

Form **990**

OMB No 1545-0047

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)

2002

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 2002 calendar year, or tax year beginning 7/01/02, and ending 6/30/03**B** Check if applicable:

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

Please use IRS label or print on 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 + 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 ☒ No**H(b)** If "Yes," enter no. of affiliates ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," att a list See instr)

H(d) Is this a separate return filed by anorganization 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 ☐ 527

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.

L Gross receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ☐ **5,796,573****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 17 of the instructions.)****1** Contributions, gifts, grants, and similar amounts received**a** Direct public support**b** Indirect public support**c** Government contributions (grants)**d** Total (add lines 1a through 1c) (cash \$ 290,650 noncash \$ 140,000)**2** Program service revenue including government fees and contracts (from Part VII, line 93)**3** Membership dues and assessments**4** Interest on savings and temporary cash investments**5** Dividends and interest from securities**6a** Gross rents**b** Less: rental expenses**c** Net rental income or (loss) (subtract line 6b from line 6a)**7** Other investment income (describe ☐)**8a** Gross amount from sales of assets other than inventory**b** Less: cost or other basis and sales expenses**c** Gain or (loss) (attach schedule)**d** Net gain or (loss) (combine line 8c, columns (A) and (B))**9** Special events and activities (attach schedule)**a** Gross revenue (not including \$ of contributions reported on line 1a)**b** Less: direct expenses other than fundraising expenses**c** Net income or (loss) from special events (subtract line 9b from line 9a)**10a** Gross sales of inventory, less returns and allowances**b** Less: cost of goods sold**c** Gross profit or (loss) from sales of inventory (att. sch.) (subtract line 10b from line 10a)**11** Other revenue (from Part VII, line 103)**12** Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)**13** Program services (from line 44, column (B))**14** Management and general (from line 44, column (C))**15** Fundraising (from line 44, column (D))**16** Payments to affiliates (attach schedule)**17** Total expenses (add lines 16 and 44, column (A))**18** Excess or (deficit) for the year (subtract line 17 from line 12)**19** Net assets or fund balances at beginning of year (from line 73, column (A))**20** Other changes in net assets or fund balances (attach explanation)**21** Net assets or fund balances at end of year (combine lines 18, 19, and 20)**1a** 430,650**1b****1c****1d** 430,650**2** 5,340,606**3****4** 9,115**5****6a****6b****6c****7**

(A) Securities

(B) Other

8a**8b****8c****8d****9a** 16,202**9b** 16,202**9c****10a****10b****10c****11****12** 5,780,371**13** 4,884,059**14** 378,202**15** 28,350**16****17** 5,290,611**18** 489,760**19** 1,648,276**20****21** 2,138,036

REVENUE

EXPENSES

For Paperwork Reduction Act Notice, see the separate instructions.

DAA

Form **990** (2002)

613

14

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 page 21 of the instructions.)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I.		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
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	166,717	166,717	
26	Other salaries and wages	26	2,539,165	2,539,165	
27	Pension plan contributions	27	81,738	81,738	
28	Other employee benefits	28	336,074	336,074	
29	Payroll taxes	29	207,312	207,312	
30	Professional fundraising fees	30			
31	Accounting fees	31	141,691	141,691	
32	Legal fees	32	28,333	28,333	
33	Supplies	33	174,860	117,583	57,277
34	Telephone	34			
35	Postage and shipping	35	22,921	22,921	
36	Occupancy	36	548,930	548,930	
37	Equipment rental and maintenance	37	84,973	84,973	
38	Printing and publications	38			
39	Travel	39	26,295	26,295	
40	Conferences, conventions, and meetings	40			
41	Interest	41	215,010	215,010	
42	Depreciation, depletion, etc. (attach schedule)	42	154,390	154,390	
43	Other expenses not covered above (itemize). a	43a			
b	SEE STATEMENT 1	43b	562,202	212,927	320,925
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	5,290,611	4,884,059	378,202

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 page 24 of the instructions.)

