

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)

**2003**

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 2003 calendar year, or tax year beginning 7/01/03, and ending 6/30/04**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	<b>C Name of organization</b> <b>MARRAKECH, INC.</b>		<b>D Employer ID number</b> <b>23-7148533</b>
		Number and street (or P O box if mail is not delivered to street address) Room/suite <b>6 LUNAR DRIVE</b>		<b>E Telephone number</b> <b>203-389-2970</b>
		City or town, state or country, and ZIP + 4 <b>WOODBIDGE CT 06525</b>		<b>F Accounting method:</b> <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

**G Website:** ▶ **N/A**

**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.**

H and I are not applicable to section 527 organizations

**H(a)** Is this a group return for affiliates? ☐ Yes ☒ No**H(b)** If "Yes," enter number of affiliates ▶ ☐ Yes ☐ No**H(c)** Are all affiliates included? ☐ Yes ☐ No  
(If "No," att a list See instr)**H(d)** Is this a separate return filed by an organization covered by a group ruling? ☐ Yes ☐ No**I Group Exemption Number** ▶**M Check** ☐ if the organization is not required to attach Sch. B (Form 990, 990-EZ, or 990-PF)**L Gross receipts:** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **6,664,368****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 18 of the instructions.)**

<b>R</b> <b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received:				
	<b>a</b> Direct public support	<b>1a</b>	<b>124,893</b>		
	<b>b</b> Indirect public support	<b>1b</b>			
	<b>c</b> Government contributions (grants)	<b>1c</b>			
	<b>d Total</b> (add lines 1a through 1c) (cash \$ <b>124,893</b> noncash \$ )			<b>1d</b>	<b>124,893</b>
	<b>2</b> Program service revenue including government fees and contracts (from Part VII, line 93)			<b>2</b>	<b>6,504,886</b>
	<b>3</b> Membership dues and assessments			<b>3</b>	
	<b>4</b> Interest on savings and temporary cash investments			<b>4</b>	<b>3,416</b>
	<b>5</b> Dividends and interest from securities			<b>5</b>	
	<b>6a</b> Gross rents	<b>6a</b>			
	<b>b</b> Less: rental expenses	<b>6b</b>			
	<b>c</b> Net rental income or (loss) (subtract line 6b from line 6a)			<b>6c</b>	
<b>7</b> Other investment income (describe ▶ )			<b>7</b>		
<b>E</b> <b>Expenses</b>	<b>8a</b> Gross amount from sales of assets other than inventory	(A) Securities	(B) Other		
	<b>b</b> Less: cost or other basis and sales expenses	<b>8a</b>			
	<b>c</b> Gain or (loss) (attach schedule)	<b>8b</b>			
	<b>d</b> Net gain or (loss) (combine line 8c, columns (A) and (B))	<b>8c</b>			
	<b>9</b> Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>			<b>8d</b>	
	<b>a</b> Gross revenue (not including \$ <b>49,635</b> of contributions reported on line 1a)	<b>9a</b>	<b>31,173</b>		
	<b>b</b> Less: direct expenses other than fundraising expenses	<b>9b</b>	<b>17,667</b>		
	<b>c</b> Net income or (loss) from special events (subtract line 9b from line 9a)			<b>9c</b>	<b>13,506</b>
	<b>10a</b> Gross sales of inventory, less returns and allowances	<b>10a</b>			
	<b>b</b> Less: cost of goods sold	<b>10b</b>			
	<b>c</b> Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)			<b>10c</b>	
	<b>11</b> Other revenue (from Part VII, line 103)			<b>11</b>	
<b>12 Total revenue</b> (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)			<b>12</b>	<b>6,646,701</b>	
<b>A</b> <b>Assets</b>	<b>13</b> Program services (from line 44, column (B))			<b>13</b>	<b>5,963,126</b>
	<b>14</b> Management and general (from line 44, column (C))			<b>14</b>	<b>386,142</b>
	<b>15</b> Fundraising (from line 44, column (D))			<b>15</b>	<b>8,386</b>
	<b>16</b> Payments to affiliates (attach schedule)			<b>16</b>	
	<b>17 Total expenses</b> (add lines 16 and 44, column (A))			<b>17</b>	<b>6,357,654</b>
	<b>18</b> Expense or (deficit) for the year (subtract line 17 from line 12)			<b>18</b>	<b>289,047</b>
	<b>19</b> Net assets or fund balances at beginning of year (from line 73, column (A))			<b>19</b>	<b>2,138,036</b>
	<b>20</b> Other changes in net assets or fund balances (attach explanation)			<b>20</b>	<b>25,000</b>
	<b>21</b> Net assets or fund balances at end of year (combine lines 18, 19, and 20)			<b>21</b>	<b>2,452,083</b>

