

Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**  
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lungbenefit trust or private foundation)  
▶ The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047

**2005**Open to Public  
Inspection**A** For the 2005 calendar year, or tax year beginning **7/01/05**, and ending **6/30/06****B** Check if applicable:

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

Please  
use IRS  
label or  
print or  
type  
See  
Specific  
Instruc-  
tions**C** Name of organization**MARRAKECH, INC.**

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

**6 LUNAR DRIVE**

Room/suite

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

**WOODBIDGE****CT 06525****D** Employer identification no.**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 number of affiliates ▶**H(c)** Are all affiliates included? ☐ Yes ☐ No

(If "No," attach a list. See instr.)

**H(d)** Is this a separate return filed by anorganization 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)**G** Website ▶ **WWW.MARRAKECHINC.ORG****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 chooses to file a return, be sure to file a complete return. Some states require a complete return.**L** Gross receipts. Add lines 6b, 8b, 9b, and 10b to line 12 ▶ **8,773,027****Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

Revenue	1	Contributions, gifts, grants, and similar amounts received		1a	125,920	1d	125,920
	a	Direct public support		1b		2	8,605,503
	b	Indirect public support		1c		3	
	c	Government contributions (grants)				4	6,848
	d	Total (add lines 1a through 1c) (cash \$ <u>125,920</u> noncash \$ <u>          </u> )				5	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)				6c	
	3	Membership dues and assessments				7	
	4	Interest on savings and temporary cash investments					
	5	Dividends and interest from securities					
	6a	Gross rents		6a			
	b	Less rental expenses		6b			
	c	Net rental income or (loss) (subtract line 6b from line 6a)					
7	Other investment income (describe ▶ <b>OGDEN, UT</b> )						
8a	Gross amount from sales of assets other than inventory		(A) Securities		(B) Other		
b	Less cost or other basis and sales expenses		8a	600			
c	Gain or (loss) (attach schedule)		8b				
d	Net gain or (loss) (combine line 8c, columns (A) and (B))		8c	600			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>		<b>SEE STMT 1</b>		8d	600	
a	Gross revenue (not including \$ <u>48,481</u> of contributions reported on line 1a)		<b>SEE WORKSHEET</b>				
b	Less direct expenses other than fundraising expenses		9a	34,156			
c	Net income or (loss) from special events (subtract line 9b from line 9a)		9b	21,935	9c	12,221	
10a	Gross sales of inventory, less returns and allowances		10a				
b	Less cost of goods sold		10b				
c	Gross profit or (loss) from sales of inventory (attach schedule) (subtract line 10b from line 10a)				10c		
11	Other revenue (from Part VII, line 103)				11		
12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11)				12	8,751,092	
Expenses	13	Program services (from line 44, column (B))				13	7,794,699
	14	Management and general (from line 44, column (C))				14	524,574
	15	Fundraising (from line 44, column (D))				15	10,865
	16	Payments to affiliates (attach schedule)				16	
	17	Total expenses (add lines 16 and 44, column (A))				17	8,330,138
Net Assets	18	Excess or (deficit) for the year (subtract line 17 from line 12)				18	420,954
	19	Net assets or fund balances at beginning of year (from line 73, column (A))				19	2,644,859
	20	Other changes in net assets or fund balances (attach explanation)				20	
	21	Net assets or fund balances at end of year (combine lines 18, 19, and 20)				21	3,065,813

G 15-17

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 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 \$ _____) If this amount includes foreign grants, check here <input type="checkbox"/>	22				
23 Specific assistance to individuals (attach schedule) <input type="checkbox"/>	23				
24 Benefits paid to or for members (attach schedule)	24				
25 Compensation of officers, directors, etc	25	523,512	513,867		9,645
26 Other salaries and wages	26	3,906,668	3,906,668		
27 Pension plan contributions	27	310,129	310,129		
28 Other employee benefits	28	538,828	538,828		
29 Payroll taxes	29	322,995	322,995		
30 Professional fundraising fees	30				
31 Accounting fees	31	121,227	121,227		
32 Legal fees	32	4,247	4,247		
33 Supplies	33	107,238	107,238		
34 Telephone	34	75,315	75,315		
35 Postage and shipping	35	24,604	23,884		720
36 Occupancy	36	577,072	577,072		
37 Equipment rental and maintenance	37				
38 Printing and publications	38	500			500
39 Travel	39	111,788	111,788		
40 Conferences, conventions, and meetings	40				
41 Interest	41	266,272	266,272		
42 Depreciation, depletion, etc (attach schedule)	42	218,131	218,131		
43 Other expenses not covered above (itemize)					
a SEE STATEMENT 2	43a	1,221,612	697,038	524,574	
b	43b				
c	43c				
d	43d				
e	43e				
f	43f				
g	43g				
44 Total functional expenses. Add lines 22 through 43 (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	44	8,330,138	7,794,699	524,574	10,865

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 the instructions)**

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.

