Form **990**

Department of the Treasury
Internal Revenue Service

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)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0047

2008

Open to Public Inspection

ENVELOPE POSTMARK DATE FEB 16 2010

A For the 2008 calendar year, or tax year beginning 7/01/08, and ending 6/30/09

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Termination ☐ Amended return ☐ Application pending

Please use IRS label or print or type. See Specific Instructions.

C Name of organization: THE PLUMSOCK FUND

Doing Business As

Number and street (or P O box if mail is not delivered to street address): JP MORGAN SRVCS INC, P.O. BOX 6089 | Room/suite

City or town, state or country, and ZIP + 4: NEWARK DE 19714-6089

D Employer identification number: 35-6014719

E Telephone number: 617-969-8119

G Gross receipts $ 3,375,193

F Name and address of principal officer:
CHRISTOPHER LUTZ
C/O JP MORGAN SRVCS. INC.
NEWARK DE 19714-6089

H(a) Is this a group return for affiliates? ☐ Yes ☒ No

H(b) Are all affiliates included? ☐ Yes ☐ No

If "No," attach a list (see instructions)

I Tax-exempt status ☒ 501(c) (3) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ N/A

H(c) Group exemption number ▶

K Type of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation 1959

M State of legal domicile IN

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
AS REQUIRED BY THE GOVERNING INSTRUMENT THIS FUND PROVIDES SUPPORT TO THE MAYA EDUCATIONAL FUND.

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	5
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	0
5	Total number of employees (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	0
7a	Total gross unrelated business revenue from Part VIII, line 12, column (C)	7a	
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

			Prior Year	Current Year
Revenue	8	Contributions and grants (Part VIII, line 1h)	18,472	2,181,000
	9	Program service revenue (Part VIII, line 2g)		
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	688,582	-409,255
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,591
	12	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	707,054	1,774,336
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	240,000	596,000
	14	Benefits paid to or for members (Part IX, column (A), line 4)		
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	16a	Professional fundraising fees (Part IX, column (A), line 11e)		
	b	Total fundraising expenses (Part IX, column (D), line 25)		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	11,203	28,444
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A) line 25)	251,203	624,444
	19	Revenue less expenses Subtract line 18 from line 12	455,851	1,149,892
			Beginning of Year	**End of Year**
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	7,249,730	8,399,622
	21	Total liabilities (Part X, line 26)		
	22	Net assets or fund balances Subtract line 21 from line 20	7,249,730	8,399,622

RECEIVED FEB 23 2010 OGDEN, UT IRS-OSC

SCANNED MAR 1 2010

Part II Signature Block

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 ▶ Pam Solo
Signature of officer | Date 2/10/2010
▶ PAM Solo Clerk
Type or print name and title

Paid Preparer's Use Only

Preparer's signature ▶ | Date 2-3-10 | Check if self-employed ▶ ☐ | Preparer's identifying number (see instructions) P00545661

Firm's name (or yours if self-employed), address, and ZIP + 4 ▶ J. P. MORGAN SERVICES INC.
P. O. BOX 6089
NEWARK, DE 19714-6089

EIN ▶ 22-2189421

Phone no ▶ 302-634-2931

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

G16 4 NE

Part III **Statement of Program Service Accomplishments** (see instructions)

1 Briefly describe the organization's mission:
AS REQUIRED BY THE GOVERNING INSTRUMENT THIS FUND PROVIDES SUPPORT TO THE MAYA EDUCATIONAL FUND.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No
If "Yes," describe these changes on Schedule O.

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code.) (Expenses $ 596,000 including grants of $ 596,000) (Revenue $)
AS REQUIRED BY ITS GOVERNING INSTRUMENT THIS FUND SUPPORTS THE MAYA EDUCATIONAL FUND THROUGH DISTRIBUTION OF ITS INCOME TO THE DIRECTORS OF THE MAYA EDUCATIONAL FUND.

4b (Code) (Expenses $ including grants of $) (Revenue $)

4c (Code) (Expenses $ including grants of $) (Revenue $)

4d Other program services (Describe in Schedule O.)
(Expenses $ including grants of $) (Revenue $)

4e **Total program service expenses** ▶ $ 596,000 (Must equal Part IX, Line 25, column (B).)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	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	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		X
5	**Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations.** Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	X	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII	12		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the U.S ?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		X
17	Did the organization report more than $15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than $15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than $15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		X
21	Did the organization report more than $5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than $5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b–24d and complete Schedule K. If "No," go to question 25.	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		X

Part IV Checklist of Required Schedules (continued)

			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		X
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X

Part V Statements Regarding Other IRS Filings and Tax Compliance

					Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable	1a	0			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			1c		X
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? **Note.** If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions)			2b		
3a	Did the organization have unrelated business gross income of $1,000 or more during the year covered by this return?			3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O			3b		
4a	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)?			4a		X
b	If "Yes," enter the name of the foreign country ▶ See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		X
c	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?			5c		
6a	Did the organization solicit any contributions that were not tax deductible?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?			6b		
7	**Organizations that may receive deductible contributions under section 170(c).**					
a	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than $75?			7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
e	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?			7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?			7h		X
8	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.** Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?			8		X
9	**Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.**					
a	Did the organization make any taxable distributions under section 4966?			9a		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?			9b		X
10	**Section 501(c)(7) organizations.** Enter					
a	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	**Section 501(c)(12) organizations.** Enter.					
a	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b				
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?			12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

			Yes	No
	For each "Yes" response to lines 2–7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
1a	Enter the number of voting members of the governing body — 1a: 5			
b	Enter the number of voting members that are independent — 1b: 0			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following			
a	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b		
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	11		X

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision.			
a	The organization's CEO, Executive Director, or top management official?	15a		X
b	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶ IN

18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply.

