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# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

# 2011

Open to Public Inspection

Form **990-EZ**

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. 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 **JUL 1, 2011** and ending **JUN 30, 2012**

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization  
**BALTIMORE IT ACADEMY, INC.**  
 Number and street (or P O box, if mail is not delivered to street address) Room/suite  
**900 WOODBOURNE AVE**  
 City or town, state or country, and ZIP + 4  
**BALTIMORE, MD 21212**

**D** Employer identification number  
**26-4826083**

**E** Telephone number  
**443-642-2067**

**F** Group Exemption Number ▶

**G** Accounting Method  Cash  Accrual Other (specify) ▶

**I** Website: ▶ **WWW.BITACADEMY.COM**

**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) ◀ (insert no)  4947(a)(1) or  527

**H** Check  if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

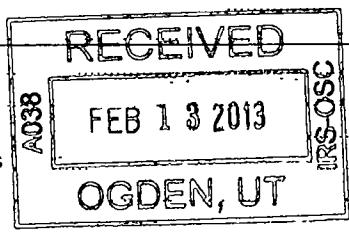
**K** Check  if the organization is not a section 509(a)(3) supporting organization or a section 527 organization and its gross receipts are normally not more than \$50,000. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions). But if the 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. ▶ \$ **0.**

**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

|   |  |           |                         |
|---|--|-----------|-------------------------|
| <b>Revenue</b>  | <b>1</b> Contributions, gifts, grants, and similar amounts received  | <b>1</b>  |                         |
|   | <b>2</b> Program service revenue including government fees and contracts   | <b>2</b>  |                         |
|   | <b>3</b> Membership dues and assessments   | <b>3</b>  |                         |
|   | <b>4</b> Investment income   | <b>4</b>  |                         |
|   | <b>5a</b> Gross amount from sale of assets other than inventory  | <b>5a</b> |                         |
|   | <b>b</b> Less cost or other basis and sales expenses   | <b>5b</b> |                         |
|   | <b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)   | <b>5c</b> |                         |
|   | <b>6</b> Gaming and fundraising events   |           |                         |
|   | <b>a</b> Gross income from gaming (attach Schedule G if greater than \$15,000)   | <b>6a</b> |                         |
| <b>b</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) | <b>6b</b>  |           |                         |
| <b>c</b> Less direct expenses from gaming and fundraising events  | <b>6c</b>  |           |                         |
| <b>d</b> Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)   | <b>6d</b>  |           |                         |
| <b>7a</b> Gross sales of inventory, less returns and allowances   | <b>7a</b>  |           |                         |
| <b>b</b> Less cost of goods sold  | <b>7b</b>  |           |                         |
| <b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)   | <b>7c</b>  |           |                         |
| <b>8</b> Other revenue (describe in Schedule O)   | <b>8</b>   |           |                         |
| <b>9 Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8   | <b>9</b>   | <b>0.</b> |                         |
| <b>Expenses</b>   | <b>10</b> Grants and similar amounts paid (list in Schedule O)   | <b>10</b> |                         |
|   | <b>11</b> Benefits paid to or for members  | <b>11</b> |                         |
|   | <b>12</b> Salaries, other compensation, and employee benefits  | <b>12</b> |                         |
|   | <b>13</b> Professional fees and other payments to independent contractors  | <b>13</b> |                         |
|   | <b>14</b> Occupancy, rent, utilities, and maintenance  | <b>14</b> |                         |
|   | <b>15</b> Printing, publications, postage, and shipping  | <b>15</b> |                         |
|   | <b>16</b> Other expenses (describe in Schedule O)  | <b>16</b> |                         |
| <b>17 Total expenses.</b> Add lines 10 through 16   | <b>17</b>  | <b>0.</b> |                         |
| <b>Net Assets</b>   | <b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9)  | <b>18</b> | <b>0.</b>               |
|   | <b>19</b> 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) | <b>19</b> | <b>810,935.</b>         |
|   | <b>20</b> Other changes in net assets or fund balances (explain in Schedule O) <span style="float: right;">SEE SCHEDULE O</span>                           | <b>20</b> | <b>&lt;810,935.&gt;</b> |
|   | <b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20  | <b>21</b> | <b>0.</b>               |