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2003)

OGDEN, UT

SCANNED FEB 24 2005

R  
RevenueE  
ExpensesA  
AssetsFor  
DAA

**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 page 22 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	167,714	159,328	8,386	
26	Other salaries and wages	26	3,089,775	3,089,775		
27	Pension plan contributions	27	128,487	128,487		
28	Other employee benefits	28	450,922	450,922		
29	Payroll taxes	29	242,490	242,490		
30	Professional fundraising fees	30				
31	Accounting fees	31	129,766	129,766		
32	Legal fees	32	24,122	24,122		
33	Supplies	33	136,905	136,905		
34	Telephone	34	43,593	43,593		
35	Postage and shipping	35	24,488	24,488		
36	Occupancy	36	418,583	418,583		
37	Equipment rental and maintenance	37	148,388	148,388		
38	Printing and publications	38				
39	Travel	39	44,940	44,940		
40	Conferences, conventions, and meetings	40				
41	Interest	41	271,059	271,059		
42	Depreciation, depletion, etc. (attach schedule)	42	191,817	191,817		
43	Other expenses not covered above (itemize). a	43a				
b	SEE STATEMENT 2	43b	844,605	458,463	386,142	
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	6,357,654	5,963,126	386,142	8,386

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 25 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 \$ )	5,963,126
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)	5,963,126

**Part IV Balance Sheets** (See page 25 of the instructions.)

<b>Note:</b> 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
<b>45</b>	Cash-non-interest-bearing	<b>415,707</b>	<b>45</b>	<b>529,628</b>
<b>46</b>	Savings and temporary cash investments		<b>46</b>	
<b>47a</b>	Accounts receivable	<b>740,953</b>		
<b>b</b>	Less: allowance for doubtful accounts		<b>47c</b>	<b>740,953</b>
<b>48a</b>	Pledges receivable			
<b>b</b>	Less: allowance for doubtful accounts		<b>48c</b>	
<b>49</b>	Grants receivable		<b>49</b>	
<b>50</b>	Receivables from officers, directors, trustees, and key employees (attach schedule)		<b>50</b>	
<b>51a</b>	Other notes and loans receivable (attach schedule) <b>SEE WORKSHEET</b>	<b>2,637,565</b>		
<b>b</b>	Less: allowance for doubtful accounts		<b>51c</b>	<b>2,637,565</b>
<b>52</b>	Inventories for sale or use		<b>52</b>	
<b>53</b>	Prepaid expenses and deferred charges	<b>286,174</b>	<b>53</b>	<b>291,407</b>
<b>54</b>	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		<b>54</b>	
<b>55a</b>	Investments-land, buildings, and equipment, basis			
<b>b</b>	Less: accumulated depreciation (attach schedule)		<b>55c</b>	
<b>56</b>	Investments-other (attach schedule)		<b>56</b>	
<b>57a</b>	Land, buildings, and equipment, basis	<b>6,463,469</b>		
<b>b</b>	Less: accumulated depreciation (attach schedule) <b>SEE STMT 3</b>			
<b>57b</b>	<b>1,542,501</b>	<b>4,959,777</b>	<b>57c</b>	<b>4,920,968</b>
<b>58</b>	Other assets (describe <b>SEE STMT 4</b> )	<b>15,156</b>	<b>58</b>	<b>18,042</b>
<b>59</b>	<b>Total assets</b> (add lines 45 through 58) (must equal line 74)	<b>8,332,811</b>	<b>59</b>	<b>9,138,563</b>
<b>60</b>	Accounts payable and accrued expenses	<b>1,168,098</b>	<b>60</b>	<b>1,454,771</b>
<b>61</b>	Grants payable		<b>61</b>	
<b>62</b>	Deferred revenue	<b>4,000</b>	<b>62</b>	<b>4,000</b>
<b>63</b>	Loans from officers, directors, trustees, and key employees (attach schedule)		<b>63</b>	
<b>64a</b>	Tax-exempt bond liabilities (attach schedule)		<b>64a</b>	
<b>b</b>	Mortgages and other notes payable (attach schedule) <b>SEE WORKSHEET</b>	<b>4,759,675</b>	<b>64b</b>	<b>5,057,592</b>
<b>65</b>	Other liabilities (describe <b>SEE STMT 5</b> )	<b>263,002</b>	<b>65</b>	<b>170,117</b>
<b>66</b>	<b>Total liabilities</b> (add lines 60 through 65)	<b>6,194,775</b>	<b>66</b>	<b>6,686,480</b>
<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74</b>				
<b>67</b>	Unrestricted	<b>1,748,836</b>	<b>67</b>	<b>2,051,783</b>
<b>68</b>	Temporarily restricted	<b>389,200</b>	<b>68</b>	<b>400,300</b>
<b>69</b>	Permanently restricted		<b>69</b>	
<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.</b>				
<b>70</b>	Capital stock, trust principal, or current funds		<b>70</b>	
<b>71</b>	Paid-in or capital surplus, or land, building, and equipment fund		<b>71</b>	
<b>72</b>	Retained earnings, endowment, accumulated income, or other funds		<b>72</b>	
<b>73</b>	<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)	<b>2,138,036</b>	<b>73</b>	<b>2,452,083</b>
<b>74</b>	<b>Total liabilities and net assets / fund balances</b> (add lines 66 and 73)	<b>8,332,811</b>	<b>74</b>	<b>9,138,563</b>

