

**Short Form  
Return of Organization Exempt From Income Tax**

**2006**

**Open to Public  
Inspection**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code  
(except black lung benefit trust or private foundation)  
▶ Sponsoring organizations, and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$100,000 and total assets less than \$250,000 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.

Department of the Treasury  
Internal Revenue Service

|   |  |   |  |  |
|---|--|---|--|--|
| <b>A</b> For the 2006 calendar year, or tax year beginning _____, and ending _____  |  | <b>C</b> Name of organization<br><b>CAMP ATTAWAY, INC.</b>  |  | <b>D</b> Employer identification number<br><b>52-1795189</b> |
| <b>B</b> Check if applicable:<br><input type="checkbox"/> Address change<br><input type="checkbox"/> Name change<br><input type="checkbox"/> Initial return<br><input type="checkbox"/> Final return<br><input type="checkbox"/> Amended return<br><input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions | Number and street (or P O box, if mail is not delivered to street address) Room/suite<br><b>10630 LITTLE PATUXENT PARKWAY 212</b> |  | <b>E</b> Telephone number<br><b>410-730-2633</b>             |
|   |  | City or town, state or country, and ZIP + 4<br><b>COLUMBIA MD 21044</b>   |  | <b>F</b> Group Exemption Number<br>▶                         |

● Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).  
**G** Accounting method  Cash  Accrual  
 Other (specify) ▶

**I** Website: ▶ \_\_\_\_\_

**J** Organization type (check only one)-  501(c) ( **3** ) ◀ (insert no)  4947(a)(1) or  527

**K** Check  if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$100,000 or more, file Form 990 instead of Form 990-EZ ▶ \$ **80,449**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See page 47 of the instructions.)**

|            |   |    |               |
|------------|---|----|---------------|
|            | 1 Contributions, gifts, grants, and similar amounts received  |    | <b>47,182</b> |
|            | 2 Program service revenue including government fees and contracts   |    | <b>32,805</b> |
|            | 3 Membership dues and assessments   |    |               |
|            | 4 Investment income   |    | <b>462</b>    |
|            | 5a Gross amount from sale of assets other than inventory  | 5a |               |
|            | b Less cost of other basis and sales expenses   | 5b |               |
|            | c Gain or (loss) from sale of assets other than inventory (line 5a less line 5b) (attach schedule)  | 5c |               |
|            | 6 Special events and activities (attach schedule) If any amount is from gaming, check here <input type="checkbox"/>                                 |    |               |
|            | a Gross revenue (not including \$2007 reported on line 1) of contributions  | 6a |               |
|            | b Less direct expenses other than fundraising expenses  | 6b |               |
|            | c Net income or (loss) from special events and activities (line 6a less line 6b)  | 6c |               |
|            | 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 (line 7a less line 7b)   | 7c |               |
|            | 8 Other revenue (describe ▶ _____)  | 8  |               |
|            | <b>9 Total revenue</b> (add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8)  | 9  | <b>80,449</b> |
| Expenses   | 10 Grants and similar amounts paid (attach schedule)  | 10 |               |
|            | 11 Benefits paid to or for members  | 11 |               |
|            | 12 Salaries, other compensation, and employee benefits  | 12 | <b>67,630</b> |
|            | 13 Professional fees and other payments to independent contractors  | 13 | <b>763</b>    |
|            | 14 Occupancy, rent, utilities, and maintenance  | 14 | <b>978</b>    |
|            | 15 Printing, publications, postage, and shipping  | 15 | <b>1,491</b>  |
|            | 16 Other expenses (describe ▶ <b>See Statement 1</b> )  | 16 | <b>11,270</b> |
|            | <b>17 Total expenses</b> (add lines 10 through 16)  | 17 | <b>82,132</b> |
| Net Assets | 18 Excess or (deficit) for the year (line 9 less line 17)   | 18 | <b>-1,683</b> |
|            | 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 | <b>27,791</b> |
|            | 20 Other changes in net assets or fund balances (attach explanation)  | 20 |               |
|            | <b>21 Net assets or fund balances at end of year</b> (combine lines 18 through 20)  | 21 | <b>26,108</b> |

**Part II Balance Sheets - If Total assets on line 25, column (B) are \$250,000 or more, file Form 990 instead of Form 990-EZ**

(See page 51 of the instructions)

|   | (A) Beginning of year |    | (B) End of year |
|---|-----------------------|----|-----------------|
| 22 Cash, savings, and investments   | <b>27,791</b>         | 22 | <b>26,108</b>   |
| 23 Land and buildings   |                       | 23 |                 |
| 24 Other assets (describe ▶ _____)  |                       | 24 |                 |
| <b>25 Total assets</b>  | <b>27,791</b>         | 25 | <b>26,108</b>   |
| 26 Total liabilities (describe ▶ _____)   | <b>0</b>              | 26 | <b>0</b>        |
| <b>27 Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) | <b>27,791</b>         | 27 | <b>26,108</b>   |

DAA 31

| Part III Statement of Program Service Accomplishments (See page 51 of the instructions)   |  | Expenses<br>(Required for 501(c)(3) and (4) organizations and 4947(a)(1) trusts, optional for others) |        |
|---|--|---|--------|
| What is the organization's primary exempt purpose?<br><b>See Statement 2</b>  |  |   |        |
| Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, or other relevant information for each program title |  |   |        |
| 28  | <b>See Statement 3</b>   |   |        |
|   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 28a   | 48,422 |
| 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 (attach schedule) <b>See Statement 4</b>                          |   |        |
|   | (Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/> | 31a   | 32,820 |
| 32  | <b>Total program service expenses</b> (add lines 28a through 31a)                        | 32  | 81,242 |

| Part IV List of Officers, Directors, Trustees, and Key Employees (List each one even if not compensated. See page 52 of the instructions) |  |  |   |  |
|---|--|--|---|--|
| (A) Name and address  | (B) Title and average hours per week devoted to position | (C) Compensation (If not paid, enter -0-.) | (D) Contributions to employee benefit plans & deferred compensation | (E) Expense account and other allowances |
| <b>See Statement 5</b>  |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |
|   |  |  |   |  |

| Part V Other Information (Note the statement requirement in General Instruction V.) |  | Yes | No |
|---|--|-----|----|
| 33  | Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity   | 33  | X  |
| 34  | Were any changes made to the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes   | 34  | X  |
| 35  | If the organization had income from business activities, such as those reported on lines 2, 6, and 7 (among others), but not reported on Form 990-T, attach a statement explaining your reason for not reporting the income on Form 990-T. |     |    |
| a   | Did the organization have unrelated business gross income of \$1,000 or more or 6033(e) notice, reporting, and proxy tax requirements?   | 35a | X  |
| b   | If "Yes," has it filed a tax return on Form 990-T for this year?   | 35b | X  |
| 36  | Was there a liquidation, dissolution, termination, or substantial contraction during the year? (If "Yes," attach a statement.)   | 36  | X  |
| 37a   | Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> <b>37a</b>   0   |     |    |
| b   | Did the organization file Form 1120-POL for this year?   | 37b | X  |
| 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 unpaid at the start of the period covered by this return?                    | 38a | X  |
| b   | If "Yes," attach the schedule specified in the line 38 instructions and enter the amount involved <b>38b</b>   |     |    |
| 39  | 501(c)(7) organizations Enter  |     |    |
| a   | Initiation fees and capital contributions included on line 9 <b>39a</b>  |     |    |
| b   | Gross receipts, included on line 9, for public use of club facilities <b>39b</b>   |     |    |

**Part V Other Information** (Note the statement requirement in General Instruction V.) (Continued)

**40a** 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under:  
 section 4911 0, section 4912 0, section 4955 0

**b** 501(c)(3) and (4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach an explanation

**c** Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 0

**d** Enter amount of tax on line 40c reimbursed by the organization 0

**e** All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

|            | Yes | No       |
|------------|-----|----------|
| <b>40b</b> |     | <b>X</b> |
| <b>40e</b> |     | <b>X</b> |

**41** List the states with which a copy of this return is filed None

**42a** The books are in care of SAUL N LIEBERMAN Telephone no 410-730-2633  
10630 LITTLE PATUXENT PKWY  
 Located at COLUMBIA, MD ZIP + 4 21044

**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**.

**c** At any time during the calendar year, did the organization maintain an office outside of the U.S.?  
 If "Yes," enter the name of the foreign country \_\_\_\_\_

|            | Yes | No       |
|------------|-----|----------|
| <b>42b</b> |     | <b>X</b> |
| <b>42c</b> |     | <b>X</b> |

**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 43

**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer: *Saul N. Lieberman* Date: 07/24/2007  
**SAUL LIEBERMAN** **PRESIDENT**  
 Type or print name and title

**Paid Preparer's Use Only**

Preparer's signature: *Walter Miller* Date: 7/18/07 Check if self-employed:   
 Firm's name (or yours if self-employed), address, and ZIP + 4: Miller & Associates, PA  
2963 Manchester Rd Ste D  
Manchester, MD 21102-1850  
 Preparer's SSN or PTIN (See Gen Instr X): 212-58-1304  
 EIN: 52-1417870  
 Phone no: 410-239-7575

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

**Organization Exempt Under Section 501(c)(3)**

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n),  
or 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0047

**2006**

Department of the Treasury  
Internal Revenue Service

**Supplementary Information-(See separate instructions.)**  
▶ **MUST be completed by the above organizations and attached to their Form 990 or 990-EZ**

Name of the organization

**CAMP ATTAWAY, INC.**

Employer identification number  
**52-1795189**

**Part I Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees**  
(See page 2 of the instructions. List each one. If there are none, enter "None.")

| (a) Name and address of each employee paid more than \$50,000 | (b) Title and average hours per week devoted to position | (c) Comp | (d) Contnb to empl ben plans & deferred comp | (e) Expense account & other allowances |
|---|--|----------|--|--|
| NONE  |  |          |  |  |
|   |  |          |  |  |
|   |  |          |  |  |
|   |  |          |  |  |
|   |  |          |  |  |

Total number of other employees paid over \$50,000 ▶

**Part II-A Compensation of the Five Highest Paid Independent Contractors for Professional Services**  
(See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.")

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of others receiving over \$50,000 for professional services ▶

**Part II-B Compensation of the Five Highest Paid Independent Contractors for Other Services**  
(List each contractor who performed services other than professional services, whether individuals or firms. If there are none, enter "None." See page 2 of the instructions.)

| (a) Name and address of each independent contractor paid more than \$50,000 | (b) Type of service | (c) Compensation |
|---|---------------------|------------------|
| NONE  |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |
|   |                     |                  |

Total number of other contractors receiving over \$50,000 for other services ▶

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

Schedule A (Form 990 or 990-EZ) 2006

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

|   | Yes                        | No   |
|---|----------------------------|--|
| <p><b>1</b> During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B )</p> <p>Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities</p>   | 1                          | <b>X</b>   |
| <p><b>2</b> During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )</p> <p><b>a</b> Sale, exchange, or leasing of property?</p> <p><b>b</b> Lending of money or other extension of credit?</p> <p><b>c</b> Furnishing of goods, services, or facilities?</p> <p><b>d</b> Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)? <b>See Part IV, Form 990-EZ See Statement 6</b></p> <p><b>e</b> Transfer of any part of its income or assets?</p> | 2a<br>2b<br>2c<br>2d<br>2e | <b>X</b><br><b>X</b><br><b>X</b><br><b>X</b><br><b>X</b> |
| <p><b>3a</b> Did the organization make grants for scholarships, fellowships, student loans, etc ? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments )</p> <p><b>b</b> Did the organization have a section 403(b) annuity plan for its employees?</p> <p><b>c</b> Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement</p> <p><b>d</b> Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?</p>   | 3a<br>3b<br>3c<br>3d       | <b>X</b><br><b>X</b><br><b>X</b><br><b>X</b>             |
| <p><b>4a</b> Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g</p> <p><b>b</b> Did the organization make any taxable distributions under section 4966?</p> <p><b>c</b> Did the organization make a distribution to a donor, donor advisor, or related person?</p>  | 4a<br>4b<br>4c             | <b>X</b>   |
| <p><b>d</b> Enter the total number of donor advised funds owned at the end of the tax year ► _____</p> <p><b>e</b> Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year ► _____</p> <p><b>f</b> Enter the total number of separate funds or accounts owned at the end of the tax year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts ► _____ <b>0</b></p> <p><b>g</b> Enter the aggregate value of assets held in all funds or accounts included on line 4f at the end of the tax year ► _____ <b>0</b></p>   |                            | <b>0</b><br><b>0</b>                                     |

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions.)

I certify that the organization is not a private foundation because it is (Please check only **ONE** applicable box )

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6  A school Section 170(b)(1)(A)(ii) (Also complete Part V )
- 7  A hospital or a cooperative hospital service organization Section 170(b)(1)(A)(iii)
- 8  A federal, state, or local government or governmental unit Section 170(b)(1)(A)(v)
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii) **Enter the hospital's name, city, and state ►**
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit Section 170(b)(1)(A)(iv). (Also complete the **Support Schedule** in Part IV-A )
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A )
- 11b  A community trust Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A )
- 12  An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc , functions-subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2) (Also complete the **Support Schedule** in Part IV-A )
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3) Check the box that describes the type of supporting organization
  - Type I
  - Type II
  - Type III-Functionally Intergrated
  - Type III-Other

**Provide the following information about the supported organizations.** (See page 7 of the instructions )

| (a)<br>Name(s) of supported organization(s) | (b)<br>Employer identification number (EIN) | (c)<br>Type of organization (described in lines 5 through 12 above or IRC section) | (d)<br>Is the supported organization listed in the supporting organization's governing documents? |    | (e)<br>Amount of support |
|---|---|--|---|----|--------------------------|
|   |   |  | Yes   | No |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
|   |   |  |   |    |                          |
| <b>Total</b>                                |   |  |   |    | ►                        |

- 14  An organization organized and operated to test for public safety Section 509(a)(4) (See page 7 of the instructions )

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12 ) Use cash method of accounting.

**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

| Calendar year (or fiscal year beginning in)   | (a) 2005 | (b) 2004 | (c) 2003 | (d) 2002 | (e) Total |
|---|----------|----------|----------|----------|-----------|
| 15 Gifts, grants, and contributions received (Do not include unusual grants See line 28 )   | 22,693   | 36,933   | 26,736   | 12,126   | 98,488    |
| 16 Membership fees received   |          |          |          |          | 0         |
| 17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose  | 35,975   | 39,553   | 39,270   | 20,564   | 135,362   |
| 18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975 | 191      | 120      | 207      | 488      | 1,006     |
| 19 Net income from unrelated business activities not included in line 18  |          |          |          |          | 0         |
| 20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf   |          |          |          |          | 0         |
| 21 The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge  |          |          |          |          | 0         |
| 22 Other income Attach a schedule Do not include gain or (loss) from sale of capital assets   |          |          |          |          | 0         |
| 23 Total of lines 15 through 22   | 58,859   | 76,606   | 66,213   | 33,178   | 234,856   |
| 24 Line 23 minus line 17  | 22,884   | 37,053   | 26,943   | 12,614   | 99,494    |
| 25 Enter 1% of line 23  | 589      | 766      | 662      | 332      |           |

|   |     |   |
|---|-----|---|
| 26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24   | 26a | 0 |
| b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a Do not file this list with your return. Enter the total of all these excess amounts | 26b |   |
| c Total support for section 509(a)(1) test Enter line 24, column (e)  | 26c |   |
| d Add Amounts from column (e) for lines. 18 _____ 19 _____  | 26d |   |
| 22 _____ 26b _____  | 26e |   |
| e Public support (line 26c minus line 26d total)  | 26e |   |
| f Public support percentage (line 26e (numerator) divided by line 26c (denominator))  | 26f | % |

|   |        |         |        |        |        |          |        |        |
|---|--------|---------|--------|--------|--------|----------|--------|--------|
| 27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person " Do not file this list with your return. Enter the sum of such amounts for each year   | (2005) | 0       | (2004) | 0      | (2003) | 0        | (2002) | 0      |
| b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000 (Include in the list organizations described in lines 5 through 11b, as well as individuals ) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year | (2005) | 30,975  | (2004) | 34,553 | (2003) | 34,270   | (2002) | 15,564 |
| c Add Amounts from column (e) for lines 15 _____ 16 _____   | 15     | 98,488  | 16     |        | 17     | 135,362  | 20     |        |
| 17 _____ 20 _____   | 17     | 135,362 | 20     |        | 21     | 115,362  | 21     |        |
| d Add Line 27a total _____ and line 27b total _____   |        |         |        |        |        | 115,362  |        |        |
| e Public support (line 27c total minus line 27d total)  |        |         |        |        |        |          |        |        |
| f Total support for section 509(a)(2) test Enter amount from line 23, column (e)  |        |         |        |        | 27f    | 234,856  |        |        |
| g Public support percentage (line 27e (numerator) divided by line 27f (denominator))  |        |         |        |        | 27g    | 50.4513% |        |        |
| h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))  |        |         |        |        | 27h    | 0.4283%  |        |        |

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant Do not file this list with your return. Do not include these grants in line 15

**Part V Private School Questionnaire** (See page 9 of the instructions.)  
**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

|     |  | N/A | Yes | No |
|-----|--|-----|-----|----|
| 29  | Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?  | 29  |     |    |
| 30  | Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?   | 30  |     |    |
| 31  | Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?<br>If "Yes," please describe, if "No," please explain (If you need more space, attach a separate statement ) | 31  |     |    |
| 32  | Does the organization maintain the following   |     |     |    |
| a   | Records indicating the racial composition of the student body, faculty, and administrative staff?  | 32a |     |    |
| b   | Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?  | 32b |     |    |
| c   | Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?  | 32c |     |    |
| d   | Copies of all material used by the organization or on its behalf to solicit contributions?   | 32d |     |    |
|     | If you answered "No" to any of the above, please explain (If you need more space, attach a separate statement )  |     |     |    |
| 33  | Does the organization discriminate by race in any way with respect to  |     |     |    |
| a   | Students' rights or privileges?  | 33a |     |    |
| b   | Admissions policies?   | 33b |     |    |
| c   | Employment of faculty or administrative staff?   | 33c |     |    |
| d   | Scholarships or other financial assistance?  | 33d |     |    |
| e   | Educational policies?  | 33e |     |    |
| f   | Use of facilities?   | 33f |     |    |
| g   | Athletic programs?   | 33g |     |    |
| h   | Other extracurricular activities?  | 33h |     |    |
|     | If you answered "Yes" to any of the above, please explain (If you need more space, attach a separate statement.)   |     |     |    |
| 34a | Does the organization receive any financial aid or assistance from a governmental agency?  | 34a |     |    |
| b   | Has the organization's right to such aid ever been revoked or suspended?<br>If you answered "Yes" to either 34a or b, please explain using an attached statement   | 34b |     |    |
| 35  | Does the organization certify that it has complied with the applicable requirements of sections 4 01 through 4 05 of Rev Proc 75-50, 1975-2 C B 587, covering racial nondiscrimination? If "No," attach an explanation   | 35  |     |    |





**Statement 1 - Form 990-EZ, Part I, Line 16 - Other Expenses**

| Description        | Amount           |
|--------------------|------------------|
| Expenses           | \$               |
| ADVERTISING        | 245              |
| DUES               | 200              |
| OFFICE SUPPLIES    | 1,484            |
| OPERATING FEES     | 3,174            |
| OPERATONG SUPPLIES | 1,480            |
| INSURANCE          | 1,900            |
| FOOD               | 708              |
| TRAINING           | 2,079            |
| Total              | <u>\$ 11,270</u> |

**Statement 2 - Form 990-EZ, Part III - Organization's Primary Exempt Purpose**

EDUCATIONAL & THERAPEUTIC CHILD SERVICES FOR SPECIAL NEEDS CHILDREN.

**Statement 3 - Form 990-EZ, Part III, Line 28 - Statement of Program Service Accomplishments**Description

THE ORGANIZATION CONDUCTED A THREE (3) WEEK CAMP FOR SPECIAL NEEDS CHILDREN WHICH TAUGHT OR REINFORCED WAYS FOR THEM TO COMPLETE CHALLENGING TASKS. THIS IS THEIR PRIMARY EXEMPT PURPOSE. TWENTY FOUR CHILDREN ATTENDED THIS YEAR'S CAMP.