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LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2011)

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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  | 377,851.              | 0.              |
| 23 Land and buildings  |                       |                 |
| 24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>                 | 433,084.              | 0.              |
| 25 Total assets  | 810,935.              | 0.              |
| 26 Total liabilities (describe in Schedule O)                                  | 0.                    | 0.              |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 810,935.              | 0.              |

**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

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

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

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

|  |     |    |
|--|-----|----|
| 28 <b>SEE SCHEDULE O</b>   |     |    |
| (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a |    |
| 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  | 0. |

**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 |
|--|--|--|---|--|
| SIMON SPEARMAN LANCASTER, 900 WOODBOURNE AVE., BALTIMORE, MD 21212 | CHAIR<br>15.00   | 0.   | 0.  | 0.   |
| SALIH MIRASYEDI, 900 WOODBOURNE AVE., BALTIMORE, MD 21212          | SECRETARY<br>5.00  | 0.   | 0.  | 0.   |
| MEHMET KURUM, 900 WOODBOURNE AVE., BALTIMORE, MD 21212             | VICE CHAIR<br>5.00                                       | 0.   | 0.  | 0.   |
| MURAT CIL, 900 WOODBOURNE AVE., BALTIMORE, MD 21212                | TREASURER<br>5.00  | 0.   | 0.  | 0.   |
| LUTFU ON, 900 WOODBOURNE AVE., BALTIMORE, MD 21212                 | DIRECTOR<br>5.00   | 0.   | 0.  | 0.   |
| MICHELLE TAYLOR, 900 WOODBOURNE AVE., BALTIMORE, MD 21212          | DIRECTOR<br>5.00   | 0.   | 0.  | 0.   |
| FATIH KANDIL, 900 WOODBOURNE AVE., BALTIMORE, MD 21212             | DIRECTOR<br>40.00  | 0.   | 0.  | 0.   |
| ALICIA JOSEPH, 900 WOODBOURNE AVE., BALTIMORE, MD 21212            | DIRECTOR<br>5.00   | 0.   | 0.  | 0.   |
| AKIF SOYLU, 900 WOODBOURNE AVE., BALTIMORE, MD 21212               | DIRECTOR<br>5.00   | 0.   | 0.  | 0.   |
| SULEYMAN ULUSOY, 900 WOODBOURNE AVE., BALTIMORE, MD 21212          | DIRECTOR<br>5.00   | 0.   | 0.  | 0.   |
| MURAT AKKUS, 900 WOODBOURNE AVE., BALTIMORE, MD 21212              | DIRECTOR<br>5.00   | 0.   | 0.  | 0.   |
| KRISTEN EGE, 900 WOODBOURNE AVE., BALTIMORE, MD 21212              | DIRECTOR<br>5.00   | 0.   | 0.  | 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 Sch. O to respond to any question in this Part V [X]

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
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)
35a 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)?
35b If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O
35c 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
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
37a Enter amount of political expenditures, direct or indirect, as described in the instructions
37b Did the organization file Form 1120-POL for this year?
38a 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?
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations Enter
39a Initiation fees and capital contributions included on line 9
39b Gross receipts, included on line 9, for public use of club facilities
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911
40b 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
40c 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
40d Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization
40e 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
41 List the states with which a copy of this return is filed
42a The organization's books are in care of
42b 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)?
42c At any time during the calendar year, did the organization maintain an office outside of the U S ?
43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year
44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O
45a Did the organization have a controlled entity within the meaning of section 512(b)(13)?
45b 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)

|   |            |           |
|---|------------|-----------|
|   | <b>Yes</b> | <b>No</b> |
| <b>46</b> Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office?<br>If "Yes," complete Schedule C, Part I | 46         | X         |

**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

|   |            |           |
|---|------------|-----------|
|   | <b>Yes</b> | <b>No</b> |
| <b>47</b> Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch C, Part II | 47         | X         |
| <b>48</b> Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  | 48         | X         |
| <b>49a</b> Did the organization make any transfers to an exempt non-charitable related organization?  | 49a        | X         |
| <b>b</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 |
|--|--|---|---|--|
| NONE   |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |
|  |  |   |   |  |