☐ Own website ☐ Another's website ☒ Upon request

19 Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶ JP MORGAN SRVCS INC P.O. BOX 6089
NEWARK DE 19714 302-634-2931

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed Use Schedule J-2 if additional space is needed

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and **current** key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees, and former such persons

[X] Check this box if the organization did not compensate any officer, director, trustee, or key employee

(A) Name and Title	(B) Average hours per week	(C) Position: Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
PAM SOLO SEC / DIR	5	X						0	0	0
CHRISTOPHER LUTZ PRESIDENT	5	X						0	0	0
SUSAN FEINBERG DIRECTOR	5	X						0	0	0
ARMANDO ALFONZO DIRECTOR	5	X						0	0	0
SHELTON DAVIS DIRECTOR	5	X						0	0	0

DAA

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and title	(B) Average hours per week	(C) Position (check all that apply): Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total ▶										

2 Total number of individuals (including those in 1a) who received more than $100,000 in reportable compensation from the organization ▶ 0

		Yes	No
3 Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual	3		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? If "Yes," complete Schedule J for such individual	4		X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services rendered to the organization? If "Yes," complete Schedule J for such person	5		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including those in 1) who received more than $100,000 in compensation from the organization ▶ 0

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d				
	e Government grants (contributions)	1e				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 2,181,000				
	g Noncash contributions included in lines 1a-1f	$ 2,000,000				
	h Total. Add lines 1a–1f ▶		2,181,000			
Program Service Revenue		Busn. Code				
	2a					
	b					
	c					
	d					
	e					
	f All other program service revenue					
	g Total. Add lines 2a–2f ▶					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts) ▶		123,670			123,670
	4 Income from investment of tax-exempt bond proceeds ▶					
	5 Royalties ▶					
		(i) Real / (ii) Personal				
	6a Gross Rents					
	b Less rental exps					
	c Rental inc or (loss)					
	d Net rental income or (loss) ▶					
	7a Gross amount from sales of assets other than inventory	(i) Securities 1,036,288 / (ii) Other 31,644				
	b Less cost or other basis & sales exps	(i) 1,600,857				
	c Gain or (loss)	(i) -564,569 / (ii) 31,644				
	d Net gain or (loss) ▶		-532,925			-532,925
	8a Gross income from fundraising events (not including $ of contributions reported on line 1c) See Part IV, line 18	a				
	b Less: direct expenses	b				
	c Net income or (loss) from fundraising events ▶					
	9a Gross income from gaming activities See Part IV, line 19	a				
	b Less. direct expenses	b				
	c Net income or (loss) from gaming activities ▶					
	10a Gross sales of inventory, less returns and allowances	a				
	b Less· cost of goods sold	b				
	c Net income or (loss) from sales of inventory ▶					
	Miscellaneous Revenue	Busn. Code				
	11a 2002 & 2003 EXCISE TAX REFUND		2,591			2,591
	b					
	c					
	d All other revenue					
	e Total. Add lines 11a–11d ▶		2,591			
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c, 9c, 10c, and 11e ▶		1,774,336	0	0	-406,664

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.
All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the U S See Part IV, line 21	596,000	596,000		
2 Grants and other assistance to individuals in the U S. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees).				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services See Part IV, line 17				
f Investment management fees				
g Other				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
a OCCUPANCY COSTS	14,014		14,014	
b INVESTMENT MANAGEMENT FEE	8,039		8,039	
c ACCOUINTING FEES	3,800		3,800	
d FOREIGN TAXES	2,449		2,449	
e OFFICE EXPENSES	82		82	
f All other expenses	60		60	
25 **Total functional expenses.** Add lines 1 through 24f	624,444	596,000	28,444	
26 **Joint Costs.** Check here ▶ ☐ if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

			(A) Beginning of year		(B) End of year
Assets	1	Cash—non-interest bearing	284,877	1	14,674
	2	Savings and temporary cash investments	1,019,820	2	756,194
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key employees, or other related parties. Complete Part II of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete Part II of Schedule L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost basis — 10a: 2,182,398			
	b	Less accumulated depreciation Complete Part VI of Schedule D — 10b: 49,426	132,972	10c	2,132,972
	11	Investments—publicly traded securities	5,812,061	11	5,495,782
	12	Investments—other securities See Part IV, line 11		12	
	13	Investments—program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11		15	
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)	7,249,730	16	8,399,622
Liabilities	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow account liability Complete Part IV of Schedule D		21	
	22	Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable		24	
	25	Other liabilities. Complete Part X of Schedule D		25	
	26	**Total liabilities.** Add lines 17 through 25		26	
Net Assets or Fund Balances		**Organizations that follow SFAS 117, check here ▶ ☐ and complete lines 27 through 29, and lines 33 and 34.**			
	27	Unrestricted net assets		27	
	28	Temporarily restricted net assets		28	
	29	Permanently restricted net assets		29	
		Organizations that do not follow SFAS 117, check here ▶ ☒ and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds	7,249,730	30	8,399,622
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
	33	Total net assets or fund balances	7,249,730	33	8,399,622
	34	Total liabilities and net assets/fund balances	7,249,730	34	8,399,622

Part XI Financial Statements and Reporting

			Yes	No
1	Accounting method used to prepare the Form 990 ☒ Cash ☐ Accrual ☐ Other			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
c	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		X
b	If "Yes," did the organization undergo the required audit or audits?	3b		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2008

Open to Public Inspection

Name of the organization THE PLUMSOCK FUND

Employer identification number 35-6014719

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: (Please check only **one** organization)

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).** (Attach Schedule H.)

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).** (see instructions)

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 organizations the organization supports.

