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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

2011

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A For the 2011 calendar year, or tax year beginning 01-01-2011, and ending 12-31-2011

- 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 9 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: [X] Cash [] Accrual [] Other (specify)

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

I Website: PUTNAMCAMP.ORG

J Tax-Exempt status (check only one): [] 501(c)(3) [X] 501(c)(7) (insert no) [] 4947(a)(1) or [] 527

K Check [] if the organization is not a section 509(a)(3) supporting organization or a section 527 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. \$ 142,483

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 [X]

Table with 21 rows and 3 columns: Description, Line Number, Amount. Rows include Revenue (Contributions, Program service, etc.), Expenses (Grants, Salaries, etc.), and Net Assets (Excess or deficit, beginning/end of year).

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	156,208	22	106,965
23 Land and buildings		23	
24 Other assets (describe in Schedule O)	166,269	24	162,998
25 Total assets	322,477	25	269,963
26 Total liabilities (describe in Schedule O)	746	26	1,210
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	321,731	27	268,753

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 the organization's program service accomplishments for each of its three largest program services, as measured by expenses. 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 significant 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 during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?		No
35b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O		
35c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III		No
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	Section 501(c)(7) organizations. Enter		
39a	Initiation fees and capital contributions included on line 9	188	
39b	Gross receipts, included on line 9, for public use of club facilities	280	
40a	Section 501(c)(3) organizations. 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	Section 501(c)(3) and 501(c)(4) organizations. 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	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 <input type="checkbox"/> _____		
40d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization <input type="checkbox"/> _____		
40e	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		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> 300 MERCER STREET 9H Located at <input type="checkbox"/> <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"/> and enter the amount of tax-exempt interest received or accrued during the tax year <input type="checkbox"/> 43 _____		
44a	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.	Yes	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		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		No
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)		

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

46 Yes No

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

47 Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

47 Yes No

48 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

48 Yes No

49a Did the organization make any transfers to an exempt non-charitable related organization?

49a Yes No

b If "Yes," was the related organization a section 527 organization?

49b Yes No

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.

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.

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: Signature of officer (*****), Date (2012-11-09), Type or print name and title (ALFRED LOOMIS PRESIDENT)

Paid Preparer's Use Only: Preparer's signature (KAREN B MEISTER), Date (2012-11-09), Check if self-employed (checked), Preparer's taxpayer identification number, Firm's name (MEISTER ACCOUNTING SERVICES LLC), address, and ZIP + 4 (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

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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.**

OMB No 1545-0047

2011

Open to Public Inspection

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 320 PHONE CARD INCOME 6 TOTAL 326
OTHER EXPENSES	FORM 990-EZ, PART I, LINE 16	EXPENSES TRAVEL & ENTERTAINMENT 1,479 293 KITCHEN-FOOD 20,927 KITCHEN-EXPENDABLE SUPPLI 732 KITCHEN-PERMITS 90 KIRCHEN-SMALL EQUIPMENT 1,288 SMALL FURNISHINGS 340 CABLE INTERNET 360 COMPUTER EXPENSE 82 POSTAGE 458 PRINTING EXPENSE 359 TELEPHONE 1,024 WEBSITE EXPENSE 121 OFFICE EXPENSE-OTHER 227 MISCELLANEOUS 3,083 BANK CHARGES 286 PROMOTIONAL DONATIONS 346 TOTAL 31,495
OTHER CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990-EZ, PART I, LINE 20	UNREALIZED GAIN ON INVESTMENT 17 UNREALIZED LOSS ON INVESTMENTS 0 PRIOR PERIOD ADJUSTMENT -362
OTHER ASSETS	FORM 990-EZ, PART II, LINE 24	ACCOUNTS RECEIVABLE -165 -1,272 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 30,981 30,981 MAS CLIENT PAYROLL ACCOUNT 2,464 0 PREPAID SUPPLIES 300 300 UNDEPOSITED FUNDS -300 0 TOTAL 166,269 162,998
OTHER LIABILITIES	FORM 990-EZ, PART II, LINE 26	A/P 79 0 FICA/FED PAYABLE -401 0 FEDERAL UNEMPLOYMENT PAYABLE 0 139 NYS UNEMPLOYMENT PAYABLE 0 62 NYS SALES TAX PAYABLE 655 586 STAFF FUND 413 423
ALL OTHER ACCOMPLISHMENT	FORM 990-EZ, PART III, LINE 31	HIKING CLUB

TY 2011 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	
SUZANNA SCHELL	
KATHLEEN CASE	
TIMOTHY GERHOLD	
ROBERT MILLER	
DEBORAH DORO	
















Additional Data

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

Form 990-EZ, Special Condition Description:

Special Condition Description

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  521 E 83RD ST 1R NEW YORK, NY 10028	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	EMERITUS 000 00	0		
SHIPPEN L PAGE  174 LAKEVIEW AVE CAMBRIDGE, MA 02138	EMERITUS 000 00	0		
WILLIAM C ROGERS  22 BUNKER HILL ROAD IPSWICH, MA 01938	EMERITUS 000 00	0		
SUZANNA SCHELL  195 HARVEY ST 7 CAMBRIDGE, MA 02140	DIRECTOR 000 00	0		
KATHLEEN CASE  1739 GREEN RIVER ROAD WILLIAMSTOWN, MA 01267	DIRECTOR 000 00	0		
TIMOTHY GERHOLD  21 OAK TERRACE NEWTON, MA 02461	DIRECTOR 000 00	0		
ROBERT MILLER  1641 THIRD AVE 31K NEW YORK, NY 10128	DIRECTOR 000 00	0		
DEBORAH DORO  PO BOX 348 ELLCOTTVILLE, NY 14731	MANAGER 25 00	14,800		