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.

Form 990 (2003)

**MARRAKECH, INC.****23-7148533**Page **4**

<b>Part IV-A</b> Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)		<b>Part IV-B</b> Reconciliation of Expenses per Audited Financial Statements with Expenses per Return	
<b>a</b> Total revenue, gains, and other support per audited financial statements ▶	<b>a 6,703,268</b>	<b>a</b> Total expenses and losses per audited financial statements ▶	<b>a 6,389,221</b>
<b>b</b> Amounts included on line a but not on line 12, Form 990:		<b>b</b> Amounts included on line a but not on line 17, Form 990:	
(1) Net unrealized gains on investments \$		(1) Donated services and use of facilities \$	
(2) Donated services and use of facilities \$		(2) Prior year adjustments reported on line 20, Form 990 \$	
(3) Recoveries of prior year grants \$		(3) Losses reported on line 20, Form 990 \$	
(4) Other (specify):		(4) Other (specify):	
<b>SEE STMT 6</b>		<b>SEE STMT 7</b>	
\$ <b>56,567</b>		\$ <b>31,567</b>	
Add amounts on lines (1) through (4) ▶	<b>b 56,567</b>	Add amounts on lines (1) through (4) ▶	<b>b 31,567</b>
<b>c</b> Line a minus line b ▶	<b>c 6,646,701</b>	<b>c</b> Line a minus line b ▶	<b>c 6,357,654</b>
<b>d</b> Amounts included on line 12, Form 990 but not on line a:		<b>d</b> Amounts included on line 17, Form 990 but not on line a:	
(1) Investment expenses not included on line 6b, Form 990 \$		(1) Investment expenses not included on line 6b, Form 990 \$	
(2) Other (specify):		(2) Other (specify):	
\$		\$	
Add amounts on lines (1) and (2) ▶	<b>d</b>	Add amounts on lines (1) and (2) ▶	<b>d</b>
<b>e</b> Total revenue per line 12, Form 990 (line c plus line d) ▶	<b>e 6,646,701</b>	<b>e</b> Total expenses per line 17, Form 990 (line c plus line d) ▶	<b>e 6,357,654</b>

**Part V List of Officers, Directors, Trustees, and Key Employees** (List each one even if not compensated, see page 27 of the instructions )