(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? Yes	No	(v) Did you notify the organization in col (i) of your support? Yes	No	(vi) Is the organization in col (i) organized in the U S? Yes	No	(vii) Amount of support
MAYA EDUCATIONAL FDN	03-0335159	9	X		X		X		596,000
Total									596,000

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

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-3						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2008 (line 6, column (f) divided by line 11, column (f)) | 14 | %

15 Public support percentage from 2007 Schedule A, Part IV-A, line 26f | 15 | %

16a **33 1/3 % support test—2008.** 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—2007.** If the organization did not check a 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—2008.** 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—2007.** 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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 1-5						
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 1% of the total of lines 9, 10c, 11, and 12 for the year or $5,000						
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) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(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** ▶ ☐

Section C. Computation of Public Support Percentage

15	Public support percentage for 2008 (line 8, column (f) divided by line 13, column (f))	15	%
16	Public support percentage from 2007 Schedule A, Part IV-A, line 27g	16	%

Section D. Computation of Investment Income Percentage

17	Investment income percentage for **2008** (line 10c, column (f) divided by line 13, column (f))	17	%
18	Investment income percentage from **2007** Schedule A, Part IV-A, line 27h	18	%

19a **33 1/3 % support tests—2008.** 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—2007.** 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)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: THE PLUMSOCK FUND

Employer identification number: 35-6014719

Part I **Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.** Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit? ☐ Yes ☐ No

Part II **Conservation Easements.** Complete if the organization answered "Yes" to Form 990, Part IV, line 7

1 Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e g., recreation or pleasure)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of certified historic structure
☐ Preservation of open space

2 Complete lines 2a–2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

			Held at the End of the Year
a	Total number of conservation easements	2a	
b	Total acreage restricted by conservation easements	2b	
c	Number of conservation easements on a certified historic structure included in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/17/06	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year ▶ ______

4 Number of states where property subject to conservation easement is located ▶ ______

5 Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ ______

7 Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ▶ $ ______

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III **Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.** Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

(ii) Assets included in Form 990, Part X ▶ $ ______

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items.

a Revenues included in Form 990, Part VIII, line 1 ▶ $ ______

b Assets included in Form 990, Part X ▶ $ ______

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's accession and other records, check any of the following that are a significant use of its collection items (check all that apply)

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _______________

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIV

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Trust, Escrow and Custodial Arrangements. Complete if organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Investment earnings or losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the year end balance held as.

a Board designated or quasi-endowment ▶ _____%

b Permanent endowment ▶ _____%

c Term endowment ▶ _____%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		
(ii) related organizations	3a(ii)		
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIV the intended uses of the organization's endowment funds

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Depreciation	(d) Book value
1a Land				
b Buildings	2,000,000			2,000,000
c Leasehold improvements				
d Equipment	182,398		49,426	132,972
e Other				
Total. Add lines 1a–1e. (Column (d) should equal Form 990, Part X, column (B), line 10(c).) ▶				2,132,972

DAA

Part VII **Investments—Other Securities.** See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Financial derivatives and other financial products		
Closely-held equity interests		
Other		
Total. (Column (b) should equal Form 990, Part X, col (B) line 12) ▶		

Part VIII **Investments—Program Related.** See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13.) ▶		

Part IX **Other Assets.** See Form 990, Part X, line 15.

(a) Description	(b) Book value
Total. (Column (b) should equal Form 990, Part X, col (B) line 15) ▶	

Part X **Other Liabilities.** See Form 990, Part X, line 25.

(a) Description of liability	(b) Amount
Federal income taxes	
Total. (Column (b) should equal Form 990, Part X, col. (B) line 25) ▶	

In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48

DAA

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net). Add lines 4-8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

Part XII Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.				
a	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total revenue Add lines **3** and **4c.** (This should equal Form 990, Part 1, line 12)			5	

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Losses reported on Form 990, Part IX, line 25	2c			
d	Other (Describe in Part XIV)	2d			
e	Add lines **2a** through **2d**			2e	
3	Subtract line **2e** from line **1**			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line **1**:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV)	4b			
c	Add lines **4a** and **4b**			4c	
5	Total expenses Add lines **3** and **4c.** (This should equal Form 990, Part I, line 18)			5	

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4, Part X; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.

Part XIV **Supplemental Information** (continued)

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the U.S.

▶ Complete if the organization answered "Yes," on Form 990, Part IV, lines 21 or 22.
▶ Attach to Form 990.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization: THE PLUMSOCK FUND

Employer identification number: 35-6014719

Part I General Information on Grants and Assistance

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States.

Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than $5,000. Check this box if no one recipient received more than $5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed ▶ [ ]

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MAYA EDUCATIONAL FUND P.O. BOX 38 WOODSTOCK VT 05071	03-0335159	3	596,000				GENERAL OPERATING

2 Enter total number of section 501(c)(3) and government organizations ▶ 1

3 Enter total number of other organizations ▶ 0

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Use Schedule I-1 (Form 990) if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Complete this part to provide the information required in Part I, line 2, and any other additional information.

PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS

TRUST ACCOUNTING RECORDS ARE MAINTAINED IN A DEDICATED TRUST ACCOUNTING SYSTEM. REPORTS ARE REGULARLY OBTAINED FROM THIS SYSTEM. THE FIDUCIARY MANAGERS FOLLOW THE RULES AND REGULATIONS GOVERNING CONTINUITY AND MAINTENANCE OF EXEMPT STATUS WHILE ALSO CARRYING OUT THE INTENT OF THE GOVERNING DOCUMENTS. FIDUCIARY DUTIES INCLUDE ANNUAL TRUST REVIEWS, IDENTIFICATION OF CHARITABLE RECIPIENTS, AND DISTRIBUTIONS OF GRANT PAYMENTS FROM THE TRUST.

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

NonCash Contributions

▶ To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30.

▶ Attach to Form 990.