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 \$ ) If this amount includes foreign grants, check here ► ☐

**7,794,699**

**b**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**c**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**d**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**e Other program services (attach schedule)**

(Grants and allocations \$ ) If this amount includes foreign grants, check here ► ☐

**f Total of Program Service Expenses (should equal line 44, column (B), Program services)**

► **7,794,699**

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**Part IV Balance Sheets** (See 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
Assets	45	Cash-non-interest-bearing		586,333	45	1,397,399
	46	Savings and temporary cash investments			46	
	47a	Accounts receivable	47a 980,301			
	b	Less allowance for doubtful accounts	47b	649,776	47c	980,301
	48a	Pledges receivable	48a			
	b	Less allowance for doubtful accounts	48b		48c	
	49	Grants receivable			49	
	50	Receivables from officers, directors, trustees, and key employees (attach schedule)			50	
	51a	Other notes and loans receivable (attach schedule)	51a			
	b	Less allowance for doubtful accounts	51b		51c	
	52	Inventories for sale or use			52	
	53	Prepaid expenses and deferred charges		152,329	53	176,134
	54	Investments-securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV			54	
	55a	Investments-land, buildings, and equipment basis	55a			
	b	Less accumulated depreciation (attach schedule)	55b		55c	
56	Investments-other (attach schedule)			56		
57a	Land, buildings, and equipment basis	57a 7,293,779				
b	Less accumulated depreciation (attach schedule) <b>SEE STATEMENT 3</b>	57b 1,934,355	5,040,582	57c	5,359,424	
58	Other assets (describe <b>SEE STATEMENT 4</b> )		3,092,135	58	2,811,021	
59	<b>Total assets</b> (must equal line 74) Add lines 45 through 58		9,521,155	59	10,724,279	
Liabilities	60	Accounts payable and accrued expenses		1,967,637	60	2,395,244
	61	Grants payable			61	
	62	Deferred revenue		75	62	13,000
	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) <b>SEE WORKSHEET</b>		4,814,982	64b	5,212,094
	65	Other liabilities (describe <b>SEE STATEMENT 5</b> )		93,602	65	38,128
66	<b>Total liabilities.</b> Add lines 60 through 65		6,876,296	66	7,658,466	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74					
	67	Unrestricted		2,283,459	67	2,678,646
	68	Temporarily restricted		361,400	68	387,167
	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	<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)		2,644,859	73	3,065,813
74	<b>Total liabilities and net assets/fund balances</b> Add lines 66 and 73		9,521,155	74	10,724,279	

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements	<b>a</b>	8,765,325
<b>b</b>	Amounts included on line a but not on Part I, line 12		
1	Net unrealized gains on investments	<b>b1</b>	
2	Donated services and use of facilities	<b>b2</b>	
3	Recoveries of prior year grants	<b>b3</b>	
4	Other (specify)	<b>b4</b>	SEE STMT 6 14,233
	Add lines b1 through b4	<b>b</b>	14,233
<b>c</b>	Subtract line b from line a	<b>c</b>	8,751,092
<b>d</b>	Amounts included on Part I, line 12, but not on line a:		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify)	<b>d2</b>	
	Add lines d1 and d2	<b>d</b>	
<b>e</b>	Total revenue (Part I, line 12) Add lines c and d	<b>e</b>	8,751,092

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

<b>a</b>	Total expenses and losses per audited financial statements	<b>a</b>	8,344,371
<b>b</b>	Amounts included on line a but not Part I, line 17		
1	Donated services and use of facilities	<b>b1</b>	
2	Prior year adjustments reported on Part I, line 20	<b>b2</b>	
3	Losses reported on Part I, line 20	<b>b3</b>	
4	Other (specify)	<b>b4</b>	SEE STMT 7 14,233
	Add lines b1 through b4	<b>b</b>	14,233
<b>c</b>	Subtract line b from line a	<b>c</b>	8,330,138
<b>d</b>	Amounts included on Part I, line 17, but not on line a:		
1	Investment expenses not included on Part I, line 6b	<b>d1</b>	
2	Other (specify)	<b>d2</b>	
	Add lines d1 and d2	<b>d</b>	
<b>e</b>	Total expenses (Part I, line 17) Add lines c and d	<b>e</b>	8,330,138

