

Form **990**Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-0047

2000Open to Public
InspectionA For the 2000 calendar year, or tax year period beginning 7/01/00, and ending 6/30/01

B Check if applicable:

☐ Change of address

☐ Change of name

☐ Initial return

☐ Final return

☐ Amended return

Please use IRS label or print or type

See Specific Instructions.

C Name of organization

MARRAKECH, INC.

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

6 LUNAR DRIVE

City or town, state or country and ZIP code

WOODBIDGE

CT 06525

D Employer ID number

23-7148533

E Telephone number

203-389-2970

F Check ☐ if application pendingG Org type (check only one) ☒ 501(c) (3) ☐ 527 or ☐ 4947(a)(1)

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

J Accounting method ☐ Cash ☒ Accrual ☐ Other (specify)

K Check here ☐ if the organization's gross receipts are normally not more than \$25,000. The organization need not file a return with the IRS, but if the organization received a Form 990 Package in the mail, it should file a return without financial data.

Some states require a complete return

Note H and I are not applicable to section 527 orgs

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

H(b) If "Yes" enter number of affiliates

H(c) Are all affiliates included? ☐ Yes ☐ No

(If "No" att a list See instr)

H(d) Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☒ No

I Enter 4-digit group exemption no (GEN)

L Check this box if the organization is not required to attach Schedule B (Form 990 or 990-EZ)

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See Specific Instructions on page 16)

1 Contributions, gifts, grants, and similar amounts received

a Direct public support

1a 255,609

b Indirect public support

1b

c Government contributions (grants)

1c 225,000

d Total (add lines 1a through 1c) (cash \$ 480,609 noncash \$)

1d 480,609

2 Program service revenue including government fees and contracts (from Part VII, line 93)

2 2,919,543

3 Membership dues and assessments

3

4 Interest on savings and temporary cash investments

4 32,998

5 Dividends and interest from securities

5

6a Gross rents

6a 29,677

b Less rental expenses

SEE STMT 1

6b 14,377

c Net rental income or (loss) (subtract line 6b from line 6a)

6c 15,300

7 Other investment income (describe)

7

8a Gross amount from sales of assets other than inventory

(A) Securities

(B) Other

8a

b Less cost or other basis and sales expenses

8b

c Gain or (loss) (attach schedule)

8c

d Net gain or (loss) (combine line 8c, columns (A) and (B))

8d

9 Special events and activities (attach schedule)

a Gross revenue (not including \$ of contributions reported on line 1a)

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 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)

12 3,448,450

E 13 Program services (from line 44, column (B))

13 2,765,291

14 Management and general (from line 44, column (C))

14 140,822

15 Fundraising (from line 44, column (D))

15

16 Payments to affiliates (attach schedule)

16

17 Total expenses (add lines 13 and 14, column (A))

17 2,906,113

A 18 Excess or (deficit) for the year (subtract line 17 from line 12)

18 542,337

19 Net assets or fund balances at beginning of year (from line 73, column (A))

19 907,459

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 1,449,796

For Paperwork Reduction Act Notice, see page 1 of the separate instructions

Form 990 (2000)

DAA

13 ✓

FILED MAR 18 2002

Revenue

Expenses

Assets

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 Specific Instructions on page 20.)

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
22 Grants and allocations (attach schedule) (cash \$ _____ non-cash \$ _____)	22				
23 Specific assistance to individuals	23				
24 Benefits paid to or for members	24				
25 Compensation of officers, directors, etc.	25	228,385	228,385		
26 Other salaries and wages	26	1,139,503	1,139,503		
27 Pension plan contributions	27	34,229	34,229		
28 Other employee benefits	28	139,270	139,270		
29 Payroll taxes	29	120,879	120,879		
30 Professional fundraising fees	30				
31 Accounting fees	31	136,568	136,568		
32 Legal fees	32				
33 Supplies	33	97,392	61,850	35,542	
34 Telephone	34	16,405	16,405		
35 Postage and shipping	35	11,591	11,591		
36 Occupancy	36	323,936	323,936		
37 Equipment rental and maintenance	37	30,645	30,645		
38 Printing and publications	38				
39 Travel	39	50,893	50,893		
40 Conferences, conventions, and meetings	40				
41 Interest	41	185,557	185,557		
42 Depreciation, depletion, etc. (att. sch.)	42	152,710	152,710		
43 Other expenses (itemize): a	43a				
b SEE STATEMENT 2	43b	238,150	132,870	105,280	
c	43c				
d	43d				
e	43e				
44 Total functional expenses (add lines 22 - 43) Organizations completing columns (B)-(D), carry these totals to lines 13-15	44	2,906,113	2,765,291	140,822	0