**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" NONE

| (a) Name and address of each independent contractor paid more than \$100,000 | (b) Type of service | (c) Compensation |
|--|---------------------|------------------|
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |
|  |                     |                  |

**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** ▶  Date Feb 7, 201  
 ▶ **SIMON SPEARMAN LANCASTER, CHAIR**  
Type or print name and title

|  |   |                                |                     |   |           |
|--|---|--------------------------------|---------------------|---|-----------|
| <b>Paid Preparer Use Only</b>                                  | Print/Type preparer's name                            | Preparer's signature           | Date                | Check <input type="checkbox"/> if self-employed | PTIN      |
|  | DAVID JONES   |                                |                     |   | P01361002 |
|  | Firm's name ▶ <b>RIBIS, JONES &amp; MARESCA, P.A.</b> | Firm's EIN ▶ <b>52-1853933</b> |                     |   |           |
| Firm's address ▶ <b>10500 LITTLE PATUXENT PARKWAY, SUITE 7</b> |   | Phone no                       | <b>410-884-0220</b> |   |           |
| <b>COLUMBIA, MD 21044</b>                                      |   |                                |                     |   |           |

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



**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**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")  |          |          |          |          |          |           |
| <b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf   |          |          |          |          |          |           |
| <b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge   |          |          |          |          |          |           |
| <b>4 Total.</b> Add lines 1 through 3  |          |          |          |          |          |           |
| <b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) |          |          |          |          |          |           |
| <b>6 Public support.</b> Subtract line 5 from line 4   |          |          |          |          |          |           |

**Section B. Total Support**

| Calendar year (or fiscal year beginning in) ▶  | (a) 2007 | (b) 2008 | (c) 2009 | (d) 2010 | (e) 2011 | (f) Total |
|--|----------|----------|----------|----------|----------|-----------|
| <b>7</b> Amounts from line 4   |          |          |          |          |          |           |
| <b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources  |          |          |          |          |          |           |
| <b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on  |          |          |          |          |          |           |
| <b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)  |          |          |          |          |          |           |
| <b>11 Total support.</b> Add lines 7 through 10  |          |          |          |          |          |           |
| <b>12</b> Gross receipts from related activities, etc. (see instructions)  |          |          |          |          | 12       |           |
| <b>13 First five years.</b> 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 <input type="checkbox"/> |          |          |          |          |          |           |

**Section C. Computation of Public Support Percentage**

|   |    |   |
|---|----|---|
| <b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))  | 14 | % |
| <b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14  | 15 | % |
| <b>16a 33 1/3% support test - 2011.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>  |    |   |
| <b>b 33 1/3% support test - 2010.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>   |    |   |
| <b>17a 10% -facts-and-circumstances test - 2011.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>    |    |   |
| <b>b 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/> |    |   |
| <b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>   |    |   |

**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 |
|---|----------|----------|----------|----------|----------|-----------|
| <b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")   |          |          |          |          |          |           |
| <b>2</b> 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 |          |          |          |          |          |           |
| <b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513   |          |          |          |          |          |           |
| <b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf  |          |          |          |          |          |           |
| <b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge  |          |          |          |          |          |           |
| <b>6 Total.</b> Add lines 1 through 5   |          |          |          |          |          |           |
| <b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons  |          |          |          |          |          |           |
| <b>b</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           |          |          |          |          |          |           |
| <b>c</b> Add lines 7a and 7b  |          |          |          |          |          |           |
| <b>8 Public support.</b> (Subtract line 7c from line 6)   |          |          |          |          |          |           |

**Section B. Total Support**

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

**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**

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

**Section D. Computation of Investment Income Percentage**

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

**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 E**  
**(Form 990 or 990-EZ)**

**Schools**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.**

▶ **Attach to Form 990 or Form 990-EZ.**

Name of the organization **BALTIMORE IT ACADEMY, INC.** Employer identification number **26-4826083**

**Part I**

- 1 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?
- 2 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?
- 3 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, use Part II

**BALTIMORE IT ACADEMY PUBLICIZES ITS RACIALLY NONDISCRIMINATORY POLICY IN ITS SCHOOL BROCHURES, FLYERS, ENROLLMENT FORMS, AND STUDENT AND EMPLOYEE HANDBOOKS.**

- 4 Does the organization maintain the following?
  - a Records indicating the racial composition of the student body, faculty, and administrative staff?
  - b Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?
  - c Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?
  - d Copies of all material used by the organization or on its behalf to solicit contributions?  
If you answered "No" to any of the above, please explain. If you need more space, use Part II.