**Statement 4 - Form 990-EZ, Part III, Line 31 - Statement of Program Service Accomplishments**Description

COMPENSATION OF TWO (2) OFFICERS IS PRIMARILY FOR ORGANIZING AND SUPERVISING THE ANNUAL CAMP THAT IS ITS EXEMPT PURPOSE. A SMALLER PORTION OF THEIR COMPENSATION IS FOR ADMINISTRATIVE MATTERS AS WELL AS WRITING GRANT PROPOSALS FOR DONOR SUPPORT. MOST OF THIS COMPENSATION SHOULD BE ALLOCATED TO THEIR PRIMARY PURPOSE WHICH IS ACHEIVEMENT 1 NOTED ABOVE AND COVERED IN OTHER ATTACHED STATEMENTS.

## Federal Statements

## Statement 5 - Form 990EZ, Part IV - List of Officers, Directors, Trustees and Key Employees

| Name and Address  | Title        | Average Hours | Compensation | Benefits | Expenses |
|---|--------------|---------------|--------------|----------|----------|
| SAUL LIEBERMAN, PHD<br>10630 LITTLE PATUXENT PARKWAY<br>COLUMBIA MD 21044 | PRESIDENT    | 0             | 19,070       | 0        | 0        |
| BOB CANTOR<br>6500 PAPER PLACE<br>HIGHLAND MD 20777                       | BOARD MEMBER | 0             | 0            | 0        | 0        |
| PAUL CLAFFY<br>2681 WYNFIELD ROAD<br>WEST FRIENDSHIP MD 21794             | BOARD MEMBER | 0             | 0            | 0        | 0        |
| DAVID COOPER, PHD<br>UNIVERSITY OF MARYLAND<br>COLLEGE PARK MD 20742      | SEC/TREAS    | 0             | 13,750       | 0        | 0        |
| ERIC ISSELHARDT, PHD<br>6031 KENNARD CT<br>SYKESVILLE MD 21784            | BOARD MEMBER | 0             | 0            | 0        | 0        |
| FELECIA MCLARIN<br>9201 HOWLAND RD<br>LAUREL MD 20723                     | BOARD MEMBER | 0             | 0            | 0        | 0        |
| HERB MOLTZAN<br>BUCS FEDERAL BANK<br>OWINGS MILLS MD 21117                | BOARD MEMBER | 0             | 0            | 0        | 0        |
| CINDY SANDLER, PHD<br>9704 POLISHED STONE<br>COLUMBIA MD                  | BOARD MEMBER | 0             | 0            | 0        | 0        |
| CATHERINE SAVICH<br>7017 RIVER OAK CT<br>CLARKSVILLE MD 21029             | BOARD MEMBER | 0             | 0            | 0        | 0        |

**Statement 6 - Schedule A, Part III, Line 2d - Payment of Compensation / Reimbursement of Exp**

Description

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SEE FORM 990-EZ, PART IV

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

▶ 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**

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

Section 501(c) corporations 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.

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. 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

|   |  |   |
|---|--|---|
| Type or print<br>File by the due date for filing your return See instructions | Name of Exempt Organization<br><b>CAMP ATTAWAY, INC.</b>   | Employer identification number<br><b>52-1795189</b> |
|   | Number, street, and room or suite no. If a P.O. box, see instructions.<br><b>10630 LITTLE PATUXENT PARKWAY 212</b>   |   |
|   | City, town or post office, state, and ZIP code. For a foreign address, see instructions.<br><b>COLUMBIA MD 21044</b> |   |

Check type of return to be filed (file a separate application for each return):

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

- The books are in the care of ▶ **SAUL N LIEBERMAN**

Telephone No ▶ **410-730-2633** 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 will cover

1 I request an automatic 3-month (6 months for a section 501(c) corporation required to file Form 990-T) extension of time until **8/15/07**, to file the exempt organization return for the organization named above. The extension is for the organization's return for

▶  calendar year **2006** or

▶  tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check reason:  Initial return  Final return  Change in accounting period

|  |    |    |
|--|----|----|
| 3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions  | 3a | \$ |
| b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit.  | 3b | \$ |
| c <b>Balance Due.</b> Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions | 3c | \$ |

**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

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