OMB No 1545-0047

2008

Open To Public Inspection

Name of the organization: THE PLUMSOCK FUND

Employer identification number: 35-6014719

Part I Types of Property

		(a) Check if applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line 1g	(d) Method of determining revenues
1	Art—Works of art				
2	Art—Historical treasures				
3	Art—Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities—Publicly traded				
10	Securities—Closely held stock				
11	Securities—Partnership, LLC, or trust interests				
12	Securities—Miscellaneous				
13	Qualified conservation contribution (historic structures)				
14	Qualified conservation contribution (other)				
15	Real estate—Residential				
16	Real estate—Commercial				
17	Real estate—Other	X	1	2,000,000	INDEPENDENT APPRAISALS
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ ( )				
26	Other ▶ ( )				
27	Other ▶ ( )				
28	Other ▶ ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement — 29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		X
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell non-cash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II			

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

SCHEDULE O
(Form 990)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

OMB No 1545-0047
2008
Open to Public Inspection

Name of the organization	Employer identification number
THE PLUMSOCK FUND	35-6014719

FORM 990, PART VI, LINE 10 - ORGANIZATION'S PROCESS USED TO REVIEW FORM 990

THE TRUSTEES REVIEW ALL UNDERLYING MONETARY AND FACTUAL INFORMATION BEFORE THE IRS FORM 990 IS FILED.

FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION

AS AGENT FOR TRUSTEE, J.P. MORGAN CHASE BANK, N.A. MAINTAINS A CLOSE AND CONTINUOUS WORKING RELATIONSHIP WITH THE OFFICERS OF THE SUPPORTED ORGANIZATION. THE GOVERNING DOCUMENTS ARE NOT AVAILIBLE TO THE GENERGAL PUBLIC, BUT HAVE BEEN GIVEN AND ARE AVAILIBLE TO ALL INTEREST PARTIES SUCH AS BENEFICIARIES,TRUSTEES, ETC. J.P. MORGAN CHASE BANK, N.A. DOES NOT HAVE A PUBLIC CONFLICT OF INTEREST POLICY. HOWEVER, THE GOVERNING DOCUMENTS AND STATE LAW IMPOSE LIMITATIONS OF TRUSTEE POWERS THAT J.P. MORGAN CHASE BANK, N.A. STRICTLY FOLLOWS. FINANCIAL STATEMENTS ARE SENT TO EACH CHARITABLE BENEFICIARY FOR REVIEW AND COMMENT. COPIES OF THE TAX RETURNS ARE AVAILABLE TO THE PUBLIC THROUGH SEVERAL INTERNET WEBSITES.

COPY

Form **8868**
(Rev April 2009)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part** I and check this box ▶ [X]
- 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 File by the due date for filing your return. See instructions.	Name of Exempt Organization THE PLUMSOCK FUND	**Employer identification number** 35-6014719
	Number, street, and room or suite no. If a P.O. box, see instructions. JP MORGAN SRVCS INC, P.O. BOX 6089	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEWARK DE 19714-6089	

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

[X] Form 990	[ ] Form 990-T (corporation)	[ ] Form 4720
[ ] Form 990-BL	[ ] Form 990-T (sec. 401(a) or 408(a) trust)	[ ] Form 5227
[ ] Form 990-EZ	[ ] Form 990-T (trust other than above)	[ ] Form 6069
[ ] Form 990-PF	[ ] Form 1041-A	[ ] Form 8870

- The books are in the care of ▶ JP MORGAN SRVCS INC

Telephone No. ▶ 302-634-2931 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 2/15/10 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year ____ or
▶ [X] tax year beginning 7/01/08 , and ending 6/30/09 .

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	$
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	$
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	$

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.

CONTRIBUTED REAL ESTATE

Property located at 10676 South Road, S. Woodstock, VT 05071

Value of appraisal	1,400,000.00

Property located at 10674 South Road, S. Woodstock, VT 05071

Value of appraisal	600,000.00
Total appraised value	2,000,000.00

Notes:
1) Appraisals of property performed in December 2008.
2) Donations of property made by Chris Lutz in December 2008.
3) Nothing unusual occurred to diminsh property value between date of appraisal and date of gift.
4) Plumsock does not use the buildings for operating purposes.

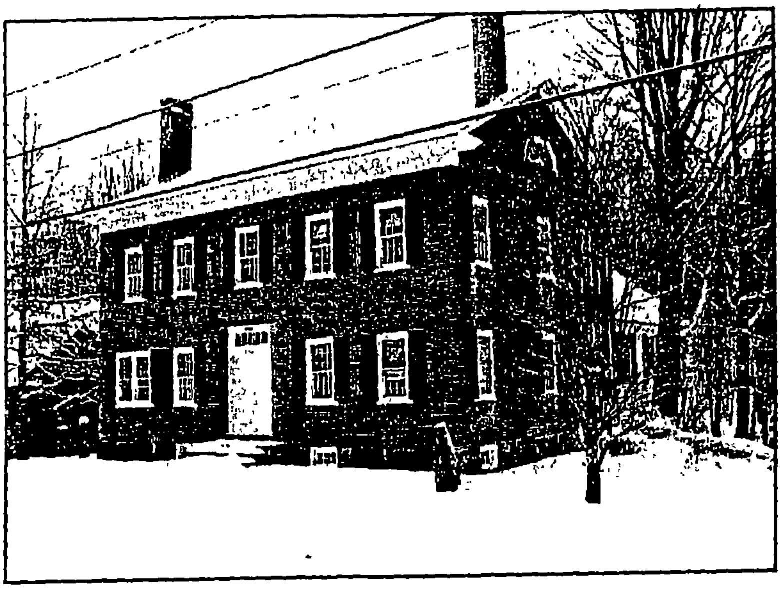
Conclusion:
- Appraised value = FMV of gift

- Treat as investments in real estate (i.e. other investment), not as property & equipment for F/S purposes

- Investment reported at lower of cost or market value. No impairment of property is deemed to have occurred from December 2008 to June 2009 as there is no evidence of market adjustment that is deemed to be other than temporary and the property condition is consistent with the date of appraisal.

