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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)
 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

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: PUTNAM CAMP INC
 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
 City or town, state or country, and ZIP + 4: NEW YORK, NY 10003

D Employer identification number: 14-0984739
E Telephone number:
F Group Exemption Number:

G Accounting method: Cash Accrual Other (specify):
I Website: PUTNAMCAMP.ORG
J Tax-Exempt status (check only one): 501(c)(3) 501(c)(7) (insert no) 4947(a)(1) or 527

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

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

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. **\$ 129,411**

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I)
 Check if the organization used Schedule O to respond to any question in this Part I

Revenue	1 Contributions, gifts, grants, and similar amounts received	1	11,397
	2 Program service revenue including government fees and contracts	2	112,818
	3 Membership dues and assessments	3	4,553
	4 Investment income	4	436
	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 Gaming and fundraising events		
	a Gross income from gaming (attach Schedule G if greater than \$15,000)	6a	
b Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)			
c Less direct expenses from gaming and fundraising events	6c		
d Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d		
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 (Subtract line 7b from line 7a)	7c		
8 Other revenue (describe in Schedule O)	8	207	
9 Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	129,411	
Expenses	10 Grants and similar amounts paid (list in Schedule O)	10	
	11 Benefits paid to or for members	11	
	12 Salaries, other compensation, and employee benefits	12	48,448
	13 Professional fees and other payments to independent contractors	13	4,945
	14 Occupancy, rent, utilities, and maintenance	14	43,852
	15 Printing, publications, postage, and shipping	15	
	16 Other expenses (describe in Schedule O)	16	29,605
17 Total expenses. Add lines 10 through 16	17	126,850	
Net Assets	18 Excess or (deficit) for the year (Subtract line 17 from line 9)	18	2,561
	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	315,433
	20 Other changes in net assets or fund balances (explain in Schedule O)	20	3,735
	21 Net assets or fund balances at end of year. Combine lines 18 through 20	21	321,729

Part II Balance 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	180,528	22	156,206
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	135,559	24	166,269
25 Total assets	316,087	25	322,475
26 Total liabilities (describe in Schedule O)	654	26	746
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	315,433	27	321,729

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?

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 HIKING CLUB (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	29a	
30 (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	30a	
31 Other program services (describe in Schedule O) (Grants \$)	If this amount includes foreign grants, check here <input type="checkbox"/>	31a	
32 Total program service expenses (add lines 28a through 31a)		32	

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

		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O		No
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)		No
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, explain in Schedule O why the organization did not report the income on Form 990-T		
35a	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?		No
35b	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)		
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		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions <input type="checkbox"/> 37a _____		
37b	Did the organization file Form 1120-POL for this year?		No
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?		No
38b	If "Yes," complete Schedule L, Part II and enter the total amount involved		
39	<i>Section 501(c)(7) organizations.</i> Enter		
39a	Initiation fees and capital contributions included on line 9		203
39b	Gross receipts, included on line 9, for public use of club facilities		230
40a	<i>Section 501(c)(3) organizations.</i> Enter amount of tax imposed on the organization during the year under section 4911 <input type="checkbox"/> _____, section 4912 <input type="checkbox"/> _____, section 4955 <input type="checkbox"/> _____		
40b	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I		
40c	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <input type="checkbox"/> _____		
40d	<i>Section 501(c)(3) and 501(c)(4) organizations.</i> Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	<i>All organizations.</i> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T		No
41	List the states with which a copy of this return is filed <input type="checkbox"/> _____		
42a	The organization's books are in care of <input type="checkbox"/> <u>WILLIAM ATTRIDE</u> Telephone no <input type="checkbox"/> <u>(212) 995-0889</u> Located at <input type="checkbox"/> <u>300 MERCER STREET 9H</u> <u>NEW YORK, NY</u> ZIP + 4 <input type="checkbox"/> <u>10003</u>		
42b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? If "Yes," enter the name of the foreign country <input type="checkbox"/> _____ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.	Yes	No
42c	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 <input type="checkbox"/> _____		No
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here <input type="checkbox"/> <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____		

		Yes	No
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		No
44b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ		No
44c	Did the organization receive any payments for indoor tanning services during the year?		No
44d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

Yes No

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. 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 section containing signature of officer (*****), date (2011-11-09), and name/title (ALFRED LOOMIS PRESIDENT).