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) & (4) orgs. & 4947(a)(1) trusts, but optional for others.)

a	MARRAKECH, INC. OPERATES VOCATIONAL TRAINING PROGRAMS FOR DEVELOPMENTALLY DISABLED PERSONS.	
	(Grants and allocations \$ _____)	4,884,059
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)	4,884,059

Part IV Balance Sheets (See page 24 of the instructions.)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.		(A) Beginning of year		(B) End of year
45	Cash - non-interest-bearing	693,507	45	415,707
46	Savings and temporary cash investments		46	
47a	Accounts receivable	440,110		
b	Less: allowance for doubtful accounts		47c	440,110
47b		501,449		
48a	Pledges receivable			
b	Less: allowance for doubtful accounts		48c	
48b			49	
49	Grants receivable			
50	Receivables from officers, directors, trustees, and key employees (attach schedule)		50	
51a	Other notes and loans receivable (attach schedule) SEE WORKSHEET	2,215,887		
b	Less: allowance for doubtful accounts		51c	2,215,887
51b		1,692,229		
52	Inventories for sale or use		52	
53	Prepaid expenses and deferred charges	75,809	53	286,174
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	
55b			56	
56	Investments-other (attach schedule)			
57a	Land, buildings, and equipment: basis	6,314,598		
b	Less: accumulated depreciation (attach schedule) SEE STMT 2		57c	4,959,777
57b		1,354,821		
58	Other assets (describe SEE STMT 3)	3,107,434	58	15,156
		16,390		
59	Total assets (add lines 45 through 58) (must equal line 74)	6,086,818	59	8,332,811
60	Accounts payable and accrued expenses	1,305,153	60	1,168,098
61	Grants payable		61	
62	Deferred revenue		62	4,000
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	2,990,721	64b	4,759,675
65	Other liabilities (describe SEE STMT 4)	142,668	65	263,002
66	Total liabilities (add lines 60 through 65)	4,438,542	66	6,194,775
Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
67	Unrestricted	1,245,176	67	1,748,836
68	Temporarily restricted	403,100	68	389,200
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; column (B) must equal line 21)	1,648,276	73	2,138,036
74	Total liabilities and net assets / fund balances (add lines 66 and 73)	6,086,818	74	8,332,811

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

Part V **List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated; see page 26 of the instructions.)

[illegible]

▶ ☐ Yes ☒ No

Part VI Other Information (See page 27 of the instructions.)		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		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.		X
78a	Did the organization have unrelated business gross inc of \$1,000 or more during the year covered by this return?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement		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?	X	
b	If "Yes," enter the name of the organization MARRAKECH HOUSING, DAY SERVICES, RESID and check whether it is <input checked="" type="checkbox"/> exempt or <input type="checkbox"/> nonexempt.		
81a	Enter direct or indirect political expenditures See line 81 instr.		
b	Did the organization file Form 1120-POL for this year?		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?		X
b	If "Yes," you may indicate the value of these items here Do not include this amount as revenue in Part I or as an expense in Part II. (See instructions in Part III)		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	X	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	X	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	N/A	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	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.	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?	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?	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, 2002 (See instructions.)	90b	475
91	The books are in care of MARRAKECH, INC. Located at 6 LUNAR DRIVE, WOODBRIDGE, CT	Telephone no.	203-389-2970
		ZIP + 4	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 page 31 of the instructions.)**Note:** 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					5,340,606
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	9,115	
96 Dividends and interest from securities					
97 Net rental income or (loss) from real estate:					
a debt-financed property					
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))		0		9,115	5,340,606
105 Total (add line 104, columns (B), (D), and (E))					5,349,721

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 page 32 of the instructions.)

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

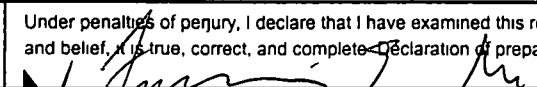
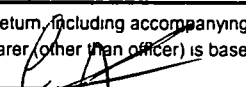
Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See page 32 of the instructions.)

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

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See page 33 of the instructions.)

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

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

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.
	<div style="display: flex; justify-content: space-between;"> <div>  Director </div> <div>  Date 2-5-04 </div> </div>

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

2002Department 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
JEFFREY L. ANDRUS	FINANCE DIR. 45	98,043	15,170	0
SILVIA D. MOSCARIELLO	VOC. DIR. 45	95,932	7,024	0
HEATHER LATORRA	HR DIR. 45	88,716	14,763	0
ALAN EMMERICH	CONTROLLER 45	69,863	9,344	0
KATHLEEN TODD	RN 45	60,666	8,912	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 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
GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC 505 MAIN STREET, MIDDLETOWN, CT 06457	AUDIT & ACCOUNT	110,130
Total number of others receiving over \$50,000 for professional services ▶	0	

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

Schedule A (Form 990 or 990-EZ) 2002

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

Yes No

- 1** During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities **\$** _____ (Must equal amount on line 38, Part VI-A, or line i of Part VI-B.)