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated) (See 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 plans	(E) Expense account and other allowances
FRANCIS MCCARTHY C/O MARRAKECH, INC.	EXEC DIR 50	39,866	6,510	0
SILVIA MOSCARIELLO C/O MARRAKECH, INC.	CONSMR SERV 45	22,129	2,444	0
HEATHER LATORRA C/O MARRAKECH, INC.	DIR ADMIN 45	22,032	4,594	0
JEFFREY ANDRUS C/O MARRAKECH, INC.	FIN DIR 40	22,508	4,628	0
-----	0	0	0	0
SEE SCHEDULE # 2 FOR NON COMPENSATED BOD	BOD 2*	0	0	0
SEE SCHEDULE # 4 FOR TOTAL COMP/BEN	0	0	0	0
OF KEY EMPLOYEES	0	0	0	0
* ALL ARE VOLUNTEERS	0	0	0	0

Yes	No
-----	----

(If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

Yes	No
-----	----

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**Part VI Other Information (continued)**

		Yes	No
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?		<b>X</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	<b>N/A</b>		
83a	Did the organization comply with the public inspection requirements for returns and exemption applications?	<b>X</b>	
b	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	<b>X</b>	
84a	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>X</b>
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
84b	<b>N/A</b>		
85	501(c)(4), (5), or (6) organizations a Were substantially all dues nondeductible by members?		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85a	<b>N/A</b>		
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		
85b	<b>N/A</b>		
c	Dues, assessments, and similar amounts from members		
85c	<b>N/A</b>		
d	Section 162(e) lobbying and political expenditures		
85d	<b>N/A</b>		
e	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices		
85e	<b>N/A</b>		
f	Taxable amount of lobbying and political expenditures (line 85d less 85e)		
85f	<b>N/A</b>		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?		
85g	<b>N/A</b>		
h	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	<b>N/A</b>		
86	501(c)(7) Enter a Initiation fees and capital contributions included on line 12		
86a	<b>N/A</b>		
b	Gross receipts, included on line 12, for public use of club facilities		
86b	<b>N/A</b>		
87	501(c)(12) orgs Enter a Gross income from members or shareholders		
87a	<b>N/A</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	<b>N/A</b>		
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		<b>X</b>
88			
89a	501(c)(3) organizations Enter Amount of tax imposed on the organization during the year under section 4911 <b>0</b> , section 4912 <b>0</b> , section 4955 <b>0</b>		
b	501(c)(3) and 501(c)(4) orgs Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>X</b>
89b			
c	Enter Amount of tax imposed on the organization managers or disqualified persons during the year sections 4912, 4955, and 4958 <b>0</b>		
d	Enter Amount of tax on line 89c, above, reimbursed by the organization <b>0</b>		
90a	List the states with which a copy of this return is filed <b>CT</b>		
b	Number of employees employed in the pay period that includes March 12, 2005 (See instructions.)		
90b	<b>696</b>		
91a	The books are in care of <b>JEFFREY ANDRUS</b> <b>6 LUNAR DRIVE</b> Located at <b>WOODBIDGE, CT</b>		
91b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b> At any time during the calendar year, did the organization maintain an office outside of the United States?		<b>X</b>
91c	If "Yes," enter the name of the foreign country <b>See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>		<b>X</b>
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 <b>92</b>		

Telephone no **203-389-2970**ZIP + 4 **06525**

**Part VII Analysis of Income-Producing Activities (See 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 <b>PROGRAM REVENUE</b>					8,605,503
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	6,848	
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					600
101 Net income or (loss) from special events			25	12,221	
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		19,069	8,606,103
105 Total (add line 104, columns (B), (D), and (E))					8,625,172

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

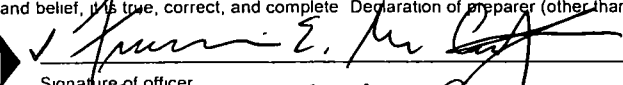
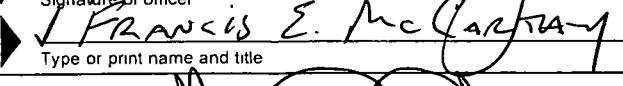
**Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions)**

