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CHANGE OF ACCOUNTING PERIOD

Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

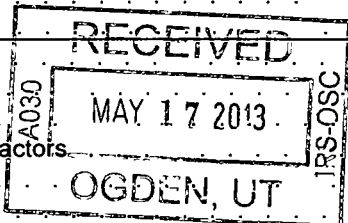
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

- ▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions). All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.
- ▶ *The organization may have to use a copy of this return to satisfy state reporting requirements.*

| | | | | | | | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|--|-------------------------------------------------------|---------------------------------------------------------------------------------------|--|---------------------------------------------|---------------------------------|--|-----------------------------------|--------------|------------------|---------|-----------|----|-------|
| A For the 2011 calendar year, or tax year beginning <u>1/1/2012</u> , and ending <u>6/30/2012</u> | | | | | | | | | | | | | | | | |
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ITINERIS, INC.</td> <td>D Employer identification number 26-1441638</td> </tr> <tr> <td colspan="2">Number and street (or P O box, if mail is not delivered to street address) Room/suite</td> <td>E Telephone number (443) 275-1100</td> </tr> <tr> <td colspan="2">2201 OLD COURT RD - LOWER LEVEL</td> <td>F Group Exemption Number ▶</td> </tr> <tr> <td>City or town</td> <td>state or country</td> <td>ZIP + 4</td> </tr> <tr> <td>BALTIMORE</td> <td>MD</td> <td>21208</td> </tr> </table> | C Name of organization ITINERIS, INC. | | D Employer identification number 26-1441638 | Number and street (or P O box, if mail is not delivered to street address) Room/suite | | E Telephone number (443) 275-1100 | 2201 OLD COURT RD - LOWER LEVEL | | F Group Exemption Number ▶ | City or town | state or country | ZIP + 4 | BALTIMORE | MD | 21208 |
| C Name of organization ITINERIS, INC. | | D Employer identification number 26-1441638 | | | | | | | | | | | | | | |
| Number and street (or P O box, if mail is not delivered to street address) Room/suite | | E Telephone number (443) 275-1100 | | | | | | | | | | | | | | |
| 2201 OLD COURT RD - LOWER LEVEL | | F Group Exemption Number ▶ | | | | | | | | | | | | | | |
| City or town | state or country | ZIP + 4 | | | | | | | | | | | | | | |
| BALTIMORE | MD | 21208 | | | | | | | | | | | | | | |
| G Accounting Method <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual Other (specify) ▶ _____ | H Check <input type="checkbox"/> if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | | | | | | | | | | | |
| I Website: ▶ <u>www.itinerisbaltimore.org</u> | | | | | | | | | | | | | | | | |
| J Tax-exempt status (check only one) — <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527 | | | | | | | | | | | | | | | | |
| K Check <input type="checkbox"/> if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the organization chooses to file a return, be sure to file a complete return. | | | | | | | | | | | | | | | | |
| L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ <u>195,262</u> | | | | | | | | | | | | | | | | |

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I.)
Check if the organization used Schedule O to respond to any question in this Part I

| | | | | |
|------------|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|---------|
| Revenue | 1 | Contributions, gifts, grants, and similar amounts received | 1 | 195,262 |
| | 2 | Program service revenue including government fees and contracts | 2 | |
| | 3 | Membership dues and assessments | 3 | |
| | 4 | Investment income | 4 | |
| | 5a | Gross amount from sale of assets other than inventory | 5a | |
| | b | Less: cost or other basis and sales expenses | 5b | |
| | c | Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | 0 |
| | 6 | Gaming and fundraising events | | |
| | a | Gross income from gaming (attach Schedule G if greater than \$15,000) | 6a | |
| | b | Gross income from fundraising events (not including \$ _____ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) | 6b | |
| | c | Less direct expenses from gaming and fundraising events | 6c | |
| | d | Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) | 6d | 0 |
| | 7a | Gross sales of inventory, less returns and allowances | 7a | |
| | b | Less: cost of goods sold | 7b | |
| | c | Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 0 |
| | 8 | Other revenue (describe in Schedule O) | 8 | |
| | 9 | Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 | 9 | 195,262 |
| Expenses | 10 | Grants and similar amounts paid (list in Schedule O) | 10 | |
| | 11 | Benefits paid to or for members | 11 | |
| | 12 | Salaries, other compensation, and employee benefits | 12 | 115,663 |
| | 13 | Professional fees and other payments to independent contractors | 13 | |
| | 14 | Occupancy, rent, utilities, and maintenance | 14 | 13,983 |
| | 15 | Printing, publications, postage, and shipping | 15 | 352 |
| | 16 | Other expenses (describe in Schedule O) | 16 | 51,301 |
| | 17 | Total expenses. Add lines 10 through 16 | 17 | 181,299 |
| Net Assets | 18 | Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 13,963 |
| | 19 | Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) | 19 | 10,650 |
| | 20 | Other changes in net assets or fund balances (explain in Schedule O) | 20 | |
| | 21 | Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 24,613 |