(See Permanent File for full appraisal reports)

Plumsock Fund
Investment in Real Estate
6/30/2009



APPRAISAL OF REAL PROPERTY

LOCATED AT:
10676 South Road
The deed is recorded in book 86, page 47 in the Woodstock town records
South Woodstock, VT 05071

FOR:
Christopher Lutz
10676 South Road
South Woodstock, VT 05071

AS OF:
December 17, 2008

BY:
Derek M MacDonald

Valuation Section

UNIFORM RESIDENTIAL APPRAISAL REPORT

File No McDill

COST APPROACH

ESTIMATED SITE VALUE = $

ESTIMATED REPRODUCTION COST-NEW-OF IMPROVEMENTS

Dwelling 3,150 Sq Ft @$ = $

2 067 Sq Ft @$ =

=

Garage/Carport Sq Ft @$ =

Total Estimated Cost New = $

Less Physical Functional External

Depreciation =$

Depreciated Value of Improvements =$

"As-is" Value of Site Improvements =$

INDICATED VALUE BY COST APPROACH =$

Comments on Cost Approach (such as, source of cost estimate, site value, square foot calculation and for HUD, VA and FmHA, the estimated remaining economic life of the property) The cost approach is not developed for the subject property since estimates of accrued depreciation would be very subjective This diminishes the reliability of the cost approach to the point where no further consideration is warranted

SALES COMPARISON ANALYSIS

ITEM	SUBJECT	COMPARABLE NO 1		COMPARABLE NO 2		COMPARABLE NO 3	
Address	10676 South Road South Woodstock	4 Swain Street Woodstock		974 Cemetery Road West Windsor		3604 Fletcher Hill Road South Woodstock	
Proximity to Subject		4 07 miles N		5 42 miles SE		0 65 miles NW	
Sales Price	$ n/a		$ 992,000		$ 1,062,500		$ 2,400,000
Price/Gross Living Area	$	$ 259 89		$ 278 36		$ 958 18	
Data and/or Verification Source	Inspection Town records	Town records & Realtor Exterior Inspection		Interior Inspection Town records & Realtor		Appraised Town Records	
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	+(-)$ Adjust	DESCRIPTION	+(-)$ Adjust	DESCRIPTION	+(-)$ Adjust
Sales or Financing Concessions		None disclosed		None known		None known	
Date of Sale/Time		06/23/2008	-30,000	02/26/2007	-117,000	07/18/2007	-204,000
Location	Village	Village		Inferior	+200,000	Rural	
Leasehold/Fee Simple	Fee Simple	Fee Simple		Fee Simple		Fee Simple	
Site	73 7 acres +/-	7 2 acres +/-	+333,000	37 80 acres +/-	+180,000	25.8 acres +/-	+240,000
View	Neighborhood	Neighborhood		Neighborhood		Neighborhood	
Design and Appeal	Colonial	Cape		Colonial		Gambrel	
Quality of Construction	Very Good	Good		Very Good		Excellent	-240,000
Age	168 yrs	70 yrs		217 yrs		211 yrs	
Condition	Above Average	Average	+99,000	Above Average		Excellent	-240,000
Above Grade Room Count (Total Bdrms Baths)	7 2 2	9 4 4	-20,000	12 6 4.5	-25,000	6 2 2.5	-5,000
Gross Living Area	3,150 Sq. Ft.	3,817 Sq Ft.	-67,000	3,817 Sq Ft.	-67,000	2,510 Sq. Ft	+64,000
Basement & Finished Rooms Below Grade	2,067 0 sqft finish	Full 0 sqft finish		Partial 0 sqft finished		Partial 0 sqft finished	
Functional Utility	Average	Average		Average		Average	
Heating/Cooling	Fhw/None	Fhw/None		Fha/None		Fhw / Central	-10,000
Energy Efficient Items	None	None		None		None	
Garage/Carport	2 car built-in	2 car garage	-10,000	2 car garage	-10,000	3 car garage	-30,000
Porch, Patio, Deck, Fireplace(s), etc.	Deck 5 fireplaces	Patio 1 Fireplace	+20,000	Porch 6 fireplaces	-5,000	Patio,Porch 1 Fireplace	-5,000 +20,000
Fence, Pool, etc	2 Barns	None	+75,000	1 barn	+50,000	1408 Gst hse Lg Barn	-140,000
Other	None	None		None		Pond	-25,000
Net Adj. (total)		[X] + [ ] - $	400,000	[X] + [ ] - $	206,000	[ ] + [X] - $	-575,000
Adjusted Sales Price of Comparable		Net 40.3 % Gross 65 9 %	$ 1,392,000	Net 19.4 % Gross 61.6 %	$ 1,268,500	Net 24.0 % Gross 51 0 %	$ 1,825,000

Comments on Sales Comparison (including the subject property's compatibility to the neighborhood, etc.): See attached addenda

ITEM	SUBJECT	COMPARABLE NO 1	COMPARABLE NO 2	COMPARABLE NO 3
Date, Price and Data Source, for prior sales within year of appraisal	None Town records	None Town records	None Town records	None Town records

Analysis of any current agreement of sale, option, or listing of subject property and analysis of any prior sales of subject and comparables within one year of the date of appraisal: Not applicable

INDICATED VALUE BY SALES COMPARISON APPROACH $ 1,400,000

INDICATED VALUE BY INCOME APPROACH (If Applicable) Estimated Market Rent $ n/a /Mo x Gross Rent Multiplier n/a =$

RECONCILIATION

This appraisal is made [X] "as is" [ ] subject to the repairs, alterations, inspections or conditions listed below [ ] subject to completion per plans & specifications

Conditions of Appraisal: This appraisal is not made subject to any special conditions

Final Reconciliation: Of the three valuation methods, the sales comparison value estimate is the most reliable because it is based on actual transactions of units that are considered competitive with the subject property for the typical purchaser in this price, size and quality range The sale comparison approach best represents the actions of willing buyers and sellers and is accepted in the final judgment of the subject's

The purpose of this appraisal is to estimate the market value of the real property that is the subject of this report, based on the above conditions and the certification, contingent and limiting conditions, and market value definition that are stated in the attached Freddie Mac Form 439/FNMA form 1004B (Revised June 93)