Reporting of Joint Costs Did you report in column (B) (Program services) any joint costs from a combined educational campaign and fundraising solicitation? ▶ ☐ 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 Specific Instructions on page 23.)

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 \$ _____)	2,765,291
b	(Grants and allocations \$ _____)	
c	(Grants and allocations \$ _____)	
d	(Grants and allocations \$ _____)	
e Other program services (attach schedule)	(Grants and allocations \$ _____)	
f Total of Program Service Expenses (should equal line 44, column (B), Program services)		2,765,291

Part IV Balance Sheets (See Specific Instructions on page 23)

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
45	Cash-non-interest-bearing	334,490	45 508,311
46	Savings and temporary cash investments		46
47a	Accounts receivable	255,910	
b	Less allowance for doubtful accounts	238,973	47c 255,910
48a	Pledges receivable		
b	Less allowance for doubtful accounts		48c
49	Grants receivable		49
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	1,655,084	
b	Less allowance for doubtful accounts	996,936	51c 1,655,084
52	Inventories for sale or use		52
53	Prepaid expenses and deferred charges	102,224	53 101,449
54	Investments-securities		54
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	3,847,391	
b	Less accumulated depreciation (attach schedule) SEE STMT 3	1,164,407	57c 2,682,984
58	Other assets (describe SEE STMT 4)	30,717	58 19,953
59	Total assets (add lines 45 through 58) (must equal line 74)	3,896,101	59 5,223,691
60	Accounts payable and accrued expenses	414,296	60 935,751
61	Grants payable		61
62	Deferred revenue		62
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	2,411,963	64b 2,713,546
65	Other liabilities (describe SEE STMT 5)	162,383	65 124,598
66	Total liabilities (add lines 60 through 65)	2,988,642	66 3,773,895
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	907,459	67 1,032,796
68	Temporarily restricted		68 417,000
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)	907,459	73 1,449,796
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	3,896,101	74 5,223,691

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.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See Specific Instructions, page 25)

a	Total revenue, gains, and other support per audited financial statements ▶	a	3,462,827
b	Amounts included on line a but not on line 12, Form 990	b	
(1)	Net unrealized gains on investments \$		
(2)	Donated services and use of facilities \$		
(3)	Recoveries of prior year grants \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	3,462,827
d	Amounts included on line 12, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	SEE STMT 6 \$ -14,377		
	Add amounts on lines (1) and (2) ▶	d	-14,377
e	Total revenue per line 12 Form 990 (line c plus line d) ▶	e	3,448,450

Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return

a	Total expenses and losses per audited financial statements ▶	a	2,920,490
b	Amounts included on line a but not on line 17, Form 990	b	
(1)	Donated services and use of facilities \$		
(2)	Prior year adjustments reported on line 20, Form 990 \$		
(3)	Losses reported on line 20, Form 990 \$		
(4)	Other (specify)		
	\$		
	Add amounts on lines (1) through (4) ▶	b	
c	Line a minus line b ▶	c	2,920,490
d	Amounts included on line 17, Form 990 but not on line a	d	
(1)	Investment expenses not included on line 6b, Form 990 \$		
(2)	Other (specify)		
	SEE STMT 7 \$ -14,377		
	Add amounts on lines (1) and (2) ▶	d	-14,377
e	Total expenses per line 17, Form 990 (line c plus line d) ▶	e	2,906,113