(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 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 Sign Here	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.	
	Signature of officer 	Date 4/23/07
Paid Preparer's Use Only	Preparer's signature 	Date 3/06/07
	Firm's name (or yours if self-employed), address, and ZIP + 4 GUILMARTIN, DIPIRO & SOKOLOWSKI, LLC 505 MAIN STREET MIDDLETOWN, CT 06457	Check if self-employed <input type="checkbox"/> Preparer's SSN or PTIN (See Gen. Instr. W) P00356137 EIN 06-0971998 Phone 860-347-5689



**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 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2005**Department of the Treasury  
Internal Revenue Service**Supplementary Information-(See separate instructions.)**▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**MARRAKECH, INC.**Employer identification number  
**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) Comp	(d) Contrib to empl ben plans & deferred comp	(e) Expense account & other allowances
LOIS TAYLOR C/O MARRAKECH, INC.	DIR. OF DEVMT 40	80,810	9,067	0
ALAN EMMERICH C/O MARRAKECH, INC	CONTROLLER 40	74,786	8,239	0
KATHY TODD C/O MARRAKECH, INC	HEAD NURSE 40	67,190	7,707	0
GERRY ZARRA C/O MARRAKECH, INC.	PROGRAM DIRECTOR 40	65,300	7,981	0
LISA JARDIN C/O MARRAKECH, INC	PROGRAM DIRECTOR 40	67,076	4,695	0
Total number of other employees paid over \$50,000 ▶	<b>21</b>			

**Part II-A 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
GUILMARTIN, DIPIRO & SOKOLOWSKI 505 MAIN STREET MIDDLETOWN CT 06457	AUDIT & ACCOUNT	102,930
Total number of others receiving over \$50,000 for professional services ▶	<b>0</b>	

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**

(List each contractor who performed services other than professional services, whether individuals or firms If there are none, enter "None" See page 2 of the instructions.)

(a) Name and address of each independent contractor paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of other contractors receiving over \$50,000 for other services ▶		

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

Schedule A (Form 990 or 990-EZ) 2005

**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 amounts on line 38, Part VI-A, or line i of Part VI-B )	1		<b>X</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.				
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		<b>X</b>
b	Lending of money or other extension of credit?	2b		<b>X</b>
c	Furnishing of goods, services, or facilities?	2c		<b>X</b>
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>SEE PART V-A, FORM 990</b>	2d	<b>X</b>	
e	Transfer of any part of its income or assets?	2e		<b>X</b>
3a	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 )	3a		<b>X</b>
b	Do you have a section 403(b) annuity plan for your employees?	3b	<b>X</b>	
c	During the year, did the organization receive a contribution of qualified real property interest under section 170(h)?	3c		<b>X</b>
4a	Did you maintain any separate account for participating donors where donors have the right to provide advice on the use or distribution of funds?	4a		<b>X</b>
b	Do you provide credit counseling, debt management, credit repair, or debt negotiation services?	4b		<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) Check the box that describes the type of supporting organization ► ☐ Type 1 ☐ Type 2 ☐ Type 3

Provide the following information about the supported organizations (See page 6 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) 2004	(b) 2003	(c) 2002	(d) 2001	(e) Total
<b>15</b> Gifts, grants, and contributions received (Do not include unusual grants. See line 28.)	106,766	124,893	430,650	100,891	763,200
<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	7,133,929	6,536,059	5,356,808	3,646,646	22,673,442
<b>18</b> Gross income from interest, dividends, amounts received from payments 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	2,344	3,416		42,239	47,999
<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 benefit 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.					0
<b>23</b> Total of lines 15 through 22	7,243,039	6,664,368	5,787,458	3,789,776	23,484,641
<b>24</b> Line 23 minus line 17	109,110	128,309	430,650	143,130	811,199
<b>25</b> Enter 1% of line 23	72,430	66,644	57,875	37,898	
<b>26 Organizations described on lines 10 or 11:</b>					
a Enter 2% of amount in column (e), line 24					16,224
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 2001 through 2004 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts					73,452
c Total support for section 509(a)(1) test. Enter line 24, column (e)					811,199
d Add: Amounts from column (e) for lines 18 <u>47,999</u> 19 <u>                    </u> 22 <u>                    </u> 26b <u>73,452</u>					121,451
e Public support (line 26c minus line 26d total)					689,748
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))					85.0282%
<b>27 Organizations described on line 12:</b>					
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	(2004)	(2003)	(2002)	(2001)	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 11b, 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	(2004)	(2003)	(2002)	(2001)	N/A
c Add: Amounts from column (e) for lines 15 <u>                    </u> 16 <u>                    </u> 17 <u>                    </u> 20 <u>                    </u> 21 <u>                    </u>					27c <u>                    </u>
d Add: Line 27a total <u>                    </u> and line 27b total <u>                    </u>					27d <u>                    </u>
e Public support (line 27c total minus line 27d total)					27e <u>                    </u>
f Total support for section 509(a)(2) test. Enter amount from line 23, column (e)					27f <u>                    </u>
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))					27g <u>                    </u> %
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))					27h <u>                    </u> %

