

Form **990**

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2001**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

A For the 2001 calendar year or tax year beginning **7/01/01**, and ending **6/30/02**

B Check if applicable

- ☐ Address change  
☐ Name change  
☐ Initial return  
☐ Final return  
☐ Amended return  
☐ Application pending

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**

Room/suite

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

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

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

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates? ☐ Yes ☒ NoH(b) If "Yes" enter no. of affiliates ☒ N/A ☐ Yes ☐ NoH(c) Are all affiliates included? ☒ N/A ☐ 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 GEN

M Check ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)

G Web site

J Organization type

(check only one) ☒ 501(c) ( **3** ) (insert no.) ☐ 4947(a)(1) or ☐ 527K 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

L Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 **3,789,776****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	<b>100,891</b>	
b	Indirect public support	1b		
c	Government contributions (grants)	1c		
d	Total (add lines 1a through 1c) (cash \$ <b>100,891</b> noncash \$ )	1d	<b>100,891</b>	
2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	<b>3,646,646</b>	
3	Membership dues and assessments	3		
4	Interest on savings and temporary cash investments	4	<b>12,094</b>	
5	Dividends and interest from securities	5		
6a	Gross rents	6a	<b>30,145</b>	
b	Less rental expenses	6b	<b>24,297</b>	
c	Net rental income or (loss) (subtract line 6b from line 6a)	6c	<b>5,848</b>	
7	Other investment income (describe)	7		
8a	Gross amount from sales of assets other than inventory	(A) Securities		(B) Other
b	Less cost or other basis and sales expenses	8a		
c	Gain or (loss) (attach schedule)	8b		
d	Net gain or (loss) (combine line 8c, columns (A) and (B))	8c		
8d		8d		
9	Special events and activities (attach schedule)			
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	<b>3,765,479</b>	
13	Program services (from line 44, column (B))	13	<b>3,378,992</b>	
14	Management and general (from line 44, column (C))	14	<b>188,007</b>	
15	Fundraising (from line 44, column (D))	15		
16	Payments to affiliates (attach schedule)	16		
17	Total expenses (add lines 16 and 44, column (A))	17	<b>3,566,999</b>	
18	Excess or (deficit) for the year (subtract line 17 from line 12)	18	<b>198,480</b>	
19	Net assets or fund balances at beginning of year (from line 73, column (A))	19	<b>1,449,796</b>	
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	<b>1,648,276</b>	

For Paperwork Reduction Act Notice, see the separate instructions

Form 990 (2001)

DAA

JUN 25 2003

RECEIVED  
MAY 27 2003  
OGDEN, UT  
IRS

SEE STMT 1

Form 990 (2001) **MARRAKECH, INC.****23-7148533**Page **2****Part II Statement of**

All organizations must complete column (A). Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations

**Functional Expenses**

and section 4947(a)(1) nonexempt charitable trusts but optional for others. (See Specific Instructions on page 21.)

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	259,520	259,520	
26 Other salaries and wages	26	1,471,599	1,471,599	
27 Pension plan contributions	27	68,058	68,058	
28 Other employee benefits	28	157,518	157,518	
29 Payroll taxes	29	153,624	153,624	
30 Professional fundraising fees	30			
31 Accounting fees	31	96,335	96,335	
32 Legal fees	32			
33 Supplies	33	144,654	84,153	60,501
34 Telephone	34	15,563	15,563	
35 Postage and shipping	35	20,965	20,965	
36 Occupancy	36	327,995	327,995	
37 Equipment rental and maintenance	37	64,901	64,901	
38 Printing and publications	38			
39 Travel	39	71,947	71,947	
40 Conferences, conventions, and meetings	40			
41 Interest	41	177,661	177,661	
42 Depreciation, depletion, etc. (attach schedule)	42	137,526	137,526	
43 Other expenses not covered above (itemize) a	43a			
b SEE STATEMENT 2	43b	399,133	271,627	127,506
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	3,566,999	3,378,992	188,007

Joint Costs Check ☐ if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?

Yes ☐ No ☒

If "Yes" enter (i) the aggregate amount of these joint costs \$ \_\_\_\_\_

(ii) the amount allocated to Program services \$ \_\_\_\_\_

(iii) the amount allocated to Management and general \$ \_\_\_\_\_

and (iv) the amount allocated to Fundraising \$ \_\_\_\_\_

**Part III Statement of Program Service Accomplishments** (See Specific Instructions on page 24.)

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 \$ \_\_\_\_\_ ) **3,378,992**

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)▶ **3,378,992**

**Part IV Balance Sheets** (See Specific Instructions on page 24 )

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	508,311	45	693,507
46	Savings and temporary cash investments		46	
47a	Accounts receivable	501,449		
b	Less allowance for doubtful accounts		47c	501,449
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) <b>SEE WORKSHEET</b>	1,692,229		
b	Less allowance for doubtful accounts		51c	1,692,229
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	101,449	53	75,809
54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		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	4,393,121		
b	Less accumulated depreciation (attach schedule) <b>SEE STMT 3</b>			
57b	<b>SEE STMT 4</b>	1,285,687	57c	3,107,434
58	Other assets (describe <b>SEE STMT 4</b> )	19,953	58	16,390
59	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	5,223,691	59	6,086,818
60	Accounts payable and accrued expenses	935,751	60	1,305,153
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) <b>SEE WORKSHEET</b>	2,713,546	64b	2,990,721
65	Other liabilities (describe <b>SEE STMT 5</b> )	124,598	65	142,668
66	<b>Total liabilities</b> (add lines 60 through 65)	3,773,895	66	4,438,542
	<b>Organizations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74			
67	Unrestricted	1,032,796	67	1,245,176
68	Temporarily restricted	417,000	68	403,100
69	Permanently restricted		69	
	<b>Organizations that do not follow SFAS 117, check here</b> <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	<b>Total net assets or fund balances</b> (add lines 67 through 69 OR lines 70 through 72 column (A) must equal line 19 column (B) must equal line 21)	1,449,796	73	1,648,276
74	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	5,223,691	74	6,086,818

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.

<b>Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return</b> (See Specific Instructions, page 26 )		<b>Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return</b>	
<b>a</b> Total revenue gains and other support per audited financial statements ▶	<b>a 3,803,676</b>	<b>a</b> Total expenses and losses per audited financial statements ▶	<b>a 3,591,296</b>
<b>b</b> Amounts included on line <b>a</b> but not on line 12, Form 990		<b>b</b> Amounts included on line <b>a</b> but not on line 17 Form 990	
<b>(1)</b> Net unrealized gains on investments \$		<b>(1)</b> Donated services and use of facilities \$	
<b>(2)</b> Donated services and use of facilities \$		<b>(2)</b> Prior year adjustments reported on line 20 Form 990 \$	
<b>(3)</b> Recoveries of prior year grants \$		<b>(3)</b> Losses reported on line 20, Form 990 \$	
<b>(4)</b> Other (specify)		<b>(4)</b> Other (specify)	
<b>SEE STMT 6</b> \$ <b>13,900</b>		<b>SEE STMT 8</b> \$ <b>-24,297</b>	
Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<b>b 13,900</b>	Add amounts on lines <b>(1)</b> through <b>(4)</b> ▶	<b>b</b>
<b>c</b> Line <b>a</b> minus line <b>b</b> ▶	<b>c 3,789,776</b>	<b>c</b> Line <b>a</b> minus line <b>b</b> ▶	<b>c 3,591,296</b>
<b>d</b> Amounts included on line 12 Form 990 but not on line <b>a</b>		<b>d</b> Amounts included on line 17 Form 990 but not on line <b>a</b>	
<b>(1)</b> Investment expenses not included on line 6b Form 990 \$		<b>(1)</b> Investment expenses not included on line 6b, Form 990 \$	
<b>(2)</b> Other (specify)		<b>(2)</b> Other (specify)	
<b>SEE STMT 7</b> \$ <b>-24,297</b>		<b>SEE STMT 8</b> \$ <b>-24,297</b>	
Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<b>d -24,297</b>	Add amounts on lines <b>(1)</b> and <b>(2)</b> ▶	<b>d -24,297</b>
<b>e</b> Total revenue per line 12 Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e 3,765,479</b>	<b>e</b> Total expenses per line 17 Form 990 (line <b>c</b> plus line <b>d</b> ) ▶	<b>e 3,566,999</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated see Specific Instructions on page 26 )