Part V List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated, see Specific Instructions on page 25)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (if not paid, enter -0-)	(D) Contrib to employee benefit plans & deferred compensation	(E) Expense account and other allowances
FRANK MCCARTHY	EXEC. DIR.	139,433	8,329	0
JEFF ANDRUS	DIR. OF FIN.	88,952	2,707	0
MOSHE SIEV	PRESIDENT	0	0	0
RANDY L. HARRISSON	HOURS AS	0	0	0
MERTON G. GOLLAHER	VP	0	0	0
	NEEDED	0	0	0
D. EDWARD MAS	TREASURER	0	0	0
GEORGE DUGGAN	SECRETARY	0	0	0
MIMI GLENN	DIRECTOR	0	0	0
ADA M. LOMAX	DIRECTOR	0	0	0
SEE STATEMENT 8				

75 Did any officer, director, trustee, or key employee receive aggregate compensation of more than \$100,000 from your organization and all related organizations, of which more than \$10,000 was provided by the related organizations?
If "Yes," attach schedule-see Specific Instructions on page 26

▶ ☐ Yes ☒ No

Part VI Other Information (See Specific Instructions on page 26)

	N/A	Yes	No
76 Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	76		X
77 Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes	77		X
78a Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?	78a	X	
b If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X	
79 Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		X
80a Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc to any other exempt or nonexempt organization?	80a	X	
b If "Yes," enter the name of the organization MARRAKECH HOUSING, DAY SERVICES, RESIDENT and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt			
81a Enter the amount of political expenditures, direct or indirect, as described in the instructions for line 81	81a		
b Did the organization file Form 1120-POL for this year?	81b		X
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 for reporting in Part III)	82b		
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	
85 501(c)(4), (5), or (6) organizations a 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 in 85f?	85g	N/A	
h If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount in 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		
88 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	88		X
89a 501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <u>0</u> section 4912 <u>0</u> , section 4955 <u>0</u>			
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
90a List the states with which a copy of this return is filed NONE			
b Number of employees employed in the pay period that includes March 12, 2000 (See instructions)	90b		420
91 The books are in care of MARRAKECH, INC. Telephone no 203-389-2970 Located at 6 LUNAR DRIVE, WOODBRIDGE, CT ZIP code 06525			
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 Specific Instructions on page 30)

Enter gross amounts unless otherwise indicated

	Unrelated business income		Excluded by sec 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					2,919,543
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	32,998	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	531110	15,300			
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))		15,300		32,998	2,919,543
105 Total (add line 104, columns (B), (D), and (E))					2,967,841

Note Line 105 plus line 1d, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See Specific Instructions on page 31)

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 Specific Instructions on page 31)

(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 Specific Instructions on pg 31)

(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)

Please Sign 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. (Important: See General Instruction W, on page 14.)

1/2-17-02
DateFRANCIS E MCCARTHY
EXECUTIVE DIRECTOR
Type or print name and title

C P A

Date
1/29/02Check if
self-
employed ☐Preparer's SSN or PTIN
049-56-7619

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 Section 4947(a)(1) Nonexempt Charitable Trust**Supplementary Information-(See separate instructions.)**

OMB No 1545-0047

2000Department of the Treasury
Internal Revenue Service▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

Employer identification number

MARRAKECH, INC.

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 employee ben plans & deferred compensation	(e) Expense account and other allowances
SILVIA MOSCARIOELLO	VOC. DIR. 40	77,923	2,707	0
HEATHER LATORRE	HR DIR. 40	66,857	0	0
ALAN EMMERICH	ACCOUNT MNGR 40	62,976	2,707	0
DONALD HAGGERTY	ASSIST. DIR. 40	52,822	2,698	0
Total number of other employees paid over \$50,000 ▶ 0				

Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services

(See page 1 of the instr 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
NONE		
Total number of others receiving over \$50,000 for professional services ▶		

For Paperwork Reduction Act Notice, see page 1 of the Instructions for Form 990 and Form 990-EZ

Schedule A (Form 990 or 990-EZ) 2000

Part III Statements About Activities

	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 \$ _____ 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.	1	X
2 During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any of its 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?		
a Sale, exchange, or leasing of property?	2a	X
b Lending of money or other extension of credit?	2b	X
c Furnishing of goods, services, or facilities?	2c	X
d Payment of compensation (or payment or reimbursement of exp. if more than \$1,000)? SEE PART V, FORM 990 SEE STMT 9	2d	X
e Transfer of any part of its income or assets? If the answer to any question is "Yes," attach a detailed statement explaining the transactions.	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.?	3	X
4a Do you have a section 403(b) annuity plan for your employees?	4a	X
b Attach a statement to explain how the organization determines that individuals or organizations receiving grants or loans from it in furtherance of its charitable programs qualify to receive payments (See pg. 2 of the instr.)		