**28 Unusual Grants.** For an organization described in line 10, 11, or 12 that received any unusual grants during 2001 through 2004, 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) 2005	(b) 2004	(c) 2003	(d) 2002	(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 11 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 through c 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 through c h.)

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

Yes	No	Amount



## Special Events Schedule

Form **990**

**2005**

For calendar year 2005, or tax year beginning

7/01/05 , and ending

6/30/06

Name \_\_\_\_\_

Employer Identification Number

MARRAKECH, INC.

23-7148533

	(A)	(B)	(C)	Others	Total
Gross receipts	82,637	0	0	0	82,637
Less contributions	48,481	0	0	0	48,481
Gross revenue	34,156	0	0	0	34,156
Less direct expenses	21,935	0	0	0	21,935
Net income (loss)	12,221	0	0	0	12,221

### Description

(A)

**GALA**

(B)

(C)

Others

## Mortgages and Other Notes Payable

Forms  
**990 / 990-PF****2005**

For calendar year 2005, or tax year beginning

7/01/05

, and ending

6/30/06

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>	<b>NONE</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>4,814,982</b>	<b>5,212,094</b>
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
<b>Totals</b>	<b>4,814,982</b>	<b>5,212,094</b>



711 MARRAKECH, INC.

23-7148533

FYE: 6/30/2006

## Federal Statements

### Form 990 - General Footnote

#### Description

ORGANIZATION IS NO LONGER REQUIRED TO FILE 990-T. ALL PROPERTY AND  
ASSETS ARE NOW USED BY THE ORGANIZATION IN ITS OWN EXEMPT PROGRAMS.

711 MARRAKECH, INC

23-7148533

FYE 6/30/2006

## Federal Statements

## Statement 1 - Form 990, Part I, Line 8c - Sale of Assets Other Than Inventory - Other

Desc		How Rec'd	Whom Sold	Date Acquired	Date Sold	Sale Price	Cost & Expense	Deprec	Gain/ -Loss
POWER MOWER		PURCHASE		8/22/94	4/21/06	\$ 600	\$	\$	600
TOTAL						\$ 600	\$ 0	\$ 0	600

## Federal Statements

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

Description	Total Expenses	Program Service	Mgt & General	Fund- Raising
	\$	\$	\$	\$
EXPENSES				
MANAGMENT FEES	506,805		506,805	
CONSULTANTS	89,674	89,674		
ADVERTISING	114,798	114,798		
INSURANCE	126,666	126,666		
DUES, FEES & LICENSES	18,483	18,483		
STAFF TRAINING	59,664	59,664		
BANK CHARGES	17,769		17,769	
PUBLIC RELATIONS	16,870	16,870		
BUILDING FUND EXPENSE	42,175	42,175		
MISCELLANEOUS	16,273	16,273		
SMALL FURNITURE & EQUIPMENT	78,623	78,623		
PROPERTY TAXES	23,419	23,419		
TRANSPORTATION	44,224	44,224		
DATA PROCESSING EXPENSE	66,169	66,169		
TOTAL	<u>\$ 1,221,612</u>	<u>\$ 697,038</u>	<u>\$ 524,574</u>	<u>\$ 0</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>Accum Deprec</u>	<u>End of Year</u>	<u>Accum Deprec</u>
SEE SCHEDULE #1	\$ 6,758,679	\$ 1,718,097	\$ 6,278,519	\$ 1,934,355
TOTAL	<u>\$ 6,758,679</u>	<u>\$ 1,718,097</u>	<u>\$ 6,278,519</u>	<u>\$ 1,934,355</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
DEPOSITS	\$ 18,450	\$ 25,720
DEFERRED EXPENSES	6,099	9,856
OTHER ASSETS	4,261	57,641
DUE FROM 501(C)(3) AFFILIATE	3,063,325	2,717,804
TOTAL	<u>\$ 3,092,135</u>	<u>\$ 2,811,021</u>