SCANNED JUN 19 2013

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Part II Balance Sheets. (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II.

| | (A) Beginning of year | (B) End of year |
|--------------------------------------------------------------------------------|-----------------------|-----------------|
| 22 Cash, savings, and investments | 10,650 | 6,099 |
| 23 Land and buildings | | |
| 24 Other assets (describe in Schedule O) | | 18,514 |
| 25 Total assets | 10,650 | 24,613 |
| 26 Total liabilities (describe in Schedule O) | | |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 10,650 | 24,613 |

Part III Statement of Program Service Accomplishments (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III.

Expenses

(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

What is the organization's primary exempt purpose? Provide support for adults on the autism spectrum

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

| | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|---------|
| 28 Itineris provides supportive employment services to adults on the autism spectrum, including job skills training, career assessment & planning, volunteer opportunities, recreational & therapeutic activities. (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a | 112,457 |
| 29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 29a | |
| 30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 30a | |
| 31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a | |
| 32 Total program service expenses. (add lines 28a through 31a) | 32 | 112,457 |

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated. (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

| (a) Name and address | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-) | (d) Health benefits contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|---------------------------------------------------------------|----------------------------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------|--------------------------------------------|
| Hinda Dankner 10001 Baronett Rd Owings Mills MD 21117 | Title Board Member Hr/WK 5.00 | 0 | | |
| Ellen B. Feifarek 508 Hampton Lane Towson MD 21286 | Title Vice President Hr/WK 5.00 | 0 | | |
| Elaine C. Williams 14607 Philpot Road Phoenix MD 21131 | Title Secretary Hr/WK 5.00 | 0 | | |
| Susan L. Murray 6763 Grave Run Road Glen Rock PA 17327 | Title Treasurer Hr/WK 5.00 | 0 | | |
| Mark G. Pape 1528 Cottage Lane Baltimore MD 21286 | Title Board Member-CF Hr/WK 15.00 | 0 | | |
| Brian Mund 100 Bonnie Hill Road Towson MD 21204 | Title President Hr/WK 20.00 | 0 | | |
| Linda Pearl 11 Campitelli Court Reisterstown MD 21136 | Title Board Member Hr/WK 5.00 | 0 | | |
| Zosia Zaks 2104 South Street Baltimore MD 2209 | Title Board Member Hr/WK 5.00 | 0 | | |
| Jeffrey Richardson 1305 Denby Road Towson MD 21286 | Title Board Member Hr/WK 5.00 | 0 | | |
| Ami S. Taubenfeld 3510 Woodvalley Drive Baltimore MD 21208 | Title Executive Director Hr/WK 40.00 | 25,015 | 8,017 | |
| Caroline Hubbard 2555 Steele Road Baltimore MD 21209 | Title Clinical Director Hr/WK 40.00 | 22,842 | 2,318 | 763 |
| Stuart Dankner 10001 Baronett Rd. Owings Mills MD 21117 | Title Board Member Hr/WK 5.00 | 0 | | |

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V.) Check if the organization used Schedule O to respond to any question in this Part V.