Paid Preparer's Use Only section containing preparer's signature (KAREN B MEISTER), date (2011-11-09), firm's name (MEISTER ACCOUNTING SERVICES LLC), address, EIN, and phone number.

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 2 00	0		
SARAH HOROWITZ  522 WEST END AVE 12-C NEW YORK, NY 10024	VICE PRESIDE 1 00	0		
ROBERT L JOHNSTON  PO BOX 26 GARDINER, ME 04345	DIRECTOR 000 00	0		
BILL JOPLIN  24 OAK TERRACE NEWTON, MA 02461	DIRECTOR 000 00	0		
ALFRED LOOMIS  3 BELDEN PLACE WESTPORT, CT 06880	PRESIDENT 1 00	0		
SALLY LOOMIS  PO BOX 226 WILLIAMSBURG, MA 01096	SECRETARY 1 00	0		
JOHN MERCER  167 MAIN ST AMESBURY, MA 01913	DIRECTOR 000 00	0		
DAVID H MORSE  60 STATE STREET BOSTON, MA 02109	DIRECTOR 000 00	0		
SHIPPEN L PAGE  174 LAKEVIEW AVE CAMBRIDGE, MA 02138	DIRECTOR 000 00	0		
WILLIAM C ROGERS  22 BUNKER HILL ROAD IPSWICH, MA 01938	DIRECTOR 000 00	0		
S ANDREW SCHAFFER  3 WASHINGTON MEWS NEW YORK, NY 10003	DIRECTOR 000 00	0		
SUZANNA SCHELL  195 HARVEY ST 7 CAMBRIDGE, MA 02140	DIRECTOR 000 00	0		
CHRIS VATIS  67 BROOK LANE SHELBURNE, VT 05482	DIRECTOR 000 00	720		
MARTY BEEDE VATIS  64 STONEGATE LANE SHELBURNE, VT 05482	DIRECTOR 000 00	12,010		

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
PUTNAM CAMP INC

Employer identification number

14-0984739

Identifier	Return Reference	Explanation
OTHER REVENUE	FORM 990-EZ, PART I, LINE 8	MISCELLANEOUS INCOME 195 PHONE CARD INCOME 12 TOTAL 207

Identifier	Return Reference	Explanation
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL & ENTERTAINMENT 1,351 525 KITCHEN-FOOD 23,632 KITCHEN-EXPENDABLE SUPPLI 243 KITCHEN-PERMITS 285 KIRCHEN-SMALL EQUIPMENT 304 SMALL FURNISHINGS 79 CABLE INTERNET 414 COMPUTER EXPENSE 99 POSTAGE 234 PRINTING EXPENSE 423 TELEPHONE 744 WEBSITE EXPENSE 75 OFFICE EXPENSE-OTHER 18 MISCELLANEOUS 1,034 BANK CHARGES 134 DEPOSIT REFUND 11 TOTAL 29,605

Identifier	Return Reference	Explanation
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAIN ON INVESTMENT 4,035 UNREALIZED LOSS ON INVESTMENTS 0 PRIOR PERIOD ADJUSTMENT -300

Identifier	Return Reference	Explanation
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE 1,598 -165 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 2010 RENOVATIONS 0 30,981 MAS CLIENT PAYROLL ACCOUNT 672 2,464 PREPAID SUPPLIES 300 300 UNDEPOSITED FUNDS 0 -300 TOTAL 135,559 166,269

Identifier	Return Reference	Explanation
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	NYS SALES TAX PAYABLE 654 655 STAFF FUND 0 413 A/P 0 79 FICA/FED PAYABLE 0 - 401

Identifier	Return Reference	Explanation
ALL OTHER ACHIEVEMENTS	FORM 990-EZ, PART III, LINE 31	HIKING CLUB

TY 2010 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	