

Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

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

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

OMB No 1545-1150

2010

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2010 calendar year, or tax year beginning 01-01-2010, and ending 12-31-2010

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

C Name of organization: CAMP ATTAWAY INC, C/O DR SAUL LEIBERMAN. Number and street (or P O box, if mail is not delivered to street address) Room/suite: 8640 GUILFORD ROAD ROOM/SUITE 220. City or town, state or country, and ZIP + 4: COLUMBIA, MD 21046

D Employer identification number: 52-1795189. E Telephone number: (410) 239-7575. F Group Exemption Number

G Accounting method: Cash. I Website: CAMPATTAWAY.ORG. J Tax-Exempt status: 501(c)(3)

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 and its gross receipts are normally not more than \$50,000

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. Total: \$103,374

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

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

Table with 21 rows and 2 columns. Rows 1-9: Revenue (Total: 103,374). Rows 10-17: Expenses (Total: 99,498). Rows 18-21: Net Assets (Total: 77,805).

Part II **Balances Sheets**

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

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	73,929	22 77,805
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	73,929	25 77,805
26 Total liabilities (describe in Schedule O)		26
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	73,929	27 77,805

Part III **Statement of Program Service Accomplishments**

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?
 EDUCATIONAL & THERAPEUTIC CHILD SERVICES FOR SPECIAL NEEDS CHILDREN WITH EMOTIONAL AND BEHAVIOR DISORDERS THE ORGANIZATION PROVIDES A CAMP FOR THESE SPECIAL NEEDS CHILDREN WHO HAVE BEEN IDENTIFIED AND DIAGNOSED WITH SPECIAL NEEDS THAT FIT THE EXEMPT PURPOSE OF CAMP ATTAWAY THIS CAMP TEACHES CHILDREN UNDER PROFESSIONAL SUPERVISOR TO LEARN THE NECESSARY SKILLS TO COPE, COMPENSATE EFFECTIVELY AND ADAPTIVELY WITHIN ONE'S FAMILY, SCHOOL, AND COMMUNITY PART OF THE CAMP IS TAILORED TO EACH INDIVIDUAL CHILD'S NEEDS AS WELL AS OTHER GROUP ACTIVITIES

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, and other relevant information for each program title

28 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 SIX CHILDREN ATTENDED THIS YEAR'S CAMP (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a	88,972
29 COMPENSATION OF OFFICER 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 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a	9,582
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	98,554

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) Compensation (If not paid, enter -0-.)	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
See Additional Data Table				

Part V Other Information (Note the statement requirements in the instructions for Part V.)

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

Form 990-EZ (2010) Part V Other Information. Questions 33-44d regarding organizational activities, tax reporting, and financial accounts. Includes fields for Yes/No and numerical amounts.

Yes No

Table with 3 columns: Question (45, 45a, 46), Yes, No. Questions regarding controlled entities and political activities.

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.

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

Table with 3 columns: Question (47, 48, 49a, 49b), Yes, No. Questions regarding lobbying, school status, and related organizations.

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"

Table with 5 columns: (a) Name and address of each employee paid more than \$100,000, (b) Title and average hours per week devoted to position, (c) Compensation, (d) Contributions to employee benefit plans & deferred compensation, (e) Expense account and other allowances.

50(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"

Table with 3 columns: (a) Name and address of each independent contractor paid more than \$100,000, (b) Type of service, (c) Compensation.

51(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. [X] 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: Signature of officer (*****), Date (2011-05-20), Type or print name and title (DR SAUL N LIEBERMAN PRESIDENT)

Paid Preparer's Use Only: Preparer's signature (WAYNE D MILLER), Date (2011-05-27), Check if self-employed, Preparer's taxpayer identification number, Firm's name (MILLER & ASSOCIATES PA), address (2963 MANCHESTER RD STE D, MANCHESTER, MD 211021850), EIN, Phone no ((410) 239-7575)

May the IRS discuss this return with the preparer shown above? See instructions [] Yes [X] No

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

2010

Open to Public Inspection

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.

Department of the Treasury
Internal Revenue Service

Name of the organization
CAMP ATTAWAY INC
C/O DR SAUL LEIBERMAN

Employer identification number
52-1795189

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 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?
- h Provide the following information about the supported organization(s)

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

(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	
Total									

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 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)						
6 Public Support. Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
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, whether or not the business is regularly carried on						
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
11 Total support (Add lines 7 through 10)						

12 Gross receipts from related activities, etc (See instructions) 12

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** ▶

Section C. Computation of Public Support Percentage

14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	

- 16a 33 1/3% support test—2010.** 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 ▶
- b 33 1/3% support test—2009.** If the organization did not check the 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 ▶
- 17a 10%-facts-and-circumstances test—2010.** 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 ▶
- b 10%-facts-and-circumstances test—2009.** 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 ▶
- 18 Private Foundation** If the organization did not check a box on line 13, 16a, 16b, 17a or 17b, check this box and see instructions ▶