| | | Yes | No |
|------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 33 | Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O | | X |
| 34 | Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions) | | X |
| 35 a | Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? | | X |
| b | If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O | | X |
| 35 c | Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III | | X |
| 36 | Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N | | X |
| 37 a | Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a | | |
| b | Did the organization file Form 1120-POL for this year? | | X |
| 38 a | Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? | | X |
| b | If "Yes," complete Schedule L, Part II and enter the total amount involved | 38b | |
| 39 | Section 501(c)(7) organizations. Enter: | | |
| a | Initiation fees and capital contributions included on line 9 | 39a | |
| b | Gross receipts, included on line 9, for public use of club facilities | 39b | |
| 40 a | Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____; section 4912 ▶ _____; section 4955 ▶ _____ | | |
| b | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I | 40b | X |
| c | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 | | |
| d | Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization | | |
| e | All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T | 40e | X |
| 41 | List the states with which a copy of this return is filed. ▶ MD | | |
| 42 a | The organization's books are in care of ▶ Itineris Inc., c/o Pamela Faries Telephone no ▶ (443) 275-1100 Located at ▶ 2201 Old Court Rd.-Lower Level City Baltimore ST MD ZIP + 4 ▶ 21208 | | |
| b | 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: ▶ _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. | 42b | X |
| c | At any time during the calendar year, did the organization maintain an office outside the U.S ? If "Yes," enter the name of the foreign country: ▶ _____ | 42c | X |
| 43 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43 | | |
| 44 a | Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44a | X |
| b | Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ | 44b | X |
| c | Did the organization receive any payments for indoor tanning services during the year? | 44c | X |
| d | If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O | 44d | |
| 45 a | Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 45a | X |
| 45 b | Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions). | 45b | X |

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I. Yes No
46

Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only. All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI.

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. Yes No
47

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 48

49 a Did the organization make any transfers to an exempt non-charitable related organization? 49a

b If "Yes," was the related organization a section 527 organization? 49b

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

| (a) Name and address of each employee paid more than \$100,000 | (b) Title and average hours per week devoted to position | (c) Reportable compensation (Forms W-2/1099-MISC) | (d) Health benefits, contributions to employee benefit plans, and deferred compensation | (e) Estimated amount of other compensation |
|----------------------------------------------------------------|----------------------------------------------------------|---------------------------------------------------|-----------------------------------------------------------------------------------------|--------------------------------------------|
| Name NONE City ST ZIP | Title Hr/WK .00 | | | |
| Name City ST ZIP | Title Hr/WK .00 | | | |
| Name City ST ZIP | Title Hr/WK .00 | | | |
| Name City ST ZIP | Title Hr/WK .00 | | | |
| Name City ST ZIP | Title Hr/WK .00 | | | |

f Total number of other employees paid over \$100,000. ▶

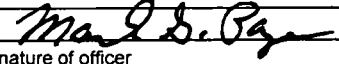
51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|------------------------------------------------------------------------------|---------------------|------------------|
| Name NONE City ST ZIP | | |
| Name City ST ZIP | | |
| Name City ST ZIP | | |
| Name City ST ZIP | | |
| Name City ST ZIP | | |

d Total number of other independent contractors each receiving over \$100,000. ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A. ▶ Yes No

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

| | | |
|------------------|-------------------------------------------------------------------------------------|----------|
| Sign Here |  | 5/9/2013 |
| | Signature of officer | Date |
| | MARK G. PAPE | CFO |
| | Type or print name and title | |

| | | | | | |
|-------------------------------|----------------------------|----------------------|------|-------------------------------------------------|------|
| Paid Preparer Use Only | Print/Type preparer's name | Preparer's signature | Date | Check <input type="checkbox"/> if self-employed | PTIN |
| | Firm's name ▶ | Firm's EIN ▶ | | | |
| | Firm's address ▶ | Phone no | | | |

May the IRS discuss this return with the preparer shown above? See instructions. ▶ Yes No

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2011

Open to Public Inspection

Name of the organization
Itineris, Inc.