I (WE) ESTIMATE THE MARKET VALUE, AS DEFINED, OF THE REAL PROPERTY THAT IS THE SUBJECT OF THIS REPORT, AS OF December 17, 2008 (WHICH IS THE DATE OF INSPECTION AND THE EFFECTIVE DATE OF THIS REPORT) TO BE $ 1,400,000

APPRAISER:	SUPERVISORY APPRAISER (ONLY IF REQUIRED):	
Signature	Signature	Did / Did Not Inspect Property
Name Derek M MacDonald	Name	
Date Report Signed December 28, 2008	Date Report Signed	
State Certification # 79-000242 State VT	State Certification #	State
Or State License # State	Or State License #	State

APPRAISAL OF REAL PROPERTY

LOCATED AT:
10674 South Road
The deed is recorded in book 78, page 34 in the Woodstock town records
South Woodstock, VT 05071

FOR:
Christopher Lutz
10676 South Road
South Woodstock, VT 05071

AS OF:
December 17, 2008

BY:
Derek M MacDonald

Valuation Section

UNIFORM RESIDENTIAL APPRAISAL REPORT

File No Lutz1

COST APPROACH

ESTIMATED SITE VALUE	= $
ESTIMATED REPRODUCTION COST-NEW-OF IMPROVEMENTS	
Dwelling 3,185 Sq Ft @$	= $
Sq Ft @$	=
	=
Garage/Carport Sq Ft @$	=
Total Estimated Cost New	= $
Less Physical Functional External Depreciation	=$
Depreciated Value of Improvements	=$
"As-Is" Value of Site Improvements	=$
INDICATED VALUE BY COST APPROACH	=$

Comments on Cost Approach (such as, source of cost estimate, site value, square foot calculation and for HUD, VA and FmHA, the estimated remaining economic life of the property) The cost approach is not developed for the subject property since estimates of accrued depreciation would be very subjective This diminishes the reliability of the cost approach to the point where no further consideration is warranted

SALES COMPARISON ANALYSIS

ITEM	SUBJECT	COMPARABLE NO 1		COMPARABLE NO 2		COMPARABLE NO 3	
Address	10674 South Road South Woodstock	2754 Church Hill Road South Woodstock, VT 05071		14 Prospect Street Woodstock, VT 05091		16 College Hill Woodstock	
Proximity to Subject		0 26 miles N		4.02 miles N		3 98 miles N	
Sales Price	$ n/a		$ 622,000		$ 505,000		$ 470,000
Price/Gross Living Area	$	$ 179.04		$ 164 76		$ 179 59	
Data and/or Verification Source	Inspection Town records	Appraised Town Records & Realtor		Inspection Town records		Appraiser files Town records & Realtor	
VALUE ADJUSTMENTS	DESCRIPTION	DESCRIPTION	+(-)$ Adjust.	DESCRIPTION	+(-)$ Adjust.	DESCRIPTION	+(-)$ Adjust.
Sales or Financing Concessions		None disclosed		None disclosed		None known	
Date of Sale/Time		04/28/2008	-25,000	7/6/2008	-13,000	12/19/2008	0
Location	Village	Village		Inferior	+50,000	Inferior	+47,000
Leasehold/Fee Simple	Fee Simple	Fee Simple		Fee Simple		Fee Simple	
Site	2 acres +/-	1 5 acre +/-	-26,000	67 acres +/-	-9,000	1 02 acres +/-	-16,000
View	Neighborhood	Neighborhood		Neighborhood		Neighborhood	
Design and Appeal	Contemporary	Schoolhse		Cape		Colonial	
Quality of Construction	Good	Good		Good		Good	
Age	22 yrs	107 yrs		128 yrs		117 yrs	
Condition	Above Average	Average	+62,000	Good	-50,000	Above Average	
Above Grade Room Count	Total Bdrms Baths 7 4 3.5	Total Bdrms Baths 7 3 2.5	+8,000	Total Bdrms Baths 8 4 3	+4,000	Total Bdrms Baths 9 4 3.5	
Gross Living Area	3,185 Sq. Ft	3,474 Sq. Ft.	-14,000	3,065 Sq. Ft.	+6,000	2,617 Sq. Ft.	+28,000
Basement & Finished Rooms Below Grade	725 sf finish	2,018 Sq.Ft. 0 sqft finished	+18,000	1,173 Sq.Ft. None	+18,000	Full 920 sqft finish	-5,000
Functional Utility	See comments	Average	-25,000	Average	-25,000	Average	-25,000
Heating/Cooling	Fhw/None	Fha/None		Fha&Fhw/None		Fhw/None	
Energy Efficient Items	None	None		None		None	
Garage/Carport	1 car garage	2 car garage	-10,000	2 car carport	-10,000	2 car garage	-10,000
Porch, Patio, Deck, Fireplace(s), etc.	Deck-2 None	Deck None	+5,000	Porch,Patio 2 fireplaces	-10,000	Porch,Deck 1 Fireplace	-5,000
Fence, Pool, etc.	None	None		None		None	
Other	None	None		None		None	
Net Adj. (total)		☐ + ☒ - $	-7,000	☐ + ☒ - $	-39,000	☒ + ☐ - $	14,000
Adjusted Sales Price of Comparable		Net 1.1 % Gross 31.0 %	$ 615,000	Net 7.7 % Gross 38 6 %	$ 466,000	Net 3.0 % Gross 28.9 %	$ 484,000

Comments on Sales Comparison (including the subject property's compatibility to the neighborhood, etc): See attached addenda

ITEM	SUBJECT	COMPARABLE NO 1	COMPARABLE NO. 2	COMPARABLE NO 3
Date, Price and Data Source, for prior sales within year of appraisal	None Town records	09/20/2004 $465,000 Town records	May 12. 2005 $469,000 Town records	None Town records

Analysis of any current agreement of sale, option, or listing of subject property and analysis of any prior sales of subject and comparables within one year of the date of appraisal: Not applicable

INDICATED VALUE BY SALES COMPARISON APPROACH $ 600,000

INDICATED VALUE BY INCOME APPROACH (If Applicable) Estimated Market Rent $ n/a /Mo x Gross Rent Multiplier n/a = $

RECONCILIATION

This appraisal is made ☒ "as is" ☐ subject to the repairs, alterations, inspections or conditions listed below ☐ subject to completion per plans & specifications.