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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	47,182	76,210	79,044	100,313	66,359	369,108
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	32,805	34,200	36,425	35,030	37,015	175,475
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5	79,987	110,410	115,469	135,343	103,374	544,583
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
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	27,805	29,200	36,500	43,500	45,500	182,505
c Add lines 7a and 7b	27,805	29,200	36,500	43,500	45,500	182,505
8 Public Support (Subtract line 7c from line 6)						362,078

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	79,987	110,410	115,469	135,343	103,374	544,583
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	462	1,357	1,128	1,036	465	4,448
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b	462	1,357	1,128	1,036	465	4,448
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11 and 12)	80,449	111,767	116,597	136,379	103,839	549,031
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 <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	65.950 %
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	81.720 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	1.000 %
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.000 %
19a 33 1/3% support tests—2010. 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 <input type="checkbox"/>		
b 33 1/3% support tests—2009. 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 <input type="checkbox"/>		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions <input type="checkbox"/>		

Part IV **Supplemental Information.** Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

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SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2010

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

Name of the organization
CAMP ATTAWAY INC
C/O DR SAUL LEIBERMAN

Employer identification number
52-1795189

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING AND PROMOTION 189 OFFICE 657 INSURANCE 1,691 DUES 350 FOOD 826 OPERATING FEES 3,856 OPERATING SUPPLIES 2,753 PRINTING & POSTAGE 1,755 TELEPHONE 640 TRAINING 392 TOTAL 13,109

Identifier	Return Reference	Explanation
PRIMARY EXEMPT PURPOSE	FORM 990-EZ, PART III	EDUCATIONAL & THERAPEUTIC CHILD SERVICES FOR SPECIAL NEEDS CHILDREN WITH EMOTIONAL AND BEHAVIOR DISORDERS THE ORGANIZATION PROVIDES A CAMP FOR THESE SPECIAL NEEDS CHILDREN WHO HAVE BEEN IDENTIFIED AND DIAGNOSED WITH SPECIAL NEEDS THAT FIT THE EXEMPT PURPOSE OF CAMP ATTAWAY THIS CAMP TEACHES CHILDREN UNDER PROFESSIONAL SUPERVISOR TO LEARN THE NECESSARY SKILLS TO COPE, COMPENSATE EFFECTIVELY AND ADAPTIVELY WITHIN ONE'S FAMILY, SCHOOL, AND COMMUNITY PART OF THE CAMP IS TAILORED TO EACH INDIVIDUAL CHILD'S NEEDS AS WELL AS OTHER GROUP ACTIVITIES

Identifier	Return Reference	Explanation
FIRST ACHIEVEMENT	FORM 990-EZ, PART III, LINE 28	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 SIX CHILDREN ATTENDED THIS YEAR'S CAMP

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	COMPENSATION OF OFFICER 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 ACHIEVEMENT 1 NOTED ABOVE AND COVERED IN OTHER ATTACHED STATEMENTS

TY 2010 Compensation Explanation

Name: CAMP ATTAWAY INC
 C/O DR SAUL LEIBERMAN
EIN: 52-1795189

Person Name	Explanation
SAUL LIEBERMAN PHD	
BOB CANTOR	
KEN WILLIAMS	
CHERYL DUVALL	
FELECIA MCLARIN	
CINDY SANDLER PHD	
CATHERINE SAVICH	

Additional Data








Software ID:

Software Version:

EIN: 52-1795189

Name: CAMP ATTAWAY INC
C/O DR SAUL LEIBERMAN

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

(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
SAUL LIEBERMAN PHD  9225 LONG BRANCH PKWY SILVER SPRING, MD 20901	PRESIDENT 12 50	38,710		
BOB CANTOR  6500 PAPER PLACE HIGHLAND, MD 20777	BOARD MEMBER 1 00	0		
KEN WILLIAMS  10840 LITTLE PATUXENT PKWY COLUMBIA, MD 21044	SEC/TREAS 1 50	0		
CHERYL DUVAL  PO BOX 270 ELLICOTT CITY, MD 21041	BOARD MEMBER 1 00	0		
FELECIA MCLARIN  9201 HOWLAND RD LAUREL, MD 20723	BOARD MEMBER 1 00	0		
CINDY SANDLER PHD  9701 POLISHED STONE COLUMBIA, MD 21046	BOARD MEMBER 1 00	0		
CATHERINE SAVICH  7017 RIVER OAK CT CLARKSVILLE, MD 21029	BOARD MEMBER 1 00	0		