Employer identification number
26-1441638

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9 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 exempt 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). (Complete Part III)
- 10 An organization organized and operated exclusively to test for public safety See section 509(a)(4).
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I
 - b Type II
 - c Type III—Functionally integrated
 - d Type III—Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 - (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?
 - (ii) A family member of a person described in (i) above?
 - (iii) A 35% controlled entity of a person described in (i) or (ii) above?

| | Yes | No |
|----------|-----|----|
| 11g(i) | | |
| 11g(ii) | | |
| 11g(iii) | | |

h Provide the following information about the supported organization(s).

| (i) Name of supported organization | (ii) EIN | (iii) Type of organization (described on lines 1–9 above or IRC section (see instructions)) | (iv) Is the organization in col (i) listed in your governing document? | | (v) Did you notify the organization in col (i) of your support? | | (vi) Is the organization in col (i) organized in the U S ? | | (vii) Amount of support |
|------------------------------------|----------|---------------------------------------------------------------------------------------------|------------------------------------------------------------------------|----|-----------------------------------------------------------------|----|------------------------------------------------------------|----|-------------------------|
| | | | Yes | No | Yes | No | Yes | No | |
| (A) | | | | | | | | | 0 |
| (B) | | | | | | | | | 0 |
| (C) | | | | | | | | | 0 |
| (D) | | | | | | | | | 0 |
| (E) | | | | | | | | | 0 |
| Total | | | | | | | | | 0 |

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2007, (b) 2008, (c) 2009, (d) 2010, (e) 2011, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2010 Schedule A, Part II, line 14; 16a 33 1/3% support test—2011; b 33 1/3% support test—2010; 17a 10%-facts-and-circumstances test—2011; b 10%-facts-and-circumstances test—2010; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II
If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") | | 0 | 7,000 | 35,000 | 346,583 | 388,583 |
| 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose | | | | | | 0 |
| 3 Gross receipts from activities that are not an unrelated trade or business under section 513 | | | | | | 0 |
| 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | 0 |
| 5 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | 0 |
| 6 Total. Add lines 1 through 5 | 0 | 0 | 7,000 | 35,000 | 346,583 | 388,583 |
| 7a Amounts included on lines 1, 2, and 3 received from disqualified persons | | | | | | 0 |
| b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year | | | | | | 0 |
| c Add lines 7a and 7b | 0 | 0 | 0 | 0 | 0 | 0 |
| 8 Public support (Subtract line 7c from line 6) | | | | | | 388,583 |

Section B. Total Support

| Calendar year (or fiscal year beginning in) ▶ | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|----------|-----------|
| 9 Amounts from line 6 | 0 | 0 | 7,000 | 35,000 | 346,583 | 388,583 |
| 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources | | | | | | 0 |
| b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 | | | | | | 0 |
| c Add lines 10a and 10b | 0 | 0 | 0 | 0 | 0 | 0 |
| 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on | | | | | | 0 |
| 12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV) | | | | | | 0 |
| 13 Total support. (Add lines 9, 10c, 11, and 12) | 0 | 0 | 7,000 | 35,000 | 346,583 | 388,583 |

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

| | | |
|-------------------------------------------------------------------------------------------|----|-------|
| 15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f)) | 15 | 0.00% |
| 16 Public support percentage from 2010 Schedule A, Part III, line 15 | 16 | 0.00% |

Section D. Computation of Investment Income Percentage

| | | |
|------------------------------------------------------------------------------------------------|----|-------|
| 17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f)) | 17 | 0.00% |
| 18 Investment income percentage from 2010 Schedule A, Part III, line 17 | 18 | 0.00% |

- 19a 33 1/3% support tests—2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- b 33 1/3% support tests—2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization
- 20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public Inspection

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

Department of the Treasury
Internal Revenue Service

Name of the organization

Employer identification number

Itineris, Inc

26-1441638

Form 990-EZ, Part I, Line 16, Other Expenses: Conferences, conventions, and meetings: 808