- 5 Does the organization discriminate by race in any way with respect to:
  - a Students' rights or privileges?
  - b Admissions policies?
  - c Employment of faculty or administrative staff?
  - d Scholarships or other financial assistance?
  - e Educational policies?
  - f Use of facilities?
  - g Athletic programs?
  - h Other extracurricular activities?
 If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.

- 6a Does the organization receive any financial aid or assistance from a governmental agency?
- 6b Has the organization's right to such aid ever been revoked or suspended?  
If you answered "Yes" to either line 6a or line 6b, explain on Part II.
- 7 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," explain on Part II

|    | YES | NO |
|----|-----|----|
| 1  | X   |    |
| 2  | X   |    |
| 3  | X   |    |
| 4a | X   |    |
| 4b | X   |    |
| 4c | X   |    |
| 4d | X   |    |
| 5a |     | X  |
| 5b |     | X  |
| 5c |     | X  |
| 5d |     | X  |
| 5e |     | X  |
| 5f |     | X  |
| 5g |     | X  |
| 5h |     | X  |
| 6a |     | X  |
| 6b |     | X  |
| 7  | X   |    |

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

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



# Liquidation, Termination, Dissolution, or Significant Disposition of Assets

**SCHEDULE N**  
(Form 990 or 990-EZ)

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

▶ Complete if the organization answered "Yes" to Form 990, Part IV, lines 31 or 32; or Form 990-EZ, line 36.

▶ Attach certified copies of any articles of dissolution, resolutions, or plans.

▶ Attach to Form 990 or 990-EZ.

Name of the organization

BALTIMORE IT ACADEMY, INC.

Employer identification number  
26-4826083

**Part I** Liquidation, Termination, or Dissolution. Complete this part if the organization answered "Yes" to Form 990, Part IV, line 31, or Form 990-EZ, line 36. Part I can be duplicated if additional space is needed.

| 1 | (a) Description of asset(s) distributed or transaction expenses paid | (b) Date of distribution | (c) Fair market value of asset(s) distributed or amount of transaction expenses | (d) Method of determining FMV for asset(s) distributed or transaction expenses | (e) EIN of recipient | (f) Name and address of recipient   | (g) IRC section of recipient(s) (if tax-exempt) or type of entity |
|---|--|--------------------------|---|--|----------------------|---|---|
|   | EQUIPMENT  | 08/31/11                 | 153,409 BOOK VALUE  |  | 83-0356333           | CHESAPEAKE LIGHTHOUSE FOUNDATI<br>7321 PARKWAY DRIVE SOUTH<br>HANOVER, MD 21076 | 501(C)(3)   |
|   | CASH AND RECEIVABLES   | 08/31/11                 | 657,526 BOOK VALUE  |  | 83-0356333           | CHESAPEAKE LIGHTHOUSE FOUNDATI<br>7321 PARKWAY DRIVE SOUTH<br>HANOVER, MD 21076 | 501(C)(3)   |
|   |  |                          |   |  |                      |   |   |
|   |  |                          |   |  |                      |   |   |
|   |  |                          |   |  |                      |   |   |
|   |  |                          |   |  |                      |   |   |

|    | Yes | No |
|----|-----|----|
| 2a | X   |    |
| 2b |     | X  |
| 2c |     | X  |
| 2d |     | X  |

- 2 Did or will any officer, director, trustee, or key employee of the organization.
- a Become a director or trustee of a successor or transferee organization?
  - b Become an employee of, or independent contractor for, a successor or transferee organization?
  - c Become a direct or indirect owner of a successor or transferee organization?
  - d Receive, or become entitled to, compensation or other similar payments as a result of the organization's liquidation, termination, or dissolution?
  - e If the organization answered "Yes" to any of the questions in this line, provide the name of the person involved and explain in Part III. ▶