(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. 50	163,149	21,441	0
JEFF ANDRUS	DIR. OF FIN. 45	96,371	14,679	0
MOSHE SIEV	PRESIDENT HOURS AS	0	0	0
MERTON G. GOLLAHER	VP	0	0	0
THERESA M. VELLECA	TREASURER	0	0	0
D. EDWARD MAS	SECRETARY	0	0	0
ROOSEVELT BOWEN	DIRECTOR	0	0	0
MIRIAM GLENN	DIRECTOR	0	0	0
ADA M. LOMAX	DIRECTOR	0	0	0
SEE STATEMENT 9				

- 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 27

▶ ☐ Yes ☒ No

**Part VI Other Information (See Specific Instructions on page 27)**

	Yes	No
<b>76</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes" attach a detailed description of each activity	<b>76</b>	<b>X</b>
<b>77</b> 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	<b>77</b>	<b>X</b>
<b>78a</b> Did the organization have unrelated business gross inc. of \$1,000 or more during the year covered by this return?	<b>78a</b> <b>X</b>	
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year?	<b>78b</b> <b>X</b>	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	<b>79</b>	<b>X</b>
<b>80a</b> 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?	<b>80a</b> <b>X</b>	
<b>b</b> If "Yes," enter the name of the organization <b>MARRAKECH HOUSING, DAY SERVICES, RESID</b> and check whether it is <input checked="" type="checkbox"/> exempt OR <input type="checkbox"/> nonexempt		
<b>81a</b> Enter direct or indirect political expenditures. See line 81 instr	<b>81a</b>	
<b>b</b> Did the organization file <b>Form 1120-POL</b> for this year?	<b>81b</b>	<b>X</b>
<b>82a</b> 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?	<b>82a</b>	<b>X</b>
<b>b</b> If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III.)	<b>82b</b>	
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>83a</b> <b>X</b>	
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>83b</b> <b>X</b>	
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	<b>84a</b>	<b>X</b>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>84b</b> <b>N/A</b>	
<b>85</b> 501(c)(4), (5), or (6) organizations: <b>a</b> Were substantially all dues nondeductible by members?	<b>85a</b> <b>N/A</b>	
<b>b</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.	<b>85b</b> <b>N/A</b>	
<b>c</b> Dues, assessments, and similar amounts from members	<b>85c</b>	
<b>d</b> Section 162(e) lobbying and political expenditures	<b>85d</b>	
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b>	
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b>	
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount in 85f?	<b>85g</b> <b>N/A</b>	
<b>h</b> 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?	<b>85h</b> <b>N/A</b>	
<b>86</b> 501(c)(7) orgs: Enter <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b>	
<b>b</b> Gross receipts included on line 12 for public use of club facilities	<b>86b</b>	
<b>87</b> 501(c)(12) orgs: Enter <b>a</b> Gross income from members or shareholders	<b>87a</b>	
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<b>87b</b>	
<b>88</b> 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	<b>88</b>	<b>X</b>
<b>89a</b> 501(c)(3) organizations: Enter Amount of tax imposed on the organization during the year under section 4911 <b>0</b> , section 4912 <b>0</b> , section 4955 <b>0</b>		
<b>b</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	<b>89b</b>	<b>X</b>
<b>c</b> Enter Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		<b>0</b>
<b>d</b> Enter Amount of tax on line 89c above, reimbursed by the organization		<b>0</b>
<b>90a</b> List the states with which a copy of this return is filed <b>NONE</b>		
<b>b</b> Number of employees employed in the pay period that includes March 12, 2002. (See instructions.)	<b>90b</b> <b>433</b>	
<b>91</b> The books are in care of <b>MARRAKECH, INC</b> Located at <b>6 LUNAR DRIVE, WOODBRIDGE, CT</b>	Telephone no <b>203-389-2970</b> ZIP + 4 <b>06525</b>	
<b>92</b> 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	<b>92</b>	

**Part VII Analysis of Income-Producing Activities (See Specific Instructions on page 32 )**

	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	
<b>Note</b> Enter gross amounts unless otherwise indicated					
93 Program service revenue					
a <b>PROGRAM REVENUE</b>					<b>3,646,646</b>
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			<b>14</b>	<b>12,094</b>	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate					
a debt-financed property	<b>531110</b>	<b>5,848</b>			
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))		<b>5,848</b>		<b>12,094</b>	<b>3,646,646</b>
105 Total (add line 104, columns (B) (D) and (E))					<b>3,664,588</b>

**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 32 )**

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	<b>FEES FOR VOCATIONAL TRAINING PROGRAMS FOR DEVELOPMENTALLY DISABLED PERSONS.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See Specific Instructions on page 33 )**

(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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See Specific Instructions on pg 33 )**

(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** 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

**Director** **4-24-03**

Date

**SCHEDULE A**  
**(Form 990 or 990-EZ)**Department of the Treasury  
Internal Revenue Service**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

**2001**▶ **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
<b>SILVIA MOSCARIELLO</b>	<b>VOC. DIR.</b> <b>40</b>	<b>94,587</b>	<b>8,860</b>	<b>0</b>
<b>HEATHER LATORRE</b>	<b>HR DIR.</b> <b>40</b>	<b>74,016</b>	<b>13,340</b>	<b>0</b>
<b>ALAN EMMERICH</b>	<b>ACCOUNT MNGR</b> <b>40</b>	<b>67,829</b>	<b>6,657</b>	<b>0</b>
<b>KATHLEEN TODD</b>	<b>RN</b> <b>40</b>	<b>58,989</b>	<b>6,125</b>	<b>0</b>
<b>DONALD HAGGERTY</b>	<b>ASSIST DIR</b> <b>40</b>	<b>55,375</b>	<b>5,907</b>	<b>0</b>
Total number of other employees paid over \$50,000	▶ <b>0</b>			

**Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 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
<b>GUILMARTIN, DIPIRO &amp; SOKOLOWSKI, LLC</b> <b>505 MAIN STREET, MIDDLETOWN, CT 06457</b>	<b>AUDIT &amp; ACCOUNT</b>	<b>96,335</b>
Total number of others receiving over \$50,000 for professional services	▶ <b>0</b>	

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

Schedule A (Form 990 or 990-EZ) 2001

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

	Yes	No
1 During the year, has the organization attempted to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes" enter the total expenses paid or incurred in connection with the lobbying activities <b>►</b> \$ _____ (Must equal amount on line 38, Part VI-A or line I of Part VI-B) 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 substantial contributors, trustees, directors, officers, creators, key employees, or members of their families or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner or principal beneficiary? (If the answer to any question is "Yes" attach a detailed statement explaining the transactions.)		
a Sale, exchange, or leasing of property?	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)? <b>SEE PART V, FORM 990 SEE STMT 10</b>	2d	X
e Transfer of any part of its income or assets?	2e	X
3 Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below)	3	X
4 Do you have a section 403(b) annuity plan for your employees?	4	X
<b>Note</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		

**Part IV Reason for Non-Private Foundation Status** (See pages 3 through 6 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.)
- 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 6 of the instructions.)



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

Calendar year (or fiscal year beginning in)	(a) 2000	(b) 1999	(c) 1998	(d) 1997	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	480,609	40,819		515,248	1,036,676
<b>16</b> Membership fees received					
<b>17</b> Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable etc. purpose	2,949,220	3,044,048	3,068,305	2,499,088	11,560,661
<b>18</b> Gross inc. from int. dividends, amounts received from pymt. on securities loans (section 512(a)(5)), rents, royalties, & unrelated busn. taxable inc. (less sec. 511 taxes) from businesses acquired by the organization after June 30, 1975	32,998	30,143	8,774	2,159	74,074
<b>19</b> Net income from unrelated business activities not included in line 18					
<b>20</b> Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
<b>21</b> The value of serv. or fac. furnished to the org. by a governmental unit without charge. Do not incl. the value of serv. or fac. generally furnished to the public without charge.					
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets. <b>STMT 11</b>		71,079			71,079
<b>23</b> Total of lines 15 through 22	3,462,827	3,186,089	3,077,079	3,016,495	12,742,490
<b>24</b> Line 23 minus line 17	513,607	142,041	8,774	517,407	1,181,829
<b>25</b> Enter 1% of line 23	34,628	31,861	30,771	30,165	

<b>26</b> Organizations described on lines 10 or 11	a Enter 2% of amount in column (e), line 24	26a	23,637
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 1997 through 2000 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts.		26b	
c Total support for section 509(a)(1) test. Enter line 24, column (e).		26c	1,181,829
d Add: Amounts from column (e) for lines 18 <u>74,074</u> 19 <u>                    </u>		26d	145,153
22 <u>71,079</u> 26b <u>                    </u>		26e	1,036,676
e Public support (line 26c minus line 26d total)		26f	87.7179%
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))			

**27** Organizations described on line 12 a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year.

N/A

(2000) (1999) (1998) (1997)

b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year.

N/A

(2000) (1999) (1998) (1997)

c Add: Amounts from column (e) for lines 15 <u>                    </u> 16 <u>                    </u>		27c	
17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>		27d	
d Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u>		27e	
e Public support (line 27c total minus line 27d total)			
f Total support for section 509(a)(2) test. Enter amount on line 23, column (e).	27f		
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))		27g	%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))		27h	%

**28** Unusual Grants For an organization described in line 10, 11, or 12 that received any unusual grants during 1997 through 2000, prepare a list for your records to show for each year the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

**Part V Private School Questionnaire** (See page 7 of the instructions.)

(To be completed ONLY by schools that checked the box on line 6 in Part IV)

	N/A	Yes	No
<b>29</b> Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws or other governing instrument or in a resolution of its governing body?	29		
<b>30</b> Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs and scholarships?	30		
<b>31</b> Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program in a way that makes the policy known to all parts of the general community it serves? If "Yes" please describe. If "No" please explain. (If you need more space, attach a separate statement.)	31		
<b>32</b> Does the organization maintain the following:			
<b>a</b> Records indicating the racial composition of the student body, faculty and administrative staff?	32a		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
<b>d</b> 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.)			
<b>33</b> Does the organization discriminate by race in any way with respect to:			
<b>a</b> Students' rights or privileges?	33a		
<b>b</b> Admissions policies?	33b		
<b>c</b> Employment of faculty or administrative staff?	33c		
<b>d</b> Scholarships or other financial assistance?	33d		
<b>e</b> Educational policies?	33e		
<b>f</b> Use of facilities?	33f		
<b>g</b> Athletic programs?	33g		
<b>h</b> Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
<b>34a</b> Does the organization receive any financial aid or assistance from a governmental agency?	34a		
<b>b</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		
<b>35</b> 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 9 of the instructions )(To be completed **ONLY** by an eligible organization that filed Form 5768) **N/A**Check ☐ **a** if the organization belongs to an affiliated group Check ☐ **b** if you checked "a" and "limited control" provisions apply**Limits on Lobbying Expenditures**

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

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

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

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

See the instructions for lines 45 through 50 on page 11 of the instructions )

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(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 12 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, speeches, 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.



Form 990

EIN 23-7148533

Part IV - Balance Sheet

Line 57a

**FIXED ASSETS**

Fixed assets at June 30, 2002 consist of the following

<u>Fixed Assets</u>	<u>Life in Years</u>	<u>Cost</u>
Furniture and equipment	5-10	\$ 374,378
Transportation equipment	3-4	468,532
Land and buildings	5-30	3,191,611
Construction in progress	-	<u>358,600</u>
		4,393,121
Less accumulated depreciation		<u>1,285,687</u>
Net fixed assets		<u>\$3,107,434</u>

Depreciation expense was \$138,859 for the year ended June 30, 2002

**MORTGAGES PAYABLE**

FORM 990-Part IV - Balance Sheet Line 64b EIN -

At June 30, 2002, 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 \$242,007