Form 990-EZ, Part I, Line 16, Other Expenses: Depreciation: 1,486

Form 990-EZ, Part I, Line 16, Other Expenses: Supplies: 5,762

Form 990-EZ, Part I, Line 16, Other Expenses: Telephone: 1,801

Form 990-EZ, Part I, Line 16, Other Expenses: Employee Background Checks: 872

Form 990-EZ, Part I, Line 16, Other Expenses: Insurance: 7,731

Form 990-EZ, Part I, Line 16, Other Expenses: Security: 2,424

Form 990-EZ, Part I, Line 16, Other Expenses: Bank Charges: 4

Form 990-EZ, Part I, Line 16, Other Expenses: Dues & Subscriptions: 120

Form 990-EZ, Part I, Line 16, Other Expenses: Payroll Service Fee: 2,094

Form 990-EZ, Part I, Line 16, Other Expenses: Employer Payroll Tax: 9,900

Form 990-EZ, Part I, Line 16, Other Expenses: Fundraising Expense: 1,756

Form 990-EZ, Part I, Line 16, Other Expenses: Client Expense: 1,308

Form 990-EZ, Part I, Line 16, Other Expenses: Moving: 595

Form 990-EZ, Part I, Line 16, Other Expenses: Computer Services: 5,004

Form 990-EZ, Part I, Line 16, Other Expenses: Client Transportation Costs: 9,636

Form 990-EZ, Part II, Line 24, Other Assets: Donated Fixed Assets - Net of Accumulated

Depreciation: Beginning of year: 0, End of year: 18,514

Form 990-EZ Part I Line 1 Contributions include \$56,101 in revenue from contracts with various

Maryland governmental agencies. \$119,161 in revenue is from Itineris Foundation, Inc. - a wholly

owned 501(c)(3) entity whose only purpose is fund raising from Itineris, Inc.

Form 990-EZ Part III Line 28 Program Expenses includes direct service wages and related

payroll tax expense, workers compensation, client transportation, job support specialist

training, and an allocable portion of occupancy costs.

Form 990-EZ Schedule A, Part III, Section A, Column (e): Total gifts, grants, contributions,

and membership fees received for 2011 consists of \$151,321 for tax year ended 12/31/2011 and

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

(HTA)

Schedule O (Form 990 or 990-EZ) (2011)

Application To Adopt, Change, or Retain a Tax Year

OMB No 1545-0134

▶ See separate instructions.

Attachment
 Sequence No **148**

Part I General Information

Important: All filers must complete Part I and sign below. See instructions.

| | | |
|---------------|-------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------|
| Type or Print | Name of filer (if a joint return is filed, also enter spouse's name) (see instructions) Itinens, Inc. | Filer's identifying number 26-1441638 |
| | Number, street, and room or suite no (if a P O box, see instructions) 2201 Old Court Rd. - Lower Level | Service Center where income tax return will be filed Ogdon, UT |
| | City or town, state, and ZIP code Baltimore, MD 21208 | Filer's area code and telephone number/Fax number (443) 275-1100 / |
| | Name of applicant, if different than the filer (see instructions) | Applicant's identifying number (see instructions) |
| | Name of person to contact (if not the applicant or filer, attach a power of attorney) Mark G. Pape, CPA | Contact person's area code and telephone number/Fax number (443) 791-7928 / |

- 1** Check the appropriate box(es) to indicate the type of applicant (see instructions)
- | | | |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------|
| <input type="checkbox"/> Individual | <input type="checkbox"/> Cooperative (sec 1381(a)) | <input type="checkbox"/> Passive foreign investment company (PFIC) (sec 1297) |
| <input type="checkbox"/> Partnership | <input type="checkbox"/> Controlled foreign corporation (CFC) (sec 957) | <input type="checkbox"/> Other foreign corporation |
| <input type="checkbox"/> Estate | <input type="checkbox"/> Foreign sales corporation (FSC) or Interest-charge domestic international sales corporation (IC-DISC) | <input checked="" type="checkbox"/> Tax-exempt organization |
| <input type="checkbox"/> Domestic corporation | <input type="checkbox"/> Specified foreign corporation (SFC) (sec 898) | <input type="checkbox"/> Homeowners Association (sec 528) |
| <input type="checkbox"/> S corporation | <input type="checkbox"/> 10/50 corporation (sec 904(d)(2)(E)) | <input type="checkbox"/> Other _____ (Specify entity and applicable Code section) |
| <input type="checkbox"/> Personal service corporation (PSC) | <input type="checkbox"/> Trust | |

- 2a** Approval is requested to (check one) (see instructions):
- Adopt a tax year ending ▶ _____ (Partnerships and PSCs: Go to Part III after completing Part I.)
- Change to a tax year ending ▶ June 30 Retain a tax year ending ▶ _____
- b** If changing a tax year, indicate the date the present tax year ends. ▶ 6/30/2012
- c** If adopting or changing a tax year, the first return or short period return will be filed for the tax year beginning ▶ January 1, 20 12, and ending ▶ June 30, 20 012

3 Is the applicant's present tax year, as stated on line 2b above, also its current financial reporting year? ▶ Yes No

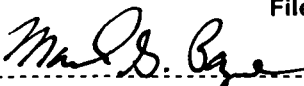
If "No," attach an explanation.