(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
FRANCIS MCCARTHY C/O MARRAKECH, INC. SEE SCHEDULE #2 FOR NON COMPENSATED BOD *ALL ARE VOLUNTEERS	EXECUTIVE DI 50	167,714	22,059	0
	2*	0	0	0
		0	0	0
C/O MARRAKECH, INC. 6 LUNAR DRIVE WOODBRIDGE CT 06525		0	0	0

**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 page 28 of the instructions.

▶ ☐ Yes ☒ No

**Part VI Other Information** (See page 28 of the instructions.)

	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	76	<input checked="" type="checkbox"/>
<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.	77	<input checked="" type="checkbox"/>
<b>78a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?	78b	
<b>79</b> Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79	<input checked="" type="checkbox"/>
<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?	80a	<input checked="" type="checkbox"/>
<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 and indirect political expenditures See line 81 instructions	81a	0
<b>b</b> Did the organization file Form 1120-POL for this year?	81b	<input checked="" type="checkbox"/>
<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?	82a	<input checked="" type="checkbox"/>
<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.)	82b	N/A
<b>83a</b> Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	<input checked="" type="checkbox"/>
<b>b</b> Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<input checked="" type="checkbox"/>
<b>84a</b> Did the organization solicit any contributions or gifts that were not tax deductible?	84a	<input checked="" type="checkbox"/>
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	84b	N/A
<b>85</b> 501(c)(4), (5), or (6) organizations. <b>a</b> Were substantially all dues nondeductible by members?	85a	N/A
<b>b</b> Did the organization make only in-house lobbying expenditures of \$2,000 or less?	85b	N/A
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>c</b> Dues, assessments, and similar amounts from members	85c	N/A
<b>d</b> Section 162(e) lobbying and political expenditures	85d	N/A
<b>e</b> Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	85e	N/A
<b>f</b> Taxable amount of lobbying and political expenditures (line 85d less 85e)	85f	N/A
<b>g</b> Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	N/A
<b>h</b> If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	85h	N/A
<b>86</b> 501(c)(7) orgs Enter <b>a</b> Initiation fees and capital contributions included on line 12	86a	N/A
<b>b</b> Gross receipts, included on line 12, for public use of club facilities	86b	N/A
<b>87</b> 501(c)(12) orgs Enter <b>a</b> Gross income from members or shareholders	87a	N/A
<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)	87b	N/A
<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	88	<input checked="" type="checkbox"/>
<b>89a</b> 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>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	89b	<input checked="" type="checkbox"/>
<b>c</b> Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0
<b>d</b> Enter: Amount of tax on line 89c, above, reimbursed by the organization		0
<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, 2003 (See instructions.)	90b	508
<b>91</b> The books are in care of <b>MARRAKECH, INC.</b> Located at <b>6 LUNAR DRIVE, WOODBRIDGE, CT</b>	Telephone no.	203-389-2970
	ZIP + 4	06525
<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	92	N/A

**Part VII Analysis of Income-Producing Activities** (See page 33 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	
<b>93</b> Program service revenue:					
<b>a</b> <b>PROGRAM REVENUE</b>					<b>6,504,886</b>
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>f</b> Medicare/Medicaid payments					
<b>g</b> Fees and contracts from government agencies					
<b>94</b> Membership dues and assessments					
<b>95</b> Interest on savings and temporary cash investments			<b>14</b>	<b>3,416</b>	
<b>96</b> Dividends and interest from securities					
<b>97</b> Net rental income or (loss) from real estate					
<b>a</b> debt-financed property					
<b>b</b> not debt-financed property					
<b>98</b> Net rental income or (loss) from personal property					
<b>99</b> Other investment income					
<b>100</b> Gain or (loss) from sales of assets other than inventory					
<b>101</b> Net income or (loss) from special events			<b>25</b>	<b>13,506</b>	
<b>102</b> Gross profit or (loss) from sales of inventory					
<b>103</b> Other revenue: <b>a</b>					
<b>b</b>					
<b>c</b>					
<b>d</b>					
<b>e</b>					
<b>104</b> Subtotal (add columns (B), (D), and (E))		<b>0</b>		<b>16,922</b>	<b>6,504,886</b>
<b>105</b> Total (add line 104, columns (B), (D), and (E))					<b>6,521,808</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 page 34 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).
<b>93A</b>	<b>FEEES FOR VOCATIONAL TRAINING PROGRAMS FOR DEVELOPMENTALLY DISABLED PERSONS.</b>

**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities** (See page 34 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
<b>N/A</b>	%			
	%			
	%			
	%			

**Part X Information Regarding Transfers Associated with Personal Benefit Contracts** (See page 34 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.

**1/27/05**  
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

**2003**▶ **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>JEFFREY ANDRUS</b> <b>C/O MARRAKECH, INC.</b>	<b>FINANCE DIR.</b> <b>45</b>	<b>98,076</b>	<b>17,027</b>	<b>0</b>
<b>SILVIA MOSCARIELLO</b> <b>C/O MARRAKECH, INC.</b>	<b>VOCATION DIR</b> <b>45</b>	<b>96,450</b>	<b>8,678</b>	<b>0</b>
<b>HEATHER LATORRA</b> <b>C/O MARRAKECH, INC.</b>	<b>HR. DIR.</b> <b>45</b>	<b>95,628</b>	<b>16,879</b>	<b>0</b>
<b>ALAN EMMERICH</b> <b>C/O MARRAKECH, INC.</b>	<b>CONTROLLER</b> <b>45</b>	<b>69,691</b>	<b>9,629</b>	<b>0</b>
<b>KATHY TODD</b> <b>C/O MARRAKECH, INC.</b>	<b>RN</b> <b>45</b>	<b>62,686</b>	<b>6,679</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 instructions. List each one (whether individuals or firms). If there are none, enter "None.")

(a) Name and address of each independent contractor paid more than \$ 50,000	(b) Type of service	(c) Compensation
<b>GUILMARTIN, DIPIRO &amp; SOKOLOWSKI</b> <b>505 MAIN STREET</b>	<b>AUDIT &amp; ACCOUNT</b>	<b>130,830</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) 2003

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

	Yes	No
<b>1</b> 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 amounts 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.	<b>1</b>	<b>X</b>
<b>2</b> 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 )		
<b>a</b> Sale, exchange, or leasing of property?	<b>2a</b>	<b>X</b>
<b>b</b> Lending of money or other extension of credit?	<b>2b</b>	<b>X</b>
<b>c</b> Furnishing of goods, services, or facilities?	<b>2c</b>	<b>X</b>
<b>d</b> Payment of compensation (or payment or reimbursement of expense if more than \$1,000)? <b>SEE PART V, FORM 990</b>	<b>2d</b>	<b>X</b>
<b>e</b> Transfer of any part of its income or assets?	<b>2e</b>	<b>X</b>
<b>3a</b> Do you make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how you determine that recipients qualify to receive payments )	<b>3a</b>	<b>X</b>
<b>3b</b> Do you have a section 403(b) annuity plan for your employees?	<b>3b</b>	<b>X</b>
<b>4</b> Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	<b>4</b>	<b>X</b>

**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) 2002	(b) 2001	(c) 2000	(d) 1999	(e) Total
<b>15</b> Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.)	430,650	100,891	480,609	40,819	1,052,969
<b>16</b> Membership fees received					0
<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	5,356,808	3,646,646	2,949,220	3,044,048	14,996,722
<b>18</b> Gross income from interest, dividends, amounts received from payment on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975		42,239	32,998	30,143	105,380
<b>19</b> Net income from unrelated business activities not included in line 18					0
<b>20</b> Tax revenues levied for the organization's benefits and either paid to it or expended on its behalf					0
<b>21</b> The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.					0
<b>22</b> Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets. <b>STMT 8</b>				71,079	71,079
<b>23</b> Total of lines 15 through 22	5,787,458	3,789,776	3,462,827	3,186,089	16,226,150
<b>24</b> Line 23 minus line 17	430,650	143,130	513,607	142,041	1,229,428
<b>25</b> Enter 1% of line 23	57,875	37,898	34,628	31,861	
<b>26</b> Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24					24,589
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 1999 through 2002 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					
c Total support for section 509(a)(1) test. Enter line 24, column (e)					1,229,428
d Add: Amounts from column (e) for lines 18 105,380 19 22 71,079 26b					176,459
e Public support (line 26c minus line 26d total)					1,052,969
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					85.6471%
<b>27</b> 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:	(2002)	(2001)	(2000)	(1999)	N/A
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 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:	(2002)	(2001)	(2000)	(1999)	N/A
c Add: Amounts from column (e) for lines. 15 16 17 20 21					27c
d Add: Line 27a total and line 27b total					27d
e Public support (line 27c total minus line 27d total)					27e
f Total support for section 509(a)(2) test: Enter amount 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 %
<b>28</b> Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 1999 through 2002, 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.					N/A

**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, other governing instrument, or in a resolution of its governing body?	<b>29</b>		
<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?	<b>30</b>		
<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 )	<b>31</b>		
<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?	<b>32a</b>		
<b>b</b> Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	<b>32b</b>		
<b>c</b> Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	<b>32c</b>		
<b>d</b> Copies of all material used by the organization or on its behalf to solicit contributions?	<b>32d</b>		
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?	<b>33a</b>		
<b>b</b> Admissions policies?	<b>33b</b>		
<b>c</b> Employment of faculty or administrative staff?	<b>33c</b>		
<b>d</b> Scholarships or other financial assistance?	<b>33d</b>		
<b>e</b> Educational policies?	<b>33e</b>		
<b>f</b> Use of facilities?	<b>33f</b>		
<b>g</b> Athletic programs?	<b>33g</b>		
<b>h</b> Other extracurricular activities?	<b>33h</b>		
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?	<b>34a</b>		
<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.	<b>34b</b>		
<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	<b>35</b>		

**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												
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>													
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>													
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>													
<b>39</b> Other exempt purpose expenditures	<b>39</b>													
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>													
<b>41</b> 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	<b>41</b>	
<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													
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>													
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>													
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>													

**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) 2003	(b) 2002	(c) 2001	(d) 2000	(e) Total
<b>45</b> Lobbying nontaxable amount					
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					
<b>47</b> Total lobbying expenditures					
<b>48</b> Grassroots nontaxable amount					
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					
<b>50</b> 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 instructions.) **N/A**

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

- 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.





Forms <b>990 / 990-PF</b>	<b>Other Notes and Loans Receivable</b>	<b>2003</b>
For calendar year 2003, or tax year beginning <b>7/01/03</b> , and ending <b>6/30/04</b>		
Name <b>MARRAKECH, INC.</b>		Employer Identification Number <b>23-7148533</b>

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

Name of borrower	Relationship to disqualified person
(1) <b>LOAN RECEIVABLE FROM 501C(3)</b>	
(2) <b>AFFILIATE</b>	
(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)	2,215,887	2,637,565	
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
(10)			
<b>Totals</b>	<b>2,215,887</b>	<b>2,637,565</b>	

Forms  
**990 / 990-PF****Mortgages and Other Notes Payable****2003**

For calendar year 2003, or tax year beginning

**7/01/03**, and ending**6/30/04**

Name

Employer Identification Number

**MARRAKECH, INC.****23-7148533****FORM 990, PART IV, LINE 64B - ADDITIONAL INFORMATION**

Name of lender	Relationship to disqualified person
(1) <b>SEE SCHEDULE 3</b>	
(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
(1)	<b>4,759,675</b>	<b>5,057,592</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>4,759,675</b>	<b>5,057,592</b>

## Federal Statements

**Statement 1 - Form 990, Line 20 - Other Changes in Net Assets or Fund Balances**

Description	Amount
OTH AMTS INCLUDED ON FINANCIAL STMTS NOT ON RETURN	\$ 25,000
TOTAL	\$ 25,000

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

Description	Total Expenses	Program Service	Mgt & General	Fund-Raising
	\$	\$	\$	\$
EXPENSES				
MANAGEMENT FEES	362,489		362,489	
CONSULTANTS	44,867	44,867		
ADVERTISING	34,488	34,488		
INSURANCE	120,592	120,592		
DUES, FEES AND LICENSES	19,651	19,651		
STAFF TRAINING	45,867	45,867		
BANK CHARGES	23,653		23,653	
PUBLIC RELATIONS	12,464	12,464		
BUILDING FUND EXPENSE	47,457	47,457		
MISCELLANEOUS	26,063	26,063		
SMALL FURNITURE & EQUIPMENT	53,515	53,515		
PROPERTY TAXES	22,567	22,567		
TRANSPORTATION	30,932	30,932		
TOTAL	\$ 844,605	\$ 458,463	\$ 386,142	\$ 0

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

Description	Beginning of Year	Accum Deprec	End of Year	Accum Deprec
SEE SCHEDULE #1	\$ 6,314,598	\$ 1,354,821	\$ 6,463,469	\$ 1,542,501
TOTAL	\$ 6,314,598	\$ 1,354,821	\$ 6,463,469	\$ 1,542,501

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

Description	Beginning of Year	End of Year
DEPOSITS	\$ 3,469	\$
DEFERRED EXPENSES	11,687	
OTHER ASSETS		18,042
TOTAL	\$ 15,156	\$ 18,042



# Federal Statements

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

Description	Beginning of Year	End of Year
CAPITAL LEASES	\$ 263,002	\$ 170,117
TOTAL	\$ 263,002	\$ 170,117

## Statement 6 - Form 990, Part IV-A - Other Revenue Included on Financial Statements

Description	Amount
NET ASSETS RELEASED FROM RESTRICTION	\$ 13,900
SPECIAL EVENT REVENUE	17,667
TEMPORARILY RESTRICTED DONATIONS	25,000
TOTAL	\$ 56,567

## Statement 7 - Form 990, Part IV-B - Other Expenses Included on Financial Statements

Description	Amount
SPECIAL EVENT REVENUE	\$ 17,667
	13,900
TOTAL	\$ 31,567

## Form 990, Part VI, Question 80 - Relation to other organizations

Name of related organization(s)  
 MARRAKECH HOUSING, DAY SERVICES, RESID

## Statement 8 - Schedule A, Part IV-A, Line 22 - Other Income

Description	2002	2001	2000	1999
OTHER INCOME-INSURANCE PROCEEDS	\$	\$	\$	\$ 71,079
TOTAL	\$ 0	\$ 0	\$ 0	\$ 71,079

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

Description	Cash	Noncash	Total
	\$ 10,258	\$	\$ 10,258
CONTRIBUTIONS FROM EVENTS	49,635		49,635
OTHER CONTRIBUTIONS	65,000		65,000
TOTAL	\$ 124,893	\$ 0	\$ 124,893

**Special Events Direct Expenses**

Description	Amount
COLUMN A	\$
GALA	
PRINTING AND PUBLICATIONS	1,725
FOOD AND FACILITY RENTAL	12,789
BAND	2,500
VIDEO	653
	0
SUBTOTAL	17,667
TOTAL	17,667

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

**Federal Statements****NUMBER OF EMPLOYEES****Description**

THE ORGANIZATION HAS FYE 6/30/04 - HENCE THE NUMBER OF EMPLOYEES IS FOR  
THE PERIOD INCLUDING MARCH 12, 2004.

**MARRAKECH, INC.**  
**FORM 990**  
**2003 (fiscal year ending 6/30/04)**

**EIN: 23-7148533**

**Schedule #1**  
**Per 990 Part II Line 42**

	year ended
	<u>6/30/04</u>
Furniture & equipment	\$ 458,488
Transportation equipment	433,344
Buildings, land & improvements	<u>5,571,637</u>
Total	<u>\$6,463,469</u>
Less: accumulated depreciation	<u>1,542,501</u>
Fixed assets - net	<u><u>\$4,920,968</u></u>

The organization capitalizes at cost all expenditures for fixed assets in excess of \$2,500 that have an estimated useful life greater than three years. Depreciation is computed using the straight-line method over the estimated useful lives of the assets which range from 3 to 30 years. Maintenance and repairs are charged to expense as incurred.

Depreciation expense was **\$191,817** for the year ended **6/30/04**.

filename: Excel\E1990 worksheets\Marrakech Consolidated\Marrakech, Inc.\Marrakech, Inc. 990 Schedules

**MARRAKECH, INC.****EIN:****23-7148533****990 for the year ended: 6/30/04**

Schedule 2

990 Part V

**LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES**

(non-compensated persons not listed in Part V, Page 4 of 990)

Name and Address*	Title	Avg. Hours**	Compensation	Benefits	Expense Allowance
Moshe Siev, M.D.	President	2	0	0	0
Merton G. Gallaher	Vice President	2	0	0	0
Theresa M. Seaquist	Treasurer	2	0	0	0
Steve Shwartz	Secretary	2	0	0	0
Jennifer D. Bohwick, M.D.	Director	2	0	0	0
Roosevelt Bowen	Director	2	0	0	0
Miriam Glenn	Director	2	0	0	0
Randy Harrison	Director	2	0	0	0
Suzanne Letso	Director	2	0	0	0
Sheila Masterson	Director	2	0	0	0
Gary Rappaport, M.D.	Director	2	0	0	0
Ada Lomax	Director	2	0	0	0
Mark Robinson	Director	2	0	0	0
John Russo, Jr.	Director	2	0	0	0
Howard Schachter	Director	2	0	0	0

\* All may be contacted c/o: Marrakech, Inc.  
6 Lunar Drive  
Woodbridge, CT 06525

\*\*all serve as volunteers

**FILENAME: Excel\990 worksheets\Marrakech Consolidated\Marrakech, Inc.\Marrakech, Inc. 990 Schedules**

**Marrakech, Inc.****Schedule 3: Mortgages & Notes Payable****Form 990, Part IV- Balance Sheet Line 64b****EIN: 23-7148533****LOANS PAYABLE**

At June 30, 2004, 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. 43,780

**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. 147,647

**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. 54,665

**Wachovia Bank:**

- Marrakech, Inc. has entered into a standby term loan on July 23, 2003 which enables it to borrow as needed but not to exceed a total loan value of \$500,000. As of June 30, 2004 three loans have been taken with the following terms:

Interest Rate	Balance 6/30/04	Monthly Payment	Date Due
5.25	\$115,673	\$ 2,535	11/08
4.75	109,156	2,156	03/09
5.25	93,877	1,936	01/09

Each loan requires a perfected first lien security interest in the agencies' assets. 318,706

**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. 2,349

**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 5% per annum. \$ 450,000  
1,449,490

Plus: Mortgages Payable \$3,639,369  
(see attached page)

Total Loans/Mortgages Payable \$5,088,859

**Marrakech, Inc.**  
**Schedule 3: Mortgages & Notes Payable**

**Form 990, Part IV- Balance Sheet Line 64b**

**EIN: 23-7148533**

**MORTGAGES PAYABLE**

At June 30, 2004, Marrakech, Inc. had mortgages payable as follows:

**Citizens Bank:**

Mortgage payable; collateralized by property located at 6 Lunar Drive, Woodbridge, Connecticut; payable monthly at \$3,178 including principal and interest at 7.69% per annum; due May 2012. \$203,034

Mortgage payable; collateralized by property located at 514-526 Whalley Avenue, New Haven, Connecticut; payable monthly at \$1,477 including principal and interest at 6.5% per annum; due July 2020. \$339,416

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. 74,008

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. 323,704

**Wachovia Bank:**

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. 199,543

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. 138,076

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. 231,942

**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. 125,628

**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. 43,453

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. 34,741

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. 113,656

**Connecticut Housing Finance Authority:**

Mortgage payable; collateralized by property located at 92 Hurd Road, Trumbull, Connecticut; payable monthly at \$1,734 including principal and interest at 6.63% per annum; due October 2030. 258,937

Mortgage payable; collateralized by property located at 92 View Terrace, East Haven, Connecticut; payable monthly at \$1,740 including principal and interest at 6.63% per annum; due October 2030. 259,863

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. 407,827

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. \$422,071

Mortgage payable; collateralized by property located at 21 Victor Hill Road, Branford, Connecticut; payable monthly at \$2,017 including principal and interest at 7.34% per annum; due September 2026. 265,114

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. \$ 198,356  
3,639,369

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 ☒
- 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  File by the due date for filing your return See instructions	Name of Exempt Organization	Employer identification number
	<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 2/15/05 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 7/01/03 and ending 6/30/04

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 ► 11/11/04

For Paperwork Reduction Act Notice, see Instruction

Form **8868** (12-2000)