Conditions of Appraisal This appraisal is not made subject to any special conditions.

Final Reconciliation Of the three valuation methods, the sales comparison value estimate is the most reliable because it is based on actual transactions of units that are considered competitive with the subject property for the typical purchaser in this price, size and quality range The sale comparison approach best represents the actions of willing buyers and sellers and is accepted in the final judgment of the subject's

The purpose of this appraisal is to estimate the market value of the real property that is the subject of this report, based on the above conditions and the certification, contingent and limiting conditions, and market value definition that are stated in the attached Freddie Mac Form 439/FNMA form 1004B (Revised June 93).

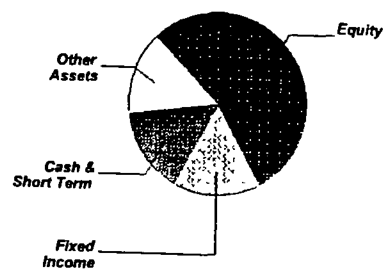
I (WE) ESTIMATE THE MARKET VALUE, AS DEFINED, OF THE REAL PROPERTY THAT IS THE SUBJECT OF THIS REPORT, AS OF December 17, 2008 (WHICH IS THE DATE OF INSPECTION AND THE EFFECTIVE DATE OF THIS REPORT) TO BE $ 600,000

APPRAISER:	SUPERVISORY APPRAISER (ONLY IF REQUIRED):
Signature	Signature — Did / Did Not Inspect Property
Name Derek M MacDonald	Name
Date Report Signed December 29, 2008	Date Report Signed
State Certification # 79-000242 State VT	State Certification # State
Or State License # State	Or State License # State

Account Summary

Asset Allocation	Beginning Market Value	Ending Market Value	Change In Value	Estimated Annual Income	Current Allocation
Equity	2,740,440.21	2,720,801 65	(19,638 56)	60,575 10	54%
Cash & Short Term	836,193 69	767,305 31	(68,888 38)	3,032.54	15%
Fixed Income	786,737 62	793,177.90	6,440 28	34,757 71	16%
Other Assets	675,794.74	757,593 43	81,798.69	2,836.04	15%
Market Value	**$5,039,166.26**	**$5,038,878.29**	**($287.97)**		**100%**
Accruals	3,265 63	7,720 02	4,454.39		
Market Value with Accruals	**$5,042,431.89**	**$5,046,598.31**	**$4,166.42**		

Asset Allocation



Portfolio Activity	Current Period Value	Year-to-Date Value
Beginning Market Value	**5,039,166.26**	**6,500,417.74**
Contributions		183,591 00
Withdrawals & Fees		(340,598 94)
Net Contributions/Withdrawals	**$0.00**	**($157,007.94)**
Income & Distributions	5,156.01	125,765 67
Change In Investment Value	(5,443 98)	(1,430,297.18)
Ending Market Value	**$5,038,878.29**	**$5,038,878.29**
Accruals	7,720.02	7,720.02
Market Value with Accruals	**$5,046,598.31**	**$5,046,598.31**

Account Summary CONTINUED

Tax Summary	Current Period Value	Year-to-Date Value
Domestic Dividends/Distributions	5,152 53	124,286 34
Interest Income	3 48	1,479.33
Taxable Income	**$5,156.01**	**$125,765.67**

	Current Period Value	Year-to-Date Value
LT Capital Gain Distributions		31,643.91
ST Realized Gain/Loss		(26,294.68)
LT Realized Gain/Loss	(71,832.71)	(538,275 35)
Realized Gain/Loss	**($71,832.71)**	**($532,926.12)**

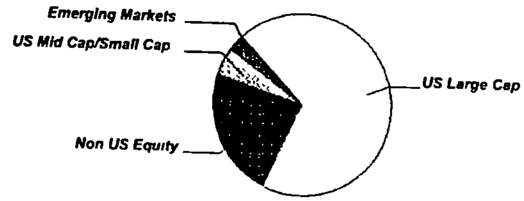
	To-Date Value
Unrealized Gain/Loss	**($1,224,208.59)**

Equity Summary

Asset Categories	Beginning Market Value	Ending Market Value	Change In Value	Current Allocation
US Large Cap	1,913,580 12	1,912,762 79	(817 33)	37%
US Mid Cap/Small Cap	282,025 00	127,700 00	(154,325 00)	3%
Non US Equity	499,167 09	635,790.86	136,623 77	13%
Emerging Markets	45,668.00	44,548.00	(1,120 00)	1%
Total Value	**$2,740,440.21**	**$2,720,801.65**	**($19,638.56)**	**54%**

Market Value/Cost	Current Period Value
Market Value	2,720,801.65
Tax Cost	3,844,588.47
Unrealized Gain/Loss	(1,123,786 82)
Estimated Annual Income	60,575 10
Accrued Dividends	4,974.62
Yield	2.23 %