- 4** Indicate the applicant's present overall method of accounting.
- Cash receipts and disbursements method Accrual method
- Other method (specify) ▶ _____

5 State the nature of the applicant's business or principal source of income
 Non-profit agency providing support for adults on the autism spectrum Source of revenue is funding from the Maryland Health & Human Services and private donations

Signature—All Filers (See Who Must Sign in the instructions)

Under penalties of perjury, I declare that I have examined this application, 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 filer) is based on all information of which preparer has any knowledge.

| | |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
|  Filer* _____ Signature and date | 11/15/2012 _____ Signature of individual preparing the application and date |
|------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|

| | |
|--------------------------------------------------------------|-------------------------------------------------------|
| Mark G. Pape, CFO _____ Name and title (print or type) | _____ Name of individual preparing the application |
|--------------------------------------------------------------|-------------------------------------------------------|

*If the application is filed on behalf of a controlled foreign corporation or a 10/50 corporation by a controlling domestic shareholder, see instructions

_____ Name of firm preparing the application

Part II Automatic Approval Request (see instructions)

Identify the revenue procedure under which this automatic approval request is filed ▶

Section A—Corporations (Other Than S Corporations or Personal Service Corporations) (Rev. Proc. 2006-45, or its successor)

| | Yes | No |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the applicant a corporation (including a homeowners association (section 528)) that is requesting a change in tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc 2006-45 (or its successor)? (see instructions) ▶ | | X |
| 2 Does the corporation intend to elect to be an S corporation for the tax year immediately following the short period? If "Yes" and the corporation is electing to change to a permitted tax year, file Form 1128 as an attachment to Form 2553 ▶ | | |
| 3 Is the applicant a corporation requesting a concurrent change for a CFC, FSC or IC-DISC? (see instructions) ▶ | | |

Section B — Partnerships, S Corporations, Personal Service Corporations (PSCs), and Trusts (Rev. Proc. 2006-46, or its successor)

| | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|
| 4 Is the applicant a partnership, S corporation, PSC, or trust that is requesting a tax year and is not precluded from using the automatic approval rules under section 4 of Rev. Proc. 2006-46 (or its successor)? (see instructions) ▶ | | |
| 5 Is the partnership, S corporation, PSC, or trust requesting to change to its required tax year or a partnership, S corporation, or PSC that wants to change to a 52-53 week tax year ending with reference to such tax year? ▶ | | |
| 6 Is the partnership, S corporation, or PSC (other than a member of a tiered structure) requesting a tax year that coincides with its natural business year described in section 4 01(2) of Rev. Proc. 2006-46 (or its successor)? Attach a statement showing gross receipts for the most recent 47 months (See instructions for information required to be submitted) ▶ | | |
| 7 Is the S corporation requesting an ownership tax year? (see instructions) ▶ | | |
| 8 Is the applicant a partnership requesting a concurrent change pursuant to section 6 09 of Rev. Proc 2006-45 (or its successor) or section 5.04(8) of Rev. Proc 2002-39 (or its successor)? (see instructions) ▶ | | |

Section C—Individuals (Rev. Proc. 2003-62, or its successor) (see instructions)

| | | |
|-----------------------------------------------------------------------------------------------|--|--|
| 9 Is the applicant an individual requesting a change from a fiscal year to a calendar year? ▶ | | |
|-----------------------------------------------------------------------------------------------|--|--|

Section D—Tax-Exempt Organizations (Rev. Proc. 76-10 or 85-58) (see instructions)

| | | |
|----------------------------------------------------------------------|---|--|
| 10 Is the applicant a tax-exempt organization requesting a change? ▶ | X | |
|----------------------------------------------------------------------|---|--|

Part III Ruling Request (All applicants requesting a ruling must complete Section A and any other section that applies to the entity. See instructions.) (Rev. Proc. 2002-39, or its successor)