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 359,813

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 44,321

**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 \$265,756

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 266,703

**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 \$2,161 including principal and interest that varies with the published prime rate, currently at 7.99% per annum, due October 2016 218,696

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 334,247

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 273,919

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 35,430

Mortgage payable collateralized by property located at 95 Fitch Street New Haven CT, payable monthly at \$2,483 including principal and interest at 7.99% per annum 253,896

Mortgage payable collateralized by property located at 106-108 Hobart Street, New Haven, CT, payable monthly at \$484 including principal and interest at 6.5% per annum due September 2031 75,864

**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 136,726

Total long-term mortgages payable \$2,507,378

**LOANS PAYABLE**

At June 30, 2002, 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 47,649

**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 20,381

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 14,237

483,343

350,727.8

Total mortgages and loans 990,721

• If you are filing for an Additional (not automatic) 3-Month Extension, complete only Part II and check this box ▶ ☒

**Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)

## Part II Additional (not automatic) 3-Month Extension of Time-Must File Original and One Copy

Type or print File by the extended due date for filing the return. See instructions.	Name of Exempt Organization	Employer identification number
	MARRAKECH, INC	23-7148533
	Number, street, and room or suite no. If a P.O. box, see instructions	For IRS use only
	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-EZ	<input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust)	<input type="checkbox"/> Form 1041-A	<input type="checkbox"/> Form 5227	<input type="checkbox"/> Form 8870
<input type="checkbox"/> Form 990-BL	<input type="checkbox"/> Form 990-PF	<input type="checkbox"/> Form 990-T (trust other than above)	<input type="checkbox"/> Form 4720	<input type="checkbox"/> Form 6069	

**STOP** Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868

- 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 for 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 is for

I request an additional 3-month extension of time until 5/15/03

5 For calendar year \_\_\_\_\_ or other tax year beginning 7/01/01 and ending 6/30/02

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

7 State in detail why you need the extension:  
ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN

8a 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. \$ \_\_\_\_\_

b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868. \$ \_\_\_\_\_

c **Balance Due** Subtract line 8b from line 8a. 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

Under penalties of perjury, I 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.

Signature [Signature] Title C/A Date 2/7/03

### Notice to Applicant-To Be Completed by the IRS

- ☐ We have approved this application. Please attach this form to the organization's return.
- ☐ We have not approved this application. However, we have granted a 10-day grace period from the later of the date shown below or the due date of the organization's return (including any prior extensions). This grace period is considered to be a valid extension of time for elections otherwise required to be made on a timely return. Please attach this form to the organization's return.
- ☐ We have not approved this application. After considering the reasons stated in item 7, we cannot grant your request for an extension of time to file. We are not granting a 10-day grace period.
- ☐ We cannot consider this application because it was filed after the due date of the return for which an extension was requested.
- ☐ Other \_\_\_\_\_

By \_\_\_\_\_ Date \_\_\_\_\_

**Alternate Mailing Address** Enter the address if you want the copy of this application for an additional 3-month extension returned to an address different than the one entered above.

Type or print	Name
	GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC
	Number and street (include suite, room, or apt. no.) Or a P.O. box number
	505 MAIN STREET
	City or town, province or state, and country (including postal or ZIP code)
	MIDDLETOWN CT 06457

Form **8868**  
December 2000  
Department of the Treasury  
Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

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 ☒ **X**
  - 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 8868

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

Note: Form 990-T corporations requesting an automatic 3-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 for filing your return. See instructions	<b>MARRAKECH, INC</b>	<b>23-7148533</b>
	Number, street, and room or suite no. If a P.O. box, see instructions	
	<b>6 LUNAR DRIVE</b>	
	City, town, or post office, state, and ZIP code. For a foreign address, see instructions	
	<b>WOODBIDGE CT 06525</b>	

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 for 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 2/17/03 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 7/01/01 and ending 6/30/02.

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. \$ 0

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

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. \$ 0

## Signature and Verification

Under penalties of perjury, I 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.

Signature M. S. Schell Date 10/9/02  
For Paperwork Reduction Act Notice, see Instruction Form 8868, 2-2000