Part IV Reason for Non-Private Foundation Status (See pages 2 through 5 of the instructions)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, page 5.)
- 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 supports organizations described in (1) lines 5 through 12 above, or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(2). (See section 509(a)(3).)

Provide the following information about the supported organizations (See page 5 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Line number from above

- 14 ☐ An organization organized and operated to test for public safety. Section 509(a)(4). (See page 5 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 FY beginning in)	(a) 1999	(b) 1998	(c) 1997	(d) 1996	(e) Total
15 Gifts, grants, & contrib. received (Do not incl. unusual grants. See line 28.)	40,819		515,248	31,882	587,949
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is not a busin. unrelated to the organization's charitable etc. purpose	3,044,048	3,068,305	2,499,088	3,032,043	11,643,484
18 Gross inc. from int., dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busin. taxable inc. (less sec 511 taxes) from businesses acquired by the organization after June 30, 1975	30,143	8,774	2,159	12,914	53,990
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's ben. & either paid to it or expended on its behalf					
21 The value of services or facil. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or facilities generally furnished to the public without charge.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets. STMT 10	71,079				71,079
23 Total of lines 15 through 22	3,186,089	3,077,079	3,016,495	3,076,839	12,356,502
24 Line 23 minus line 17	142,041	8,774	517,407	44,796	713,018
25 Enter 1% of line 23	31,861	30,771	30,165	30,768	
26 Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24				
					26a 14,260
b Attach a list (which is not open to public inspection) showing the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1996 through 1999 exceeded the amount shown in line 26a. Enter the sum of all these excess amounts.					28b
c Total support for section 509(a)(1) test. Enter line 24, column (e).					26c 713,018
d Add: Amounts from column (e) for lines 18 53,990 19					26d 125,069
22 71,079 26b					26e 587,949
e Public support (line 26c minus line 26d total)					26f 82.4592%
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," attach a list (which is not open to public inspection) to show the name of, and total amounts received in each year from, each year from, each "disqualified person." Enter the sum of such amounts for each year N/A				
(1999)	(1998)	(1997)	(1996)		
b For any amount included in line 17 that was received from a nondisqualified person, attach a list 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 11, as well as individuals.) 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 N/A					
(1999)	(1998)	(1997)	(1996)		
c Add: Amounts from column (e) for lines 15 16					27c
17 20					27d
d Add: Line 27a total and line 27b total					27e
e Public support (line 27c total minus line 27d total)					27f
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).					27g %
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27h %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					
28 Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1996 through 1999, attach a list (which is not open to public inspection) for each year showing the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not include these grants in line 15. (See page 5 of the instr.) N/A					

Part V Private School Questionnaire (See page 5 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?			
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?			
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)			
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 7 of the instructions)(To be completed **ONLY** by an eligible organization that filed Form 5768) N/A

Check here ☐ **a** if the organization belongs to an affiliated group
 Check here ☐ **b** if you checked "a" above 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	41	
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 9 of the instructions

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(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 9 of the instr)

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

- 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, lectures, or any other means
i Total lobbying expenditures (add lines c through h)

Yes	No	Amount

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

Schedule B
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue Service**Schedule of Contributors**Supplementary Information for line 1d of Form 990 or
line 1 of Form 990-EZ (see instructions)

OMB No 1545-0047

2000

Name of organization

Employer identification number

MARRAKECH, INC.

23-7148533

Organization type (check one)- Section ☒ 501(c)(3) (enter number) ☐ 527 or ☐ 4947(a)(1) nonexempt charitable trust**A Section 501(c)(7), (8), or (10) organizations-**Check this box if the organization had no **General** charitable contributors who contributed more than \$1,000 during the year (But see rule below) ☐Enter here the total gifts received during the year for a religious, charitable, etc., purpose ☐ \$**Note** This form is generally not open to public inspection except for section 527 organizations

Name of organization

MARRAKECH, INC.

Employer identification number

23-7148533

Part I Contributors

(a) No	(b) Name, address and zip code	(c) Aggregate contributions	(d) Type of contribution
<u>1</u>		\$ 5,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>2</u>		\$ 192,000	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u>3</u>		\$ 58,609	Individual <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)
<u> </u>		\$	Individual <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if a noncash contribution)

Federal Statements

1/29/2002

Government Contributions or Grants

	Contributor	Cash	Non-Cash
		Contribution	Contribution
		\$ 125,000	\$
		100,000	
TOTAL		\$ <u>225,000</u>	\$ <u>0</u>

Other Notes and Loans Receivable

Form **990****2000**

For calendar year 2000, or tax year beginning

7/01/00, and ending

6/30/01

Name

Employer Identification Number

MARRAKECH, INC.

23-7148533

FORM 990, PART IV, LINE 51A - ADDITIONAL INFORMATION

Name of borrower	Relationship to disqualified person
(1) LOAN RECEIVABLE FROM AFFILIATE	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	

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

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	996,936	1,655,084	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	996,936	1,655,084	



711 MARRAKECH, INC

23-7148533

FYE 6/30/2001

Federal Statements

1/29/2002

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

<u>Description</u>	<u>Deduction</u>
RENTAL PROPERTY	
INTEREST	4,216
CLEANING & MAINTENANCE	1,438
TAXES	5,739
DEPRECIATION	1,217
REFINANCE CHARGES	721
INSURANCE	380
UTILITIES	666
TOTAL	<u>14,377</u>

Federal Statements

1/29/2002

Statement 2 - Form 990, Part II, Line 43 - Other Functional Expenses

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
INDIRECT EXPENSE				
CONSULTANTS	73,875	73,875		
DUES, FEES & LICENSES	10,108	10,108		
SUBSCRIPTIONS	1,343	1,343		
STAFF TRAINING	12,276	12,276		
ADVERTISING	7,930	7,930		
RESERVE FOR REPLACE.-CHFA	10,177	10,177		
PUBLIC RELATIONS	3,671	3,671		
MANAGEMENT FEES	78,587		78,587	
PRINTING EXPENSE	3,978		3,978	
BANK CHARGES	11,925		11,925	
MISCELLANEOUS EXPENSE	21,544	10,754	10,790	
SMALL FURNITURE & EQUIPMENT	2,736	2,736		
TOTAL	\$ 238,150	\$ 132,870	\$ 105,280	\$ 0

Federal Statements

1/29/2002

Statement 3 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
	\$ 3,257,876	\$ 1,065,115	\$ 3,847,391	\$ 1,164,407
TOTAL	<u>\$ 3,257,876</u>	<u>\$ 1,065,115</u>	<u>\$ 3,847,391</u>	<u>\$ 1,164,407</u>

Statement 4 - Form 990, Part IV, Line 58 - Other Assets

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 22,800	\$ 10,942
DEFERRED EXPENSES	7,917	9,011
TOTAL	<u>\$ 30,717</u>	<u>\$ 19,953</u>

Statement 5 - Form 990, Part IV, Line 65 - Other Liabilities

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CAPITAL LEASES	\$ 162,383	\$ 124,598
TOTAL	<u>\$ 162,383</u>	<u>\$ 124,598</u>

Federal Statements

1/29/2002

Statement 6 - Form 990, Part IV-A - Other Revenue Included on Return

Description	Amount
RENTAL EXPENSES NETTED AGAINST RENTAL INCOME	\$ -14,377
TOTAL	\$ -14,377

Statement 7 - Form 990, Part IV-B - Other Expenses Included on Return

Description	Amount
RENTAL EXPENSES	\$ -14,377
TOTAL	\$ -14,377

Statement 8 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name	Address				
	Title	Average Hours	Compensation	Benefits	Expenses
JOHN RUSSO	DIRECTOR		0	0	0
GARY RAPPAPORT	DIRECTOR		0	0	0
SHEILA MASTERSON	DIRECTOR		0	0	0
PETER BIANCHI	DIRECTOR		0	0	0
THERESA M. VELLECA	DIRECTOR		0	0	0
THE ABOVE LISTED INDIVIDUALS CAN BE					

CONTACTED AT MARRAKECH, INC. AT THE
FOLLOWING ADDRESS.

