tax-Exempt Organizat	ions				
(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 WOODBRIDGE, CT06525 06-1319874	PROG DISAB	СТ	501	7	NA
MARRAKECH DAY SERVICES INC 6 LUNAR DRIVE WOODBRIDGE, CT06525 06-1319875	DAY PROG	СТ	501	7	NA
MARRAKECH RESIDENTIAL SERVICES INC 6 LUNAR DRIVE WOODBRIDGE, CT06525 06-1319876	RES PROG	СТ	501	7	NA

Cat No 50135Y

(A) Name, address, and EIN of related organization	Prın	(B) nary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	Incom Inve	(E) ominant e(related, estment, related)	Share	(F) e of total income	(G) Share of end-of- year assets	(H Disprop allocat	l) ortionate cions?	(I) Code V—UBI amount on Box 20 of K-1	(J) Genera manag partne	al o ging
										Yes	No		Yes	No
Part IV Identification of	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related org	anızatıon	(B) Primary activity		(C) Legal domicile (state or foreign country)	2	(D) Direct contro entity	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of I-of-yea assets	(H) Percentage r ownership		

Part V	Transactions	with Related	Organizations
--------	--------------	--------------	---------------

	Note. Complete line 1 if any entity is listed in Parts II, III or IV			١,	Yes	No
1 [During the tax year, did the orgranization engage in any of the following transactions with o	one or more related organizations listed in Parts II-IV	7	\top		
а	Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity		12	а		No
b	Gift, grant, or capital contribution to other organization(s)		11	ь		No
c	Gift, grant, or capital contribution from other organization(s)		10	c⊤		No
d	Loans or loan guarantees to or for other organization(s)		10	d		No
е	Loans or loan guarantees by other organization(s)		16	e		No
f	Sale of assets to other organization(s)		11	f		No
g	Purchase of assets from other organization(s)		19	g		No
h	Exchange of assets		11	h		No
i	Lease of facilities, equipment, or other assets to other organization(s)		11	i		No
j	Lease of facilities, equipment, or other assets from other organization(s)		11	j		No
k	Performance of services or membership or fundraising solicitations for other organization	on(s)	11	k		No
1	Performance of services or membership or fundraising solicitations by other organizatio	on(s)	11	.I		No
n	n Sharıng of facılıtıes, equipment, mailing lists, or other assets		11	m `	Yes	
n	Sharing of paid employees		1r	n '	Yes	
0	Reimbursement paid to other organization for expenses		10	+		No
p	Reimbursement paid by other organization for expenses		1,	p '	Yes	
q	Other transfer of cash or property to other organization(s)		10	q		No
r	O ther transfer of cash or property from other organization(s)		11	r		No
2	If the answer to any of the above is "Yes," see the instructions for information on who m	(B)				
	(A) Name of other organization(c)	Transaction	(C)			

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

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

								1	_			
(A) Name, address, and EIN of entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?	
			Yes	No		Yes	No		Yes	No		
			-	-	-	-	-	Schodule	R (Form	000) 2009		

Additional Data

Software ID: Software Version:

EIN: 23-7148533

Name: MARRAKECH INC

Form 990, Part VIII - Statement of Revenue - 2a - 2g Program Service Revenue -

	Business Code	(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
a SUPPORTED EMPLOYMENT		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 DCFWORK/LEARN		479,921	479,921		