1 Yes No

Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes," must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities.

- 2** During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions.)

a Sale, exchange, or leasing of property?

2a Yes No

b Lending of money or other extension of credit?

2b Yes No

c Furnishing of goods, services, or facilities?

2c Yes No

d Payment of compensation (or payment or reimbursement of exp if more than \$1,000)?

**SEE PART V, FORM 990
SEE STMT 8**

2d Yes No

e Transfer of any part of its income or assets?

2e Yes No

- 3** Does the organization make grants for scholarships, fellowships, student loans, etc.? (See Note below.)

3 Yes No

- 4** Do you have a section 403(b) annuity plan for your employees?

4 Yes No

Note: 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 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.)
- 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 fiscal year beginning in)	(a) 2001	(b) 2000	(c) 1999	(d) 1998	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	100,891	480,609	40,819		622,319
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	3,646,646	2,949,220	3,044,048	3,068,305	12,708,219
18 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	42,239	32,998	30,143	8,774	114,154
19 Net income from unrelated business activities not included in line 18					
20 Tax revn. levied for the organization's ben. & either paid to it or expended on its behalf					
21 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.					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of cap. assets STMT 9			71,079		71,079
23 Total of lines 15 through 22	3,789,776	3,462,827	3,186,089	3,077,079	13,515,771
24 Line 23 minus line 17	143,130	513,607	142,041	8,774	807,552
25 Enter 1% of line 23	37,898	34,628	31,861	30,771	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	16,151
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 1998 through 2001 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	807,552
d Add: Amounts from column (e) for lines: 18 <u>114,154</u> 19 _____	26d	185,233
22 <u>71,079</u> 26b _____	26e	622,319
e Public support (line 26c minus line 26d total)	26f	77.0624 %
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

(2001) (2000) (1999) (1998)

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

(2001) (2000) (1999) (1998)

c Add: Amounts from column (e) for lines: 15 _____ 16 _____	27c	
17 _____ 20 _____ 21 _____	27d	
d Add. Line 27a total _____ and line 27b total _____	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 1998 through 2001, 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
29 Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?	29		
30 Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?	30		
31 Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)	31		
32 Does the organization maintain the following.			
a Records indicating the racial composition of the student body, faculty, and administrative staff?	32a		
b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c		
d Copies of all material used by the organization or on its behalf to solicit contributions?	32d		
If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33 Does the organization discriminate by race in any way with respect to.			
a Students' rights or privileges?	33a		
b Admissions policies?	33b		
c Employment of faculty or administrative staff?	33c		
d Scholarships or other financial assistance?	33d		
e Educational policies?	33e		
f Use of facilities?	33f		
g Athletic programs?	33g		
h Other extracurricular activities?	33h		
If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)			
34a Does the organization receive any financial aid or assistance from a governmental agency?	34a		
b Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b		
35 Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev Proc. 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation	35		

Part VI-A Lobbying Expenditures by Electing Public Charities (See page 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**(a)
Affiliated group totals(b)
To be completed
for ALL electing
organizations

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

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 11 of the instructions)

Calendar year (or fiscal year beginning in) ▶	Lobbying Expenditures During 4-Year Averaging Period				
	(a) 2002	(b) 2001	(c) 2000	(d) 1999	(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 11 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.)

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

Yes	No	Amount

Part VII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations (See page 12 of the instructions.)

51 Did the reporting organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?

a Transfers from the reporting organization to a noncharitable exempt organization of:

(i) **Cash**

(ii) Other assets

b Other transactions:

(i) Sales or exchanges of assets with a noncharitable exempt organization

(ii) Purchases of assets from a noncharitable exempt organization

(iii) Rental of facilities, equipment, or other assets

(iv) Reimbursement arrangements

(v) Loans or loan guarantees

(vi) Performance of services or membership or fundraising solicitations

c Sharing of facilities, equipment, mailing lists, other assets, or paid employees

d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting organization. If the organization received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received:

	Yes	No
51a(i)		X
a(ii)		X
b(i)		X
b(ii)		X
b(iii)		X
b(iv)		X
b(v)		X
b(vi)		X
c		X

[illegible]

52a Is the organization directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?