6 LUNAR DR., WOODBRIDGE, CT, 06525

PHONE #: (203) 389-2970

Federal Statements

1/29/2002

Statement 9 - Schedule A, Part III, Question 2d - Payment of Compensation

SEE PART V-LIST OF OFFICERS, DIRECTORS AND KEY EMPLOYEES

Federal Statements**Statement 10 - Schedule A, Part IV-A, Line 22 - Other Income**

<u>Description</u>	<u>1999</u>	<u>1998</u>	<u>1997</u>	<u>1996</u>
OTHER INCOME-INSURANCE PROCEEDS	\$ <u>71,079</u>	\$ <u></u>	\$ <u></u>	\$ <u></u>
TOTAL	\$ <u>71,079</u>	\$ <u>0</u>	\$ <u>0</u>	\$ <u>0</u>

711 MARRAKECH, INC
23-7148533
FYE 6/30/2001

Federal Statements

1/29/2002

Statement 11 - Form 990-T, Schedule E, Column 3b - Other Deductions

Description	Deduction
RENTAL PROPERTY	
INTEREST	4,216
CLEANING & MAINTENANCE	1,438
TAXES	5,739
OTHER	1,767
TOTAL	<u>13,160</u>

Marrakech Inc
Form 990-2000
Part IV -line 57c

EIN - 23-7148533

FIXED ASSETS

Fixed assets at June 30, 2001 consist of the following

<u>Fixed Assets</u>	<u>Life in Years</u>	<u>Cost</u>
Furniture and equipment	5-10	\$ 365 650
Transportation equipment	3-4	486 112
Land and buildings	5-30	<u>2,995,629</u>
		3,847,391
Less accumulated depreciation		<u>1,164,407</u>
Net fixed assets		<u><u>\$2,682,984</u></u>

Marrakech, Inc
Form 990-2000
Part IV - line 64b

EIN 23-7143533

LOANS PAYABLE

At June 30 2001, Marrakech, Inc had loans payable as follows

Corporation for Independent Living

Marrakech Inc's demand note payable to CIL Realty Inc (CIL) This note is secured by all of the Agency's contract rights and accounts receivable related to the Englewood Drive and Knollwood Drive Group Homes Assuming that the Agency is in compliance with all terms and covenants of the loan and realty leases with CIL, the principal of such loan will be forgiven when the associated group homes are donated to Marrakech, Inc The homes are scheduled to be donated when their corresponding realty leases expire, which will be September 2009 for the Englewood group home and February 2010 for the Knollwood group home This loan has been classified as a long-term liability \$138,000

Working capital installment loan, collateralized by accounts receivable, payable monthly at \$486 including principal and interest at 8.5% per annum due June 30 2016 49,351

People's Bank:

Demand loan guaranteed by the Connecticut Development Authority, interest payable at prime plus one percent, due February 2004 This note has been included in long-term loans payable 121,276

Demand loan guaranteed by the Connecticut Development Authority, interest payable at prime plus one percent, due February 2004 This note has been included in long-term loans payable 141,800

Citizens Bank:

Revolving line of credit of \$235,000 guaranteed by Marrakech Residential Services Inc and Marrakech Housing Options, Inc, advances on this line of credit are payable on demand and bear interest at prime plus one percent per annum -

State of Connecticut

A promissory note payable in monthly installments of \$181 including interest at 6% per annum due April 1, 2016 21,300

Various loans collateralized by automobiles, monthly installments currently totaling \$802 including principal and interest at rates ranging from 9.9% to 12.55% per annum, due dates ranging from February 2002 to October 2004 19,038

