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Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

2009

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 and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 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.

Open to Public Inspection

A For the 2009 calendar year, or tax year beginning 12/17, 2009, and ending 06/30/2010

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Termination <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type. See Specific Instructions.	C Name of organization BRAINY CAMPS ASSOCIATION		D Employer identification number 27-1547370
		Number and street (or P O box, if mail is not delivered to street address) Room/suite 111 MICHIGAN AVE NW		E Telephone number (202) 476-4888
		City or town, state or country, and ZIP + 4 WASHINGTON, DC 20010		F Group Exemption Number . . . ▶

● 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: ▶ WWW.BRAINYCAMPS.COM

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

J Tax-exempt status (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 Form 990-EZ or Form 990 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 \$500,000 or more, file Form 990 instead of Form 990-EZ . . . ▶ \$ 34,942.

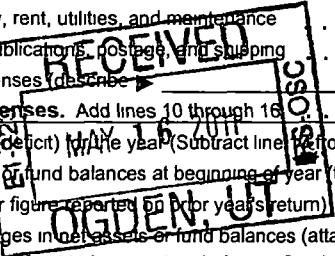
Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)

Revenue	1	Contributions, gifts, grants, and similar amounts received	1	17,858.
	2	Program service revenue including government fees and contracts	2	17,084.
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5 a	Gross amount from sale of assets other than inventory	5a	
	5 b	Less cost or other basis and sales expenses	5b	
	5 c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/>		
	6 a	Gross revenue (not including \$ of contributions reported on line 1)	6a	
6 b	Less direct expenses other than fundraising expenses	6b		
6 c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c		
7 a	Gross sales of inventory, less returns and allowances	7a		
7 b	Less cost of goods sold	7b		
7 c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
8	Other revenue (describe ▶)	8		
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8	9	34,942.
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	35,465.
	13	Professional fees and other payments to independent contractors	13	1,106.
	14	Occupancy, rent, utilities, and maintenance	14	7,574.
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe ▶ ATCH 2)	16	18,037.
17	Total expenses. Add lines 10 through 16	17	62,182.	
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	-27,240.
	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	
	20	Other changes in net assets or fund balances (attach explanation)	20	
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	-27,240.

Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)		(A) Beginning of year	(B) End of year
22	Cash, savings, and investments	22	
23	Land and buildings	23	
24	Other assets (describe ▶ ATCH 3)	24	38,369.
25	Total assets	25	38,369.
26	Total liabilities (describe ▶ ATCH 4)	26	65,609.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	27	-27,240.

SCANNED JUN 08 2011



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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2009)

Part V Other Information (Note the statement requirements in the instructions for Part 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		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T		
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a		0.
b	Did the organization file Form 1120-POL for this year?		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	38b	
39	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on line 9	39a	
b	Gross receipts, included on line 9, for public use of club facilities	39b	
40 a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0., section 4912 ▶ 0.; section 4955 ▶ 0.		
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		X
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958		0.
d	Section 501(c)(3) and 501(c)(4) organizations. 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? If "Yes," complete Form 8886-T	40e	X
41	List the states with which a copy of this return is filed ▶		
42 a	The organization's books are in care of ▶ CORPORATE OFFICERS Telephone no ▶ 202-476-4888 Located at ▶ 111 MICHIGAN AVE NW WASHINGTON, DC ZIP + 4 ▶ 20010		
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 county. ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	42b	X
c	At any time during the calendar year, did the organization maintain an office outside of the U.S.? If "Yes," enter the name of the foreign country: ▶	42c	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here. ▶ <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43		
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ	44	X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ	45	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 46-49b and complete the tables for lines 50 and 51

- | | Yes | No |
|---|-----|----|
| 46 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 46 | X |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | 47 | X |
| 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 48 | X |
| 49 a Did the organization make any transfers to an exempt non-charitable related organization? | 49a | X |
| 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) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000 NONE

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

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

d Total number of other independent contractors receiving over \$100,000 NONE

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: *David Sparks* Date: 5.5.11
 Type or print name and title: DAVID SPARKS UPFINANCE

Paid Preparer's Use Only
 Preparer's signature: *M. Mihal* Date: MAY 05 2011 Check if self-employed:
 Preparer's identifying number (See instructions): P00755034
 Firm's name (or yours if self-employed), address, and ZIP + 4: PRICEWATERHOUSECOOPERS, LLP 1301 K STREET NW, SUITE 800W WASHINGTON, DC 20005
 EIN: 13-4008324 Phone no: 202-414-1000

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

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2009

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

Name of the organization BRAINY CAMPS ASSOCIATION	Employer identification number 27-1547370
---	---

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?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	X
(ii) A family member of a person described in (i) above?	11g(ii)	X
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	X

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

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

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I.)

Section A. Public Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2005, (b) 2006, (c) 2007, (d) 2008, (e) 2009, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Rows include: 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2008 Schedule A, Part II, line 14; 16a 33 1/3 % support test - 2009; b 33 1/3 % support test - 2008; 17a 10%-facts-and-circumstances test - 2009; b 10%-facts-and-circumstances test - 2008; 18 Private foundation.

Part III Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 9 of Part I)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
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						
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						
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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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)						
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 2009 (line 8, column (f) divided by line 13, column (f))	15		%
16 Public support percentage from 2008 Schedule A, Part III, line 15	16		%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f))	17		%
18 Investment income percentage from 2008 Schedule A, Part III, line 17	18		%

- 19a 33 1/3 % support tests - 2009.** 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 - 2008.** 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 ►

Part IV Supplemental Information. Complete this part to provide the explanation required by Part II, line 10; Part II, line 17a or 17b; or Part III, line 12. Provide any other additional information. See instructions

ATTACHMENT 1

SCHEDULE A, PART I - INFORMATION ABOUT SUPPORTED ORGANIZATIONS

(I) NAME OF SUPPORTED ORGANIZATION	(II) EIN	(III) TYPE OF ORGANIZATION	(IV)		(V)		(VI)		(VII) AMOUNT OF SUPPORT
			YES	NO	YES	NO	YES	NO	
CHILDREN'S HOSPITAL	53-0196580	03	X		X		X		0
TOTAL AMOUNT OF SUPPORT									<u>0</u>

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.**

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.

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 a corporation 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 and click on *e-file for Charities & Nonprofits*.

Type or print	Name of Exempt Organization BRAINY CAMPS ASSOCIATION	Employer Identification number 27-1547370
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. 111 MICHIGAN AVENUE, NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. WASHINGTON, DC 20010	

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

- | | | |
|--|---|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (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 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 ▶ **CORPORATE OFFICERS**

Telephone No. ▶ **301-572-6283** 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 corporation required to file Form 990-T) extension of time until **FEBRUARY 15**, 20**11**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶ calendar year 20..... or

▶ tax year beginning **JULY 1**, 20**09**, and ending **JUNE 30**, 20**10**

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	\$	N/A
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	\$	N/A
c Balance Due. 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	\$	N/A

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

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

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Type or print File by the extended due date for filing your return See instructions	Name of exempt organization BRAINY CAMPS ASSOCIATION	Employer identification number 27-1547370
	Number, street, and room or suite no. If a P O box, see instructions. 111 MICHIGAN AVENUE NW	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions WASHINGTON, DC 20010	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990	01		
Form 990-BL	02	Form 1041-A	08
Form 990-EZ	03	Form 4720	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

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

- The books are in the care of **CORPORATE OFFICERS**
Telephone No. **301-572-6283** 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.

- I request an additional 3-month extension of time until MAY 16, 2011.
- For calendar year _____, or other tax year beginning JULY 1, 2009, and ending JUNE 30, 2010.
- If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period
- State in detail why you need the extension AWAITING INFORMATION FROM THIRD PARTIES WHICH IS NECESSARY TO PREPARE AND COMPLETE AN ACCURATE RETURN.

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a \$	N/A
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b \$	N/A
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$	N/A

Signature and Verification

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

Signature  Title **TAX MANAGER** Date **2-8-2011**

ATTACHMENT 2

FORM 990EZ, PART I - OTHER EXPENSES

SUPPLIES	5,219.
MINOR EQUIPMENT	6,392.
PURCHASED SERVICES	4,257.
OFFICE EXPENSES	2,169.
TOTAL	<u>18,037.</u>

ATTACHMENT 3

FORM 990EZ, PART II - OTHER ASSETS

<u>DESCRIPTION</u>	<u>END OF YEAR</u>
PREPAID EXPENSES OR DEFERRED CHARGES	38,369.
TOTALS	<u>38,369.</u>

FORM 990EZ, PART II - TOTAL LIABILITIES

<u>DESCRIPTION</u>	<u>END OF YEAR</u>
ACCOUNTS PAYABLE	8,324.
SUPPORT AND REVENUE FOR FUTURE PERIODS	51,173.
DUE TO AFFILIATE	6,112.
TOTALS	<u>65,609.</u>

FORM 990EZ, PART III - ORGANIZATION'S PRIMARY EXEMPT PURPOSE

BRAINY CAMPS ASSOCIATION IS ORGANIZED AND OPERATED FOR CHARITABLE, SCIENTIFIC AND EDUCATIONAL PURPOSES TO PROVIDE A PLACE AND PATH FOR CHILDREN WITH SERIOUS ILLNESSES, CHRONIC HEALTH CONDITIONS AND LIFE CHALLENGES TO EXPERIENCE THE JOYS OF CHILDHOOD AND GROW IN THEIR CONFIDENCE BY PROVIDING, WITHOUT LIMITATIONS, CAMPS AND OTHER ACTIVITIES FOR CHILDREN WITH SPECIAL DEVELOPMENTAL NEEDS AND BY ASSISTING CHILDREN'S HOSPITAL IN THE PROVISION OF HEALTHCARE AND RELATED SERVICES.

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTSATTACHMENT 6PROGRAM SERVICE ACCOMPLISHMENT 1

CAMP CONNECT - CAMP CONNECT OFFERS CHILDREN AND TEENS WITH TOURETTE SYNDROME (AGES 7-16) AND ASPERGER'S SYNDROME (AGES 9-16) SEVEN DAYS AND SIX NIGHTS OF SUMMER FUN AND SOCIAL CONNECTIONS.

WORKERS AND PARENT-VOLUNTEERS COME TOGETHER TO CARE FOR CAMPERS WHO ENJOY THE TYPICAL ACTIVITIES ONE MIGHT EXPECT AT CAMP. AT CAMP CONNECT, CHILDREN EXPERIENCE ALL OF THE FUN AND ADVENTURE OF A SLEEP-AWAY CAMP WITH MEDICAL STAFF CLOSE AT HAND.

ATTACHMENT 7PROGRAM SERVICE ACCOMPLISHMENT 2

CAMP NEW FRIENDS (CNF) OFFERS CHILDREN AND TEENS WITH NEUROFIBROMATOSIS (AGES 7-15) SEVEN DAYS AND SIX NIGHTS OF SUMMER FUN AND SOCIAL CONNECTIONS.

CAMP NEW FRIENDS AND ALL OF THE CAMPS DEVELOPED BY CHILDREN'S NATIONAL MEDICAL CENTER'S BRAINY CAMPS SERVE TO REDUCE THE STIGMA AND ISOLATION THAT IS OFTEN ASSOCIATED WITH NEUROLOGICAL DISORDERS AND CHRONIC HEALTH CONDITIONS. THE CAMPS ALSO PROVIDE PARENTS WITH RESPITE.

CAMPERS PARTICIPATE AND CHOOSE FROM ACTIVITIES INCLUDING HIKING, ARTS AND CRAFTS, CANOEING, TEAM SPORTS, A LOW AND HIGH ROPES CONFIDENCE COURSE, CAMP OLYMPICS, SWIMMING, YOGA AND DRAMA. SUPPORT GROUPS AND EDUCATIONAL PROGRAMS PROMOTE KNOWLEDGE, SKILL DEVELOPMENT AND SOCIAL CONNECTIONS.

ATTACHMENT 8PROGRAM SERVICE ACCOMPLISHMENT 3

CAMP GREAT ROCK - CAMP GREAT ROCK IS A WEEK LONG, OVERNIGHT CAMP FOR CHILDREN AND TEENS WITH EPILEPSY, AGES 7-16. FOR 16 YEARS, IT HAS PROVIDED CAMPERS WITH EPILEPSY A SAFE ENVIRONMENT WHERE THEY CAN HAVE FUN WHILE BUILDING CONFIDENCE, INDEPENDENCE, AND SELF-ESTEEM.

EPILEPSY IS A COMMON AND UNPREDICTABLE CONDITION THAT OFTEN LEADS TO FEELINGS OF SOCIAL STIGMA AND ISOLATION. CAMP GREAT ROCK WAS DEVELOPED TO REDUCE THE STIGMA AND ISOLATION, WHILE ALLOWING CHILDREN WITH EPILEPSY TO MEET OTHERS WITH THE SAME CONDITION AND ENJOY AN OVERNIGHT CAMP EXPERIENCE.

DESIGNED TO HELP KIDS WITH EPILEPSY DEVELOP FRIENDSHIPS, GAIN AN UNDERSTANDING OF THEIR CONDITION, AND REALIZE THEIR POTENTIAL AND SELF WORTH. AT CAMP GREAT ROCK, ONE STAFF MEMBER IS ASSIGNED TO EVERY TWO CAMPERS. STAFF, INCLUDING A PEDIATRIC NEUROLOGIST, NURSES, SOCIAL WORKERS, PHYSICAL THERAPIST AND COUNSELORS, ARE ON-SITE 24 HOURS A DAY AND TRAINED IN SEIZURE RECOGNITION, FIRST AID, CPR AND THE SPECIAL NEEDS OF CHILDREN WITH EPILEPSY. MANY

ATTACHMENT(S) 6, 7, 8

FORM 990EZ, PART III - STATEMENT OF PROGRAM SERVICE ACCOMPLISHMENTS

ATTACHMENT 8 (CONT'D)

COUNSELORS AND VOLUNTEERS LIVE WITH EPILEPSY AND SHARE THEIR EXPERIENCES WITH THE CAMPERS.

THROUGHOUT THE WEEK, CAMPERS SWIM, BOAT, FISH, TAKE NATURE HIKES, PLAY GROUP SPORTS AND PARTICIPATE IN ARTS AND CRAFTS PROJECTS. THE KIDS LEARN TEAM-BUILDING SKILLS THROUGH ACTIVITIES SUCH AS A LOW-ROPES COURSE, SKITS, AND CAMP OLYMPICS. GROUP COUNSELING SESSIONS ALLOW THE CHILDREN TO DISCUSS THEIR FEELINGS AND LEARN HOW OTHERS COPE WITH THEIR EPILEPSY. FOR ONE WEEK, THE CHILDREN DO NOT HAVE TO WORRY ABOUT EXPLAINING THEIR SEIZURES TO THEIR PEERS. THEY SIMPLY HAVE FUN. THE FRIENDSHIPS MADE AT CAMP OFTEN CONTINUE THROUGHOUT THE YEAR AND FOR MANY TO COME.

BRAINY CAMPS ASSOCIATION

27-1547370 .

ATTACHMENT 9

FORM 990EZ, PART III - OTHER PROGRAM SERVICES

DESCRIPTION

GRANTS AND ALLOCATIONS

EXPENSES

CAMP HEALTHY HABITS
CAMP SUPER CAMPERS
CAMP CARDIAC RHYTHM
CAMP TAKE CHARGE

474.
8,411.
4,020.
6,220.

TOTALS

19,125.

BRAINY CAMPS ASSOCIATION

27-1547370

FORM 990EZ, PART IV - LIST OF OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES

ATTACHMENT 10

<u>NAME AND ADDRESS</u>	<u>TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION</u>	<u>COMPENSATION</u>	<u>CONTRIBUTIONS TO EMPLOYEE BENEFIT PLANS</u>	<u>EXPENSE ACCT. AND OTHER ALLOWANCES</u>
ROGER PACKER MD 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	DIRECTOR 1.00	0.	0.	0.
MIRIAM MARKOWITZ 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	DIRECTOR 1.00	0.	0.	0.
SANDRA CUSHNER-WEINSTEIN 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	SECRETARY/TREASURER 55.00	0.	0.	0.
EDWIN K ZECHMAN JR 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	DIRECTOR 1.00	0.	0.	0.
DOUGLAS MYERS 111 MICHIGAN AVE, NW WASHINGTON, DC 20010	EVP/CHIEF FINANCIAL OFFICER 1.00	0.	0.	0.
<u>GRAND TOTALS</u>		<u>0.</u>	<u>0.</u>	<u>0.</u>