► ☐ Yes ☒ No

b If "Yes," complete the following schedule.

[illegible]

Special Events Schedule

Form **990**

2002

For calendar year 2002, or tax year beginning

7/01/02

, and ending

6/30/03

Name

Employer Identification Number

MARRAKECH, INC.

23-7148533

	(A)	(B)	(C)	Others	Total
Gross receipts	16,202	0	0	0	16,202
Less contributions	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gross revenue	16,202	0	0	0	16,202
Less direct expenses	<u>16,202</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>16,202</u>
Net income (loss)	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>

Descriptions

A) GALA

B) _____

c)

Others

[illegible]

Other Notes and Loans Receivable

2002

Form
990/990-PF

For calendar year 2002, or tax year beginning

7/01/02, and ending

6/30/03

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)				

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

Consideration furnished by lender	Balance due at beginning of year	Balance due at end of year	Fair market value (990-PF only)
(1)	1,692,229	2,215,887	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
Totals	1,692,229	2,215,887	

Federal Statements**Statement 1 - Form 990, Part II, Line 43 - Other Functional Expenses**

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
CONSULTANTS	27,355	27,355		
DUES, FEES & LICENSES	18,579	18,579		
STAFF TRAINING	44,813	44,813		
ADVERTISING	52,098	52,098		
RESERVE FOR REPLACE. - CHFA	15,324	15,324		
PUBLIC RELATIONS	8,149	8,149		
MANAGEMENT FEES	254,861		254,861	
PRINTING EXPENSE	5,614		5,614	
BANK CHARGES	19,624		19,624	
MISCELLANEOUS EXPENSE	40,826		40,826	
SMALL FURNITURE & EQUIPMENT	46,609	46,609		
BUILDING FUND EXPENSE	28,350			28,350
TOTAL	\$ 562,202	\$ 212,927	\$ 320,925	\$ 28,350

Statement 2 - Form 990, Part IV, Line 57 - Land, Buildings, and Equipment

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
	\$ 4,393,121	\$ 1,285,687	\$ 6,314,598	\$ 1,354,821
TOTAL	\$ 4,393,121	\$ 1,285,687	\$ 6,314,598	\$ 1,354,821

Statement 3 - Form 990, Part IV, Line 58 - Other Assets

Description	Beginning of Year	End of Year
DEPOSITS	\$ 4,039	\$ 3,469
DEFERRED EXPENSES	7,008	11,687
OTHER ASSETS	5,343	
TOTAL	\$ 16,390	\$ 15,156

Statement 4 - Form 990, Part IV, Line 65 - Other Liabilities

Description	Beginning of Year	End of Year
CAPITAL LEASES	\$ 142,668	\$ 263,002
TOTAL	\$ 142,668	\$ 263,002

Federal Statements**Statement 5 - Form 990, Part IV-A - Other Revenue Included in Financial Statements**

Description	Amount
NET ASSETS RELEASED FROM RESTRICTION	\$ 13,900
SPECIAL EVENT REVENUE	16,202
TOTAL	<u>\$ 30,102</u>

Statement 6 - Form 990, Part IV-B - Other Expenses Included in Financial Statements

Description	Amount
SPECIAL EVENT REVENUE	\$ 16,202
TOTAL	<u>\$ 16,202</u>

Federal Statements

2/5/2004

Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees

Name		Benefits		Expenses		Title	Average Hours	Address	City, State, Zip
FRANCIS E. MCCARTHY	166,717	0	0	19,520	0	EXEC. DIR.	50		
MOSHE SIEV	0	0	0	0	0	PRESIDENT	0*		
MERTON G. GOLLAHER	0	0	0	0	0	VP	0*		
THERESA M. VELLECA	0	0	0	0	0	TREASURER	0*		
D. EDWARD MAS	0	0	0	0	0	SECRETARY	0*		
ROOSEVELT BOWEN	0	0	0	0	0	DIRECTOR	0*		
MIRIAM GLENN	0	0	0	0	0	DIRECTOR	0*		
ADA M. LOMAX	0	0	0	0	0	DIRECTOR	0*		
JOHN RUSSO	0	0	0	0	0	DIRECTOR	0*		
GARY RAPPAPORT	0	0	0	0	0	DIRECTOR	0*		
SHEILA MASTERSON	0	0	0	0	0	DIRECTOR	0*		
STEVE SCHWARTZ	0	0	0	0	0	DIRECTOR	0*		
RANDY L. HARRISON	0	0	0	0	0	DIRECTOR	0*		
SUZANNE LETSO	0	0	0	0	0	DIRECTOR	0*		
DAMARIS QUINTANA	0	0	0	0	0	DIRECTOR	0*		
MARK H. ROBINSON	0	0	0	0	0	DIRECTOR	0*		
THE ABOVE LISTED INDIVIDUALS CAN BE									
CONTACTED AT MARRAKECH, INC. AT THE									
		0	0	0	0				
		0	0	0	0				
		0	0	0	0				