Asset Categories



Equity Detail

	Quantity	Price	Market Value	Tax Cost	Unrealized Gain/Loss	Estimated Annual Income / Accrued Dividends	Yield
US Large Cap							
JPMORGAN INTREPID AMERICA FUND SELECT SHARE CLASS FUND 1206 4812A2-10-8 JPIA X	25,510.936	16 51	421,185 55	477,094 20	(55,908 64)	3,928.68	0 93 %
JPMORGAN US LARGE CAP CORE PLUS FUND SELECT FUND 1002 4812A2-38-9 JLPS X	41,447.055	14 69	608,857 24	859,611 92	(250,754 68)	7,584.81	1 25 %
SPDR TRUST SERIES 1 78462F-10-3 SPY	9,600 000	91 95	882,720 00	1,242,267.20	(359,547 20)	19,900 80 4,974 62	2 25 %
Total US Large Cap			**$1,912,762.79**	**$2,578,973.32**	**($666,210.52)**	**$31,414.29** **$4,974.62**	**1.64 %**
US Mid Cap/Small Cap							
ISHARES RUSSELL 2000 INDEX FUND 464287-65-5 IWM	2,500 000	51 08	127,700 00	195,542 85	(67,842.85)	1,405 00	1 10 %
Non US Equity							
CAUSEWAY INTERNATIONAL VALUE FUND 14949P-20-8 CIVI X	7,457 870	9 20	68,612 40	152,289.71	(83,677.31)	3,825.88	5.58 %
ISHARES MSCI EAFE INDEX FUND 464287-46-5 EFA	2,000 000	45 81	91,620 00	142,600 00	(50,980 00)	3,780.00	4.13 %

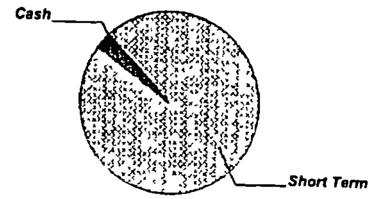
	Quantity	Price	Market Value	Tax Cost	Unrealized Gain/Loss	Estimated Annual Income / Accrued Dividends	Yield
Non US Equity							
JPMORGAN ASIA EQUITY FUND SELECT SHARE CLASS FUND 1134 4812A0-70-6 JPAS X	4,236 292	26 15	110,779.04	150,000 00	(39,220.96)	487 17	0.44 %
JPMORGAN INTREPID INTERNATIONAL FUND SELECT SHARE CLASS FUND # 1321 4812A2-21-5 JISI X	8,391 335	13 29	111,520.84	172,441 93	(60,921.09)	9,112 98	8.17 %
JPMORGAN INTERNATIONAL EQUITY INDEX FUND SELECT SHARE CLASS FUND 3132 4812C1-87-6 OIEA X	8,768 663	15.42	135,212 78	253,701 93	(118,489.15)	6,594 03	4.88 %
MATTHEWS PACIFIC TIGER FUND -CL I 577130-10-7 MAPT X	7,766.171	15 20	118,045.80	127,309 73	(9,263.94)	2,306.55	1.95 %
Total Non US Equity			**$635,790.86**	**$998,343.30**	**($362,552.45)**	**$26,106.61**	**4.11 %**
Emerging Markets							
VANGUARD EMERGING MARKET ETF 922042-85-8 VWO	1,400 000	31 82	44,548 00	71,729 00	(27,181.00)	1,649.20	3 70 %

Cash & Short Term Summary

Asset Categories	Beginning Market Value	Ending Market Value	Change In Value	Current Allocation
Cash	0 00	11,111 62	11,111 62	1%
Short Term	836,193 69	756,193.69	(80,000.00)	14%
Total Value	**$836,193.69**	**$767,305.31**	**($68,888.38)**	**15%**

Market Value/Cost	Current Period Value
Market Value	767,305.31
Tax Cost	767,305 31
Estimated Annual Income	3,032.54
Accrued Interest	296.91
Yield	0 40%

Asset Categories



Cash & Short Term Summary CONTINUED

SUMMARY BY MATURITY

Short Term	Market Value
Less than 3 months	756,193 69

SUMMARY BY TYPE

Short Term	Market Value	% of Bond Portfolio
Mutual Funds	756,193 69	100%

Note. [1] This is the Annual Percentage Yield (APY) which is the rate earned if balances remain on deposit for a full year with compounding, there is no change in the interest rate and all interest is left in the account

Cash & Short Term Detail

	Quantity	Price	Market Value	Tax Cost Adjusted / Original	Unrealized Gain/Loss	Estimated Annual Income / Accrued Interest	Yield
Cash							
US DOLLAR	11,111.62	1 00	11,111.62	11,111.62		7.77 2 07	0 07 % [1]
Short Term							
JPMORGAN PRIME MONEY MARKET FUND INSTITUTIONAL SHARE CLASS FUND 829 7-Day Annualized Yield .41% 4812A2-60-3	756,193 69	1.00	756,193.69	756,193 69		3,024.77 294.84	0 40%

J.P.Morgan

JPMorgan Chase Bank, N A.
P O Box 6076
Newark, DE 19714 - 6076

Primary Account: 000000000131641

For the Period 5/30/09 to 6/30/09

/024581138503/
00015141 DPB 802 165 18209 - NNNNNT 1 000000000 D1 0000
THE PLUMSOCK FUND
ATTN PAM SOLO
1 BRIDGE ST SUITE 200
NEWTON MA 02458 -1138

J.P. Morgan Team

Amanda B Frake	(800) 200-6728
Edgar Adiarte	
For assistance after business hours, 7 days a week	(800) 243-6727
Hearing Impaired	(800) 242-7383
Online access **www.MorganOnline.com**	

JPMorgan Private Checking

Checking Account Summary

	Amount
Beginning Balance	**3,561.44**
Deposits & Credits	0 15
Ending Balance	**$3,561.59**

Annual Percentage Yield Earned This Period*	0 05%
Interest Paid This Period	$0 15
Interest Paid Year-to-Date	$5 91

**Annual Percentage Yield Earned is an annualized rate that reflects the relationship between the amount of interest actually earned on the account during this statement period and the average daily balance in this account for the same period*

Fixed Income Summary

Asset Categories	Beginning Market Value	Ending Market Value	Change In Value	Current Allocation
US Fixed Income - Taxable	786,737.62	793,177 90	6,440 28	16%

Asset Categories

Market Value/Cost	Current Period Value
Market Value	793,177.90
Tax Cost	793,211 68
Unrealized Gain/Loss	(33.78)
Estimated Annual Income	34,757.71
Accrued Interest	2,448.49
Yield	4.38%

Fixed Income Summary CONTINