



See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-EZ**
 Department of the Treasury
 Internal Revenue Service

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)

OMB No 1545-1150
2009
Open to Public Inspection

▶ 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.

A For the 2009 calendar year, or tax year beginning 01-01-2009, and ending 12-31-2009

| | | | |
|---|---|--|--|
| B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending | Please use IRS label or print or type. See Specific Instructions. | C Name of organization PUTNAM CAMP INC <hr/> Number and street (or P O box, if mail is not delivered to street address) Room/suite C/O WILLIAM ATTRIDE 300 MERCER ST ROOM/SUITE 9H <hr/> City or town, state or country, and ZIP + 4 NEW YORK, NY 10003 | D Employer identification number 14-0984739 <hr/> E Telephone number <hr/> 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: ▶ PUTNAMCAMP.ORG

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)(7) (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. ▶ \$ 143,916

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

| | Description | | Amount |
|--|--|-----------|---------|
| Revenue | 1 Contributions, gifts, grants, and similar amounts received | 1 | 8,428 |
| | 2 Program service revenue including government fees and contracts | 2 | 128,340 |
| | 3 Membership dues and assessments | 3 | 5,412 |
| | 4 Investment income | 4 | 923 |
| | 5a Gross amount from sale of assets other than inventory | 5a | |
| | b Less cost or other basis and sales expenses | 5b | |
| | c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) | 5c | |
| | 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here <input type="checkbox"/> | | |
| | a Gross revenue (not including \$ of contributions reported on line 1) | 6a | |
| b Less direct expenses other than fundraising expenses | 6b | | |
| c Net income or (loss) from special events and activities (Subtract line 6b from line 6a) | 6c | | |
| 7a Gross sales of inventory, less returns and allowances | 7a | 16 | |
| b Less cost of goods sold | 7b | | |
| c Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) | 7c | 16 | |
| 8 Other revenue (describe ▶) | 8 | 797 | |
| 9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8 | 9 | 143,916 | |
| 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 | 50,373 |
| | 13 Professional fees and other payments to independent contractors | 13 | 4,846 |
| | 14 Occupancy, rent, utilities, and maintenance | 14 | 47,547 |
| | 15 Printing, publications, postage, and shipping | 15 | |
| | 16 Other expenses (describe ▶) | 16 | 39,038 |
| 17 Total expenses. Add lines 10 through 16 | 17 | 141,804 | |
| Net Assets | 18 Excess or (deficit) for the year (Subtract line 17 from line 9) | 18 | 2,112 |
| | 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 | 308,623 |
| | 20 Other changes in net assets or fund balances (attach explanation ▶) | 20 | 4,698 |
| | 21 Net assets or fund balances at end of year. Combine lines 18 through 20 | 21 | 315,433 |

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 | 175,460 | 22 | 180,528 |
| 23 Land and buildings | | 23 | |
| 24 Other assets (describe ▶) | 133,289 | 24 | 135,559 |
| 25 Total assets | 308,749 | 25 | 316,087 |
| 26 Total liabilities (describe ▶) | 126 | 26 | 654 |
| 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) | 308,623 | 27 | 315,433 |

| | | | |
|--|---|--|--|
| Part III Statement of Program Service Accomplishments (See the instructions for 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? HIKING CLUB | | | |
| 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 HIKING CLUB (Grants \$) | If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 28a | |
| 29 (Grants \$) | If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 29a | |
| 30 (Grants \$) | If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 30a | |
| 31 Other program services (attach schedule) (Grants \$) | If this amount includes foreign grants, check here . . . <input type="checkbox"/> | 31a | |
| 32 Total program service expenses (add lines 28a through 31a) . . . <input type="checkbox"/> | | 32 | |

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

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 | | |
| 47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II | | |
| 48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | | |
| 49a Did the organization make any transfers to an exempt non-charitable related organization? | | |
| 49b If "Yes," was the related organization a section 527 organization? | | |

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 |
|--|--|------------------|---|--|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

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."

| (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

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

ALFRED LOOMIS PRESIDENT
Type or print name and title

2010-11-08
Date

Paid Preparer's Use Only

Preparer's signature: KAREN B MEISTER

Date: 2010-11-08

Check if self-employed:

Preparer's identifying number (See instructions):

Firm's name (or yours if self-employed), address, and ZIP + 4: MEISTER ACCOUNTING SERVICES LLC, CRESTVIEW PLAZA 1992 SARANAC AVE, LAKE PLACID, NY 12946

EIN:

Phone no: (518) 523-4433

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

Additional Data

Software ID:
Software Version:
EIN: 14-0984739
Name: PUTNAM CAMP INC

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 |
|---|---|---|--|---|
| WILLIAM ATTRIDE 300 MERCER ST 9H NEW YORK, NY 10003 | TREASURER 0 | 0 | | |
| SARAH HOROWITZ 522 WEST END AVE 12-C NEW YORK, NY 10024 | VICE PRESIDE 0 | 0 | | |
| ROBERT L JOHNSTON PO BOX 26 GARDINER, ME 04345 | DIRECTOR 0 | 0 | | |
| BILL JOPLIN 24 OAK TERRACE NEWTON, MA 02461 | DIRECTOR 0 | 0 | | |
| ALFRED LOOMIS 3 BELDEN PLACE WESTPORT, CT 06880 | PRESIDENT 0 | 0 | | |
| SALLY LOOMIS PO BOX 226 WILLIAMSBURG, MA 01096 | SECRETARY 0 | 0 | | |
| JOHN MERCER 167 MAIN ST AMESBURY, MA 01913 | DIRECTOR 0 | 0 | | |
| DAVID H MORSE 60 STATE STREET BOSTON, MA 02109 | DIRECTOR 0 | 0 | | |
| SHIPPEN L PAGE 174 LAKEVIEW AVE CAMBRIDGE, MA 02138 | DIRECTOR 0 | 0 | | |
| WILLIAM C ROGERS 22 BUNKER HILL ROAD IPSWICH, MA 01938 | DIRECTOR 0 | 0 | | |
| S ANDREW SCHAFFER 3 WASHINGTON MEWS NEW YORK, NY 10003 | DIRECTOR 0 | 0 | | |
| SUZANNA SCHELL 195 HARVEY ST 7 CAMBRIDGE, MA 02140 | DIRECTOR 0 | 0 | | |
| CHRIS VATIS 64 STONEGATE LANE SHELBURNE, VT 05482 | DIRECTOR 0 | 9,500 | | |
| MARTY BEEDE VATIS 64 STONEGATE LANE SHELBURNE, VT 05482 | DIRECTOR 0 | 5,386 | | |

TY 2009 Compensation Explanation

Name: PUTNAM CAMP INC

EIN: 14-0984739

| Person Name | Explanation |
|-------------------|-------------|
| WILLIAM ATTRIDE | |
| SARAH HOROWITZ | |
| ROBERT L JOHNSTON | |
| BILL JOPLIN | |
| ALFRED LOOMIS | |
| SALLY LOOMIS | |
| JOHN MERCER | |
| DAVID H MORSE | |
| SHIPPEN L PAGE | |
| WILLIAM C ROGERS | |
| S ANDREW SCHAFFER | |
| SUZANNA SCHELL | |
| CHRIS VATIS | |
| MARTY BEEDE VATIS | |

TY 2009 Other Assets Schedule

Name: PUTNAM CAMP INC

EIN: 14-0984739

| Description | Beginning of Year Amount | End of Year Amount |
|----------------------------|--------------------------|--------------------|
| ACCOUNTS RECEIVABLE | | 1,598 |
| ORIGINAL COST | 10,317 | 10,317 |
| 2005 RENOVATIONS | 102,907 | 102,907 |
| 2006 EQUIPMENT | 1,253 | 1,253 |
| 2007 FURNITURE | 2,917 | 2,917 |
| 2007 WATER UTILITY BLDG | 3,171 | 3,171 |
| 2007 CHLORINATOR SHED | 9,863 | 9,863 |
| 2008 EQUIPMENT | 2,561 | 2,561 |
| MAS CLIENT PAYROLL ACCOUNT | | 672 |
| PREPAID SUPPLIES | 300 | 300 |
| | 133,289 | 135,559 |

TY 2009 Other Changes in Net Assets Schedule

Name: PUTNAM CAMP INC

EIN: 14-0984739

| Description | Amount |
|--------------------------------|--------|
| UNREALIZED GAIN ON INVESTMENT | 4,698 |
| UNREALIZED LOSS ON INVESTMENTS | |

TY 2009 Other Expenses Schedule**Name:** PUTNAM CAMP INC**EIN:** 14-0984739

| Description | Amount |
|---------------------------|--------|
| EXPENSES | |
| TRAVEL & ENTERTAINMENT | 2,635 |
| KITCHEN-FOOD | 31,095 |
| KITCHEN-EXPENDABLE SUPPLI | 604 |
| KIRCHEN-SMALL EQUIPMENT | 259 |
| KITCHEN-OTHER | 72 |
| SMALL FURNISHINGS | 271 |
| COMPUTER EXPENSE | 53 |
| CABLE INTERNET | 414 |
| TELEPHONE | 824 |
| WEBSITE EXPENSE | 317 |
| POSTAGE | 169 |
| PRINTING EXPENSE | 726 |
| OFFICE EXPENSE-OTHER | 350 |
| MISCELLANEOUS | 1,108 |
| BANK CHARGES | 141 |

TY 2009 Other Liabilities Schedule

Name: PUTNAM CAMP INC

EIN: 14-0984739

| Description | Beginning of Year Amount | End of Year Amount |
|-----------------------|--------------------------|--------------------|
| NYS SALES TAX PAYABLE | | 654 |
| STAFF FUND | 126 | |
| | 126 | 654 |

TY 2009 Other Revenues Schedule

Name: PUTNAM CAMP INC

EIN: 14-0984739

| Description | Amount |
|----------------------|--------|
| MISCELLANEOUS INCOME | 674 |
| PHONE CARD INCOME | 123 |