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

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



**Part III** **Supplemental Information.** Complete to provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

PART I, LINE 2E: MEHMET KURUM, SULEYMAN ULUSOY, AND ALICIA JOSEPH

PART I, LINE 2E: AS PART OF THE MERGER BETWEEN BALTIMORE IT ACADEMY (BIT) AND CHESAPEAKE LIGHTHOUSE FOUNDATION (CLF), MURAT CIL AND AKIF SOYLU, WHO WERE BIT BOARD MEMBERS IN THE FISCAL YEAR ENDED 6/30/11, BECAME CHESAPEAKE LIGHTHOUSE FOUNDATION BOARD MEMBERS. NEITHER INDIVIDUAL WAS OR IS COMPENSATED FOR THEIR BOARD SERVICE. ALTHOUGH THE BIT CORPORATE ENTITY HAS BEEN DISSOLVED, THE SCHOOL CONTINUES TO FUNCTION AS AN OPERATING DIVISION OF CLF. THE BOARD MEMBERS WERE APPOINTED TO CLF TO REFLECT THE CONCERNS OF THE SCHOOL AT THE CLF CORPORATE LEVEL.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No 1545-0047

**2011**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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.

Name of the organization

BALTIMORE IT ACADEMY, INC.

Employer identification number  
26-4826083

**FORM 990-EZ, PART I, LINE 20, CHANGES IN NET ASSETS:**

**CHANGES IN NET ASSETS OR FUND BALANCES:**

**AMOUNT:**

**DISTRIBUTION TO AFFILIATED ENTITY**

**-810,935.**

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

| DESCRIPTION                             | BEG. OF YEAR | END OF YEAR |
|---|--------------|-------------|
| ACCOUNTS RECEIVABLE                     | 179,675.     | 0.          |
| NOTES RECEIVABLE                        | 100,000.     | 0.          |
| EQUIPMENT LESS ACCUMULATED DEPRECIATION | 153,409.     | 0.          |
| TOTAL TO FORM 990-EZ, LINE 24           | 433,084.     | 0.          |

**FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ATTAIN EDUCATIONAL EXCELLENCE BY PROVIDING A RIGOROUS AND QUALITY EDUCATION FOR MIDDLE AND HIGH SCHOOL STUDENTS WITH A SPECIAL FOCUS ON MATH, SCIENCE AND TECHNOLOGY.**

**FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:**

**BALTIMORE IT ACADEMY, IN PARTNERSHIP WITH STUDENTS, PARENTS AND THE COMMUNITY, WILL ATTAIN EDUCATIONAL EXCELLENCE BY PROVIDING A RIGOROUS AND QUALITY EDUCATION FOR MIDDLE AND HIGH SCHOOL STUDENTS WITH SPECIAL FOCUS ON MATH, SCIENCE AND TECHNOLOGY.**

**FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:**

**THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.**

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

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

132211  
01-23-12

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

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.

OMB No 1545-0047

**2011**

Open to Public  
Inspection

Name of the organization

BALTIMORE IT ACADEMY, INC.

Employer identification number

26-4826083

THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,  
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

Multiple horizontal lines for providing additional information.

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

OMB No. 1545-1709

▶ **File a separate application for each return.**

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

**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](http://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*

|  |  |  |
|--|--|--|
| <b>Type or print</b>   | Name of exempt organization or other filer, see instructions<br><b>BALTIMORE IT ACADEMY, INC.</b>                      | Employer identification number (EIN) or<br><input checked="" type="checkbox"/> <b>26-4826083</b> |
| File by the due date for filing your return See instructions | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>900 WOODBOURNE AVE</b>                    | Social security number (SSN)<br><input type="checkbox"/>   |
|  | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>BALTIMORE, MD 21212</b> |  |

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

0 1

| 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 ORGANIZATION**

- The books are in the care of ▶ **900 WOODBOURNE AVE - BALTIMORE, MD 21212**  
Telephone No ▶ **443-642-2067** 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 **FEBRUARY 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 **JUL 1, 2011**, and ending **JUN 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

|  |           |    |    |
|--|-----------|----|----|
| <b>3a</b> 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>3a</b> | \$ | 0. |
| <b>b</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. | <b>3b</b> | \$ | 0. |
| <b>c Balance due.</b> Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.             | <b>3c</b> | \$ | 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.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form **8868** (Rev. 1-2012)