Section A—General Information

| | Yes | No |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the applicant a partnership, S corporation, personal service corporation, or trust that is under examination by the IRS, before an appeals office, or a Federal court? ▶ If "Yes," see the instructions for information that must be included on an attached explanation. | | |
| 2 Has the applicant changed its annual accounting period at any time within the most recent 48-month period ending with the last month of the requested tax year? ▶ If "Yes" and a letter ruling was issued granting approval to make the change, attach a copy of the letter ruling, or if not available, an explanation including the date approval was granted. If a letter ruling was not issued, indicate when and explain how the change was implemented. | | |
| 3 Within the most recent 48-month period, has any accounting period application been withdrawn, not perfected, denied, or not implemented? ▶ If "Yes," attach an explanation | | |
| 4a Is the applicant requesting to establish a business purpose under section 5 02(1) of Rev. Proc 2002-39 (or its successor)? ▶ If "Yes," attach an explanation of the legal basis supporting the requested tax year (see instructions). | | |
| b If your business purpose is based on one of the natural business year tests under section 5.03, check the applicable box <input type="checkbox"/> Annual business cycle test <input type="checkbox"/> Seasonal business test <input type="checkbox"/> 25-percent gross receipts test Attach a statement showing gross receipts from sales and services (and inventory cost if applicable) for the test period. (see instructions) | | |
| 5 Enter the taxable income or (loss) for the 3 tax years immediately preceding the year of change and for the short period. If necessary, estimate the amount for the short period. Short period \$ _____ First preceding year \$ _____ Second preceding year \$ _____ Third preceding year \$ _____ Note: <i>Individuals, enter adjusted gross income Partnerships and S corporations, enter ordinary income. Section 501(c) organizations, enter unrelated business taxable income. Estates, enter adjusted total income. All other applicants, enter taxable income before net operating loss deduction and special deductions</i> | | |

Depreciation and Amortization

(Including Information on Listed Property)

Department of the Treasury
Internal Revenue Service (99)

▶ See separate instructions. ▶ Attach to your tax return.

Attachment
Sequence No **179**

| | | |
|-------------------------------------------|----------------------------------------------------------|----------------------------------|
| Name(s) shown on return Itineris, Inc. | Business or activity to which this form relates 990EZ | Identifying number 26-1441638 |
|-------------------------------------------|----------------------------------------------------------|----------------------------------|

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------|----|-----------|
| 1 Maximum amount (see instructions) | 1 | 500,000 |
| 2 Total cost of section 179 property placed in service (see instructions) | 2 | 20,000 |
| 3 Threshold cost of section 179 property before reduction in limitation (see instructions) | 3 | 2,000,000 |
| 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0- | 4 | 0 |
| 5 Dollar limitation for tax year Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions | 5 | 500,000 |
| 6 (a) Description of property (b) Cost (business use only) (c) Elected cost | | |
| 7 Listed property Enter the amount from line 29 | | |
| 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 | 8 | 0 |
| 9 Tentative deduction. Enter the smaller of line 5 or line 8 | 9 | 0 |
| 10 Carryover of disallowed deduction from line 13 of your 2010 Form 4562 | 10 | |
| 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) | 11 | |
| 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 | 12 | 0 |
| 13 Carryover of disallowed deduction to 2012. Add lines 9 and 10, less line 12 | 13 | 0 |

Note: Do not use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Do not include listed property.) (See instructions)

| | | |
|------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) | 14 | |
| 15 Property subject to section 168(f)(1) election | 15 | |
| 16 Other depreciation (including ACRS) | 16 | |

Part III MACRS Depreciation (Do not include listed property.) (See instructions.)

Section A

| | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------|----|--|
| 17 MACRS deductions for assets placed in service in tax years beginning before 2011 | 17 | |
| 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input type="checkbox"/> | | |

Section B - Assets Placed in Service During 2011 Tax Year Using the General Depreciation System

| (a) Classification of property | (b) Month and year placed in service | (c) Basis for depreciation (business/investment use only—see instructions) | (d) Recovery period | (e) Convention | (f) Method | (g) Depreciation deduction |
|--------------------------------|--------------------------------------|----------------------------------------------------------------------------|---------------------|----------------|------------|----------------------------|
| 19 a 3-year property | | | | | | |
| b 5-year property | | 2,000 | 5 | HY | 200DB | 200 |
| c 7-year property | | 18,000 | 7 | HY | 200DB | 1,286 |
| d 10-year property | | | | | | |
| e 15-year property | | | | | | |
| f 20-year property | | | | | | |
| g 25-year property | | | 25 yrs | | S/L | |
| h Residential rental property | | | 27.5 yrs. | MM | S/L | |
| | | | 27.5 yrs. | MM | S/L | |
| i Nonresidential real property | | | 39 yrs. | MM | S/L | |
| | | | | MM | S/L | |

Section C - Assets Placed in Service During 2011 Tax Year Using the Alternative Depreciation System

| | | | | | | |
|-----------------|--|--|---------|----|-----|--|
| 20 a Class life | | | | | S/L | |
| b 12-year | | | 12 yrs. | | S/L | |
| c 40-year | | | 40 yrs. | MM | S/L | |

Part IV Summary (See instructions)

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-------|
| 21 Listed property. Enter amount from line 28 | 21 | |
| 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instructions | 22 | 1,486 |
| 23 For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs | 23 | |

For Paperwork Reduction Act Notice, see separate instructions.

Application for Extension of Time To File an Exempt Organization Return

(Rev. January 2012)

Department of the Treasury
Internal Revenue Service

► File a separate application for each return.

OMB No 1545-1709

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

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

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

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

| | | |
|--------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Type or print File by the due date for filing your return See instructions | Name of exempt organization or other filer, see instructions Itneris, Inc | Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-1441638 |
| | Number, street, and room or suite no. If a P O box, see instructions 2201 Old Court Rd. - Lower Level | Social security number (SSN) <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions Baltimore MD 21208 | |
| | Enter filer's identifying number, see instructions | |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|-----------------------------------------|-------------|--------------------------|-------------|
| Form 990 | 01 | Form 990-T (corporation) | 07 |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

- The books are in the care of ► MARK G. PAPE

Telephone No ► (443) 791-7928 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 for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 2/15/2013 to file the exempt organization return for the organization named above The extension is for the organization's return for:
► calendar year _____ or

► tax year beginning 1/1/2012, and ending 6/30/2012

2 If the tax year entered in line 1 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. | 3a | \$ |
| 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 | 3b | \$ |
| c Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions | 3c | \$ 0 |

Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions

- 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. Only file the original (no copies needed)

Enter filer's identifying number, see instructions

| | | |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------|
| Type or print File by the due date for filing your return See instructions | Name of exempt organization Itineris, Inc. | Employer identification number (EIN) or <input checked="" type="checkbox"/> 26-1441638 |
| | Number, street, and room or suite no If a P O box, see instructions 2201 Old Court Rd. - Lower Level | Social security number (SSN) <input type="checkbox"/> |
| | City, town or post office, state, and ZIP code For a foreign address, see instructions Baltimore | MD 21208 |

Enter the Return code for the return that this application is for (file a separate application for each return)

| Application Is For | Return Code | Application Is For | Return Code |
|------------------------------------------|-------------|--------------------|-------------|
| Form 990 | 01 | | |
| Form 990-BL | 02 | Form 1041-A | 08 |
| Form 990-EZ | 01 | Form 4720 | 09 |
| Form 990-PF | 04 | Form 5227 | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | 12 |

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 **MARK G PAPE**
Telephone No. (443) 791-7928 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 for the whole group, check this box. . If it is for part of the group, check this box. and attach a list with the names and EINs of all members the extension is for.

- 4 I request an additional 3-month extension of time until 5/15/2013
- 5 For calendar year _____, or other tax year beginning 1/1/2012, and ending 6/30/2012
- 6 If the tax year entered in line 5 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 The taxpayer has been without a finance employee to prepare all information needed to file a complete and accurate return in a timely manner. A new finance employee started with teh company as of 2/4/2013. However additional time is needed to complete the return. In addition the taxpayer changed its year end which was approved by the IRS. Gathering the short-period data has proved difficult.

| | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|----|---|
| 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. | 8a | \$ | |
| 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. | 8b | \$ | |
| c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. | 8c | \$ | 0 |

Signature and Verification must be completed for Part II only.

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 Mark G. Pape Title CFO Date 2/15/2013