711 MARRAKECH, INC.
23-7148533
FYE: 6/30/2003

Federal Statements

2/5/2004

Statement 7 - Form 990, Part V - List of Officers, Directors, Trustees, and Key Employees (continued)

Name		Title		Average Hours	City, State, Zip
Comp	Benefits	Expenses	Address		
FOLLOWING ADDRESS:					
0	0	0	6 LUNAR DR., WOODBRIDGE, CT, 06525	0	
0	0	0		0	
PHONE # : (203) 389-2970					
0	0	0		0	
0	0	0		0	
0	0	0		0	
0	0	0		0	

* ALL OF THE

ABOVE ARE

VOLUNTEERS

* ALL OF THE

ABOVE ARE

VOLUNTEERS

Federal Statements**Form 990, Part VI, Question 80 - Relation to other organizations**

Name of related organization(s) _____

MARRAKECH HOUSING, DAY SERVICES, RESID

Form 990, Part VIII - Relationship of Activities

Line No. _____

Description _____

Statement 8 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp

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

Statement 9 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2001	2000	1999	1998
OTHER INCOME-INSURANCE PROCEEDS	\$ _____	\$ _____	\$ 71,079	\$ _____
TOTAL	\$ 0	\$ 0	\$ 71,079	\$ 0

711 MARRAKECH, INC.

23-7148533

FYE: 6/30/2003

2/5/2004

Federal Statements

Form 990, Part I, Line 1a - Direct Public Support

<u>Description</u>	<u>Cash</u>	<u>Noncash</u>	<u>Total</u>
OTHER CONTRIBUTIONS	\$ <u>290,650</u>	\$ <u>140,000</u>	\$ <u>430,650</u>
TOTAL	\$ <u><u>290,650</u></u>	\$ <u><u>140,000</u></u>	\$ <u><u>430,650</u></u>

711 MARRAKECH, INC.

23-7148533

FYE: 6/30/2003

Federal Statements

2/5/2004

Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
COLUMN A	\$
GALA	
FOOD AND FACILITY RENTAL	1,716
BAND	11,807
VIDEO	1,500
PHOTOGRAPHER	654
	525
SUBTOTAL	16,202
TOTAL	16,202

DIRECT EXPENSES OTHER THAN FUNDRAISING EXPENSES
REPORTED ON FORM 990, PAGE 1, LINE 9B.

711 MARRAKECH, INC.

2/5/2004

23-7148533

Federal Statements

FYE: 6/30/2003

NUMBER OF EMPLOYEES

Description

THIS IS THE NUMBER OF EMPLOYEES AS OF MARCH 12, 2003, SINCE THIS IS A
JUNE 30TH FISCAL YEAR ORGANIZATION.

Marrakech, Inc.
Part IV - Line 57c

EIN 23-7148533

Fixed assets at June 30, 2003 consist of the following:

<u>Fixed Assets</u>	<u>Life in Years</u>	<u>2003</u>
Furniture & equipment	5-15	\$ 392,602
Transportation equipment	4	428,179
Buildings, land and improvements	5-30	5,208,887
Construction in progress	-	<u>284,930</u>
		6,314,598
Less: accumulated depreciation		<u>1,354,821</u>
		<u>\$ 4,959,777</u>

Depreciation expense for the year ended 6/30/03 was \$154,390

At June 30, 2003, Marrakech, Inc. had mortgages payable as follows:

Form 990 Part IV - Balance Sheet
Line 64b
EIN 23-7176

Citizens Bank:

Mortgage payable, collateralized by property located at 6 Lunar Drive, Woodbridge, Connecticut; payable monthly at \$3,090 including principal and interest at 7.69% per annum; due May 2012.