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>
CAPITAL LEASES	\$ 93,602	\$ 38,128
TOTAL	<u>\$ 93,602</u>	<u>\$ 38,128</u>

711 MARRAKECH, INC  
23-7148533  
FYE. 6/30/2006

## Federal Statements

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

Description	Amount
NET ASSETS RELEASED FROM RESTRICTION	\$ 14,233
TOTAL	\$ 14,233

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

Description	Amount
NET ASSETS RELEASED FROM RESTRICTIONS	\$ 14,233
TOTAL	\$ 14,233

711 MARRAKECH, INC.

23-7148533

FYE 6/30/2006

## Federal Statements

### Statement 8 - Form 990, Part V-A, Line 75c - Compensation from Related Organizations

Payee Name	Organization EIN	Relationship	Related Organization Name1	Related Organization Name2	Compensation	Benefits	Expenses	Compensation Description
---------------	---------------------	--------------	-------------------------------	-------------------------------	--------------	----------	----------	-----------------------------

SEE SCHEDULE # 4

711 MARRAKECH, INC.

23-7148533

FYE: 6/30/2006

## Federal Statements

### Statement 9 - Form 990, Part VI, Line 80b - Name of Related Organization(s)

<u>Name of related organization(s)</u>	<u>Type</u>
MARRAKECH RESIDENTIAL SERVICES, INC.	EXEMPT
MARRAKECH HOUSING OPTIONS, INC.	EXEMPT
MARRAKECH DAY SERVICES, INC.	EXEMPT

711 MARRAKECH, INC.

23-7148533

FYE 6/30/2006

## Federal Statements

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

Description	Cash	Noncash	Total
OTHER CONTRIBUTIONS	\$ 27,439	\$	\$ 27,439
CONTRIBUTIONS FROM EVENTS	48,481		48,481
CONTRIBUTIONS FROM SCHEDULE B	50,000		50,000
TOTAL	<u>\$ 125,920</u>	<u>\$ 0</u>	<u>\$ 125,920</u>



711 MARRAKECH, INC.

23-7148533

FYE: 6/30/2006

## Federal Statements

### Special Events Direct Expenses

<u>Description</u>	<u>Amount</u>
COLUMN A	\$
GALA	
MUSIC	2,500
AUDIO VISUAL	1,078
DECORATIONS	835
MISCELLANEOUS	603
COST OF GOODS SOLD	16,919
SUBTOTAL	21,935
TOTAL	21,935

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

711 MARRAKECH, INC.

23-7148533

FYE 6/30/2006

## Federal Statements

### NUMBER OF EMPLOYEES

#### Description

THE ORGANIZATION HAS FYE 6/30/06 - HENCE THE NUMBER OF EMPLOYEES IS FOR  
THE PERIOD INCLUDING MARCH 12, 2006.

**MARRAKECH, INC.**  
**FORM 990**  
**2005 (fiscal year ending 6/30/06)**

**EIN: 23-7148533**

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

	year ended <u>6/30/2006</u>
Building, Land and Improvements	\$6,336,087
Vehicles	504,395
Furniture, fixtures and equipment	453,297
	<u>\$7,293,779</u>
Less: accumulated depreciation	<u>1,934,355</u>
Fixed assets - net	<u><u>\$5,359,424</u></u>

The organization capitalizes all expenditures for property and equipment in excess of \$2,500, with a useful life greater than three years. Purchase property and equipment are carried at cost. Donated property and equipment are carried at the approximate value at the date of donation. Depreciation is computed using the straight - line method over the estimated lives from 3 to 30 years.

Depreciation expense was **\$218,131** for the year ended 6/30/06.

**MARRAKECH, INC.**  
**FORM 990**  
**2005 (fiscal year ending 6/30/06)**

**EIN: 23-7148533**

**Schedule #2**  
**Per 990 Part V-A**

LIST OF OFFICERS, DIRECTORS, AND KEY EMPLOYEES  
(non-compensated persons not listed in Part V-A, Page 5 of 990)

Name and Address*	Title	Avg Hours**	Compensation	Benefits	Expense Allowance
Moshe Siev, M D	President	2	0	0	0
Steve Shwartz	Secretary	2	0	0	0
Mert Gollaher, Esq	Vice President	2	0	0	0
Jennifer Botwick, M D	Director	2	0	0	0
Roosevelt Brown	Director	2	0	0	0
Ada Lomax	Director	2	0	0	0
Sheila Masterson	Director	2	0	0	0
Gary Rappaport, M D	Director	2	0	0	0
John Russo	Director	2	0	0	0
Mimi Glenn	Director	2	0	0	0
Suzanne Letso	Director	2	0	0	0
Mark Robinson	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