Total loans payable \$490,765

Total Mortgages Payable 2,222,781

Total Loans & Mortgages 2,713,546

MORTGAGES PAYABLE

At June 30, 2001 Marrakech Inc had mortgages payable as follows

Citizens Bank

Mortgage payable collateralized by property located at 6 Lunar Drive Woodbridge CT, payable monthly at \$3,178 including principal and interest at 9.75% per annum, due May 2012 \$ 252,824

Mortgage payable collateralized by property located at 514-526 Whalley Avenue, New Haven, CT, payable monthly at \$3,089 including principal and interest at 7.76% per annum 368,360

Mortgage payable, collateralized by property located at 615-617 Whalley Avenue, New Haven, CT payable monthly at \$338 including principal and interest at 8.25% per annum, due August 1, 2030 44,704

Connecticut Housing Finance Authority:

Mortgage payable, collateralized by property located at 92 Hurd Road, Trumbull, CT, payable monthly at \$1,960 including principal and interest at 6.63% per annum, due October 2030 \$ 268,844

Mortgage payable, collateralized by property located at 92 View Terrace, East Haven, CT payable monthly at \$1,967 including principal and interest at 6.63% per annum due October 2030 269,802

First Union Bank

Mortgage payable, collateralized by property located at 597 East Street, New Haven, CT 85% of the loan is guaranteed by the U.S. Small Business Administration, payable monthly at \$2,645 including principal and interest that varies with the published prime rate, currently at 11.75% per annum, due August 2016 224,252

Mortgage payable, collateralized by property located at 33 Lake Street, West Haven, CT, payable monthly at \$2,343 including principal and interest at 6.93% per annum, due August 2027 339,003

Mortgage payable collateralized by property located at 21 Victor Hill Road, Branford, CT payable monthly at \$2,261 including principal and interest at 7.34% per annum, due September 2026 277,867

Mortgage payable collateralized by property located at 60 Plainfield Avenue West Haven CT payable monthly at \$270 including principal and interest at 8.25% per annum due July 2030 35,739

State of Connecticut Department of Mental Retardation

Mortgage payable, collateralized by property located at 43 Ramsdell Street, New Haven, CT, payable monthly at \$1,120 including principal and interest at 6% per annum, due March 2018 141,386
Total mortgages payable 2,222,781

Form 8868

December 2000

Department of the Treasury
Internal Revenue ServiceApplication for Extension of Time To File an
Exempt Organization Return

OMB No. 1545-009

▶ File a separate application for each return.

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box ▶
- If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II (on page 2 of this form) ▶

Note: Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 9868.

Part I Automatic 3-Month Extension of Time- Only submit original (no copies needed)

Note: Form 990-T corporations requesting an automatic 6-month extension-check this box and complete Part I only ▶

All other corporations (including Form 990-C filers) must use Form 7004 to request an extension of time to file income tax

returns. Partnerships, REMICs and trusts must use Form 8736 to request an extension of time to file Form 1065, 1066, or 1041

Type or print	Name of Exempt Organization	Employer identification number
File by the due date of filing your return. See instructions	MARRAKECH, INC.	23-7148533
	Number, street, and room or suite no. If a P.O. box, see instructions	
	6 LUNAR DRIVE	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions	
	WOODBIDGE CT 06525	

Check type of return to be filed (file a separate application for each return)

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation) | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above) | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF | <input type="checkbox"/> Form 1041-A | <input type="checkbox"/> Form 8870 |

- If the organization does not have an office or place of business in the United States, check this box ▶

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is

or the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover

1. I request an automatic 3-month (6-month for 990-T corporation) extension of time until 2/15/02
to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ ☐ calendar year _____ or
▶ ☒ tax year beginning 1/1/00 and ending 6/30/01

2. If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

- 3a. If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions. \$ _____

- 3b. If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments. Include any prior year overpayment allowed as a credit. \$ _____

- 3c. Balance Due. Subtract line 3b from line 3a. Include your payment with this form or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. \$ _____

Signature and Verification

I, the undersigned, declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

William A. Smith - CPA

Date 1/15/02

For Paperwork Reduction Act Notice, see instruction

Form 8868 1-00