\$ 221,097

Mortgage payable; collateralized by property located at 514-526 Whalley Avenue, New Haven, Connecticut; payable monthly at \$3,089 including principal and interest at 7.76% per annum; due July 2020.

350,420

Mortgage payable; collateralized by property located at 106 Sherman Avenue, New Haven, Connecticut; payable monthly at \$903 including principal and interest at 4.25% per annum; due May 2018.

119,522

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

74,966

Dovenmuehle Mortgage:

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

43,905

Connecticut Housing Finance Authority:

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

\$ 262,460

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

263,398

Mortgage payable; collateralized by property located at 2 Anton Circle, Bridgeport, Connecticut; payable monthly at \$2,425 including principal and interest at 5.75% per annum, due January 2033.

413,297

Mortgage payable; collateralized by property located at County Road, Guilford, Connecticut; payable monthly at \$2,509 including principal and interest at 5.75%, interest per annum due January 2033.

427,734

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

269,677

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

329,160

First Union Bank/Wachovia:

Mortgage payable; collateralized by property located at 597 East Street, New Haven, Connecticut; 85% of the loan is guaranteed by the U.S. Small Business Administration; payable monthly at \$1,999 including principal and interest that varies with the published prime rate, currently at 6.66% per annum; due October 2016

209,640

Mortgage payable; collateralized by property located at 118 Midgeon Avenue, Torrington, Connecticut; payable monthly at \$1,242 including principal and interest at 6.25% per annum due June 2018.

144,000

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

35,000

Mortgage payable collateralized by property located at 95 Fitch Street, New Haven, Connecticut; payable monthly at \$2,299 including principal and interest at 6.66% per annum; due October 2016.

243,550

State of Connecticut Department of Mental Retardation:

Mortgage payable; collateralized by property located at 43 Ramsdell Street, New Haven, Connecticut; payable monthly at \$1,120 including principal and interest at 6% per annum; due March 2018.

131,340

Mortgage payable; collateralized by property located at 159 Osborn Avenue, New Haven, Connecticut; payable monthly at \$1,675 including principal and interest at 6% per annum, due June 2019.

206,300

Total Mortgages Payable - 3,745,570
Total Loans Payable - 1,014,000
(see attached) 4,759,670

LOANS PAYABLE

Form 990 Part IV - Balance Sheet

Line 645

EIN - 23-7148533

At June 30, 2003, the Agencies 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

Marrakech, Inc.'s 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. 45,796

People's Bank:

Marrakech, Inc.'s demand loan; guaranteed by the Connecticut Development Authority; interest payable at prime plus one percent; due February 2004. This note has been included in short-term loans payable. 121,276

Marrakech, Inc.'s demand loan; guaranteed by the Connecticut Development Authority; interest payable at prime plus one percent; due February 2004. This note has been included in short-term loans payable. 141,800

State of Connecticut:

Various revolving loan funds with monthly installments currently totaling \$1,495 including principal and interest at 6% per annum; due dates ranging from July 2010 to July 2016. 119,465

Sovereign Bank:

Marrakech, Inc.'s various loans collateralized by automobiles, monthly installments currently totaling \$2,043 including principal and interest at rates ranging from 6.09% to 17.22% per annum; due dates ranging from May 2007 to December 2007. \$6,715

Chase:

Marrakech, Inc.'s two loans collateralized by automobiles, monthly installments currently totaling \$825 including principal and interest at 7.83% and 12.55% per annum; due August 2004 and October 2004. 11,046

Citizens Bank:

Marrakech, Inc.'s revolving line of credit of \$750,000 guaranteed by Marrakech Housing Options, Inc., Marrakech Residential Services Inc., and Marrakech Day Services, Inc. Advances on this line of credit are payable on demand and bear interest at prime plus 1% per annum.

350,000

Total Loans Payable

1,014,098

8868

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

December 2000)

Department of the Treasury

Internal Revenue Service

▶ 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 8868.

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 for 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 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 2/17/04 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 7/01/02 and ending 6/30/03

- 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 \$ _____

- 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 \$ _____

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 ▶ X CPA

Date ▶ 11/06/03

For Paperwork Reduction Act Notice, see Instruction

Form 8868 (12-2000)