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

**EIN: 23-7148533**

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**LOANS PAYABLE**

At June 30, 2006, 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

39,198

**People's Bank:**

Marrakech, Inc 's demand loan, partially guaranteed by the Connecticut Development Authority, interest payable at prime plus one percent, due upon demand This note has been included in short-term loans payable See Note 17 under "Refinance of People's Bank demand loans"

121,276

Marrakech, Inc 's demand loan, partially guaranteed by the Connecticut Development Authority, interest payable at prime plus one percent, due upon demand This note has been included in short-term loans payable See Note 17 under "Refinance of People's Bank demand loans"

141,800

**State of Connecticut:**

Various revolving loan funds with monthly installments currently totaling \$6,330 including principal and interest at interest rates ranging between 5 24% and 6% per annum, due dates ranging from July 2010 to October 2018.

142,391

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

**EIN: 23-7148533**

**Loans payable, continued**

**Sovereign Bank:**

Marrakech, Inc 's various loans collateralized by automobiles, monthly installments currently totaling \$1,454 including principal and interest at rates ranging from 6% to 17.22% per annum, due dates ranging from May 2007 to December 2007

\$ 23,538

**Wachovia Bank:**

On July 23, 2003, Marrakech, Inc entered into a standby term loan agreement permitting it to borrow up to \$500,000 to finance the acquisition of vehicles and other items of personal property. As of the agreement expiration date in July 2004, three loans had been termed out under this arrangement as follows

<u>Interest</u> <u>Rate</u>	<u>Balance</u> <u>6/30/06</u>	<u>Monthly</u> <u>Payment</u>	<u>Date</u> <u>Due</u>
5.25	\$63,975	\$2,535	10/08
5.25	54,936	1,956	01/09
4.75	66,620	2,156	03/09

Each loan is secured by a perfected first lien interest in the agency's property acquired

185,531

**New Alliance Bank:**

On December 23, 2005, Marrakech, Inc entered into a commercial term loan agreement for the purpose of financing the acquisition of vehicles and other items of personal property. A single loan of \$496,096 was taken under this arrangement which is being repaid in monthly principal and interest installments of \$9,867 through November 2010. The interest rate is fixed at 7.01%. The loan is secured by a first lien interest in the agency's property acquired

436,894

**General Motors Acceptance Corp.:**

Marrakech, Inc 's two loans collateralized by automobiles, monthly installments currently totaling \$1,134 including principal and interest at 9.15% each per annum, both loans are due November 2009

38,964

**Citizens Bank:**

Marrakech, Inc 's revolving line of credit of \$1,000,000 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 9.25% per annum. The agreement expires on February 28, 2007

-  
1,244,228

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

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

**EIN: 23-7148533**

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**MORTGAGES PAYABLE**

At June 30, 2006, Marrakech, Inc. had mortgages payable as follows

**Citizens Bank:**

Mortgage payable, collateralized by property located at 6 Lunar Drive, Woodbridge, Connecticut, payable monthly at \$2,886 including principal and interest at 7.69% per annum, due May 2012	\$162,310
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Mortgage payable, collateralized by property located at 514-526 Whalley Avenue, New Haven, Connecticut, payable monthly at \$2,844 including principal and interest at 6.5% per annum, due September 2010	314,279
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**CCO Mortgage Corp.:**

Mortgage payable, collateralized by property located at 106-108 Hobart Street, New Haven, Connecticut, payable monthly at \$486 including principal and interest at 6.5% per annum, due September 2031	71,896
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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	42,431
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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	33,908
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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	101,149
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Mortgage payable; collateralized by property located at 158R Meeting House Hill Road, Durham, Connecticut, payable monthly at \$1,416 including principal and interest at 5.5% per annum, due March 1, 2036	248,478
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Mortgage payable, collateralized by property located at 27-29 Robbins Street, Waterbury, Connecticut; payable monthly at \$1,151 including principal and interest at 5.625% per annum, due May 1, 2036	199,786
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**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	251,147
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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	252,045
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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	395,823
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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	409,709
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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	254,904
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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	311,585
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**Marrakech, Inc.****Schedule 3: Mortgages & Notes Payable****Form 990, Part IV- Balance Sheet Line 64b****EIN: 23-7148533****Mortgages payable, continued****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 \$ 177,110

Mortgage payable, collateralized by property located at 118 Migeon Avenue, Torrington, Connecticut, payable monthly at \$1,242 including principal and interest at 6.25% per annum, due June 2018 124,992

Mortgage payable, collateralized by property located at 95 Fitch Street, New Haven, Connecticut, payable monthly at \$2,313 including principal and interest at 6.66% per annum, due October 2016 206,133

Mortgage payable, collateralized by property located at 615-617 Whalley Avenue, New Haven, Connecticut, payable monthly at \$1,141 including principal and interest at 7.25% per annum, due August 2019 116,070

**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. 113,121

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 180,990  
3,967,866

Less current maturities

Total long-term mortgages payable

The aggregate maturities of long-term mortgage obligations for each of the next five years ending June 30 are as follows

2007	\$141,603
2008	151,681
2009	161,921
2010	172,860
2011	418,612

Interest expense related to the above loans, capital leases and mortgages totaled \$326,519 for the year ended June 30, 2006



**MARRAKECH**  
**FORM 990**  
**2005 (fiscal year ending 6/30/06)**

**EIN: 23-7148533**

**Schedule #4**  
**Per 990 Part V-A**

**TOTAL COMPENSATION PACKAGE FOR KEY EMPLOYEES**  
 (compensated key employees listed on Part V-A, Page 5 of 990)

Name and Address	Title	Avg Hours	Name/EIN of Related Entity	Compensation	Benefits	Expense Allowance
Francis E. McCarthy	Executive Director	50	Marrakech, Inc EIN 23-7148533	39,866	6,510	-
C/O Marrakech, Inc 6 Lunar Dr Woodbridge, CT 06525			Marrakech Housing Options, Inc EIN 06-1319874	126,905	20,722	-
			Marrakech Day Services, Inc EIN 06-1319875	8,826	1,441	-
			Marrakech Residential Services, Inc EIN 06-1319876	20,305	3,316	-
			Total	195,902	31,989	-
Silvia Moscariello	Director of Consumer Services	45	Marrakech, Inc EIN 23-7148533	22,129	2,444	-
C/O Marrakech, Inc 6 Lunar Dr Woodbridge, CT 06525			Marrakech Housing Options, Inc EIN 06-1319874	70,442	7,779	-
			Marrakech Day Services, Inc EIN 06-1319875	4,899	541	-
			Marrakech Residential Services, Inc EIN 06-1319876	11,271	1,245	-
			Total	108,741	12,008	-
Heather LaTorra	Director of Administration	45	Marrakech, Inc EIN 23-7148533	22,032	4,594	-
C/O Marrakech, Inc 6 Lunar Dr Woodbridge, CT 06525			Marrakech Housing Options, Inc EIN 06-1319874	70,134	14,625	-
			Marrakech Day Services, Inc EIN 06-1319875	4,878	1,017	-
			Marrakech Residential Services, Inc EIN 06-1319876	11,222	2,340	-
			Total	108,266	22,577	-
Jeffrey L. Andrus	Finance Director	40	Marrakech, Inc EIN 23-7148533	22,508	4,628	-
C/O Marrakech, Inc 6 Lunar Dr Woodbridge, CT 06525			Marrakech Housing Options, Inc EIN 06-1319874	71,648	14,731	-
			Marrakech Day Services, Inc EIN 06-1319875	4,983	1,025	-
			Marrakech Residential Services, Inc EIN 06-1319876	11,464	2,357	-
			Total	110,603	22,740	-
Total All Entities				523,512	89,314	

Marrakech, Inc provides management services to Marrakech Housing Options, Inc, Marrakech Day Services, Inc and Marrakech Residential Services, Inc. The above key employees all receive 100% of their compensation through Marrakech, Inc. The time employees spend performing services to the related entities is then cross charged to the related entities and reported as management services expense or contract personnel expense on those respective entities.

- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ **X**
- Note** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868
- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

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

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

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

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

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

- The books are in the care of **MARRAKECH, INC.**  
Telephone No **203-389-2970** FAX No
- 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 the **whole group**, check this box ☐. If it is for **part** of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until **5/15/07**
- 5 For calendar year , or other tax year beginning **7/01/05**, and ending **6/30/06**
- 6 If this tax year is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period
- 7 State in detail why you need the extension  
**ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION TO PREPARE A COMPLETE AND ACCURATE RETURN.**
- 8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions \$
- b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868 \$
- c **Balance Due.** Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions \$

**Signature and Verification**

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

Signature **[Signature]** Title **X CPA** Date **2/08/07**

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

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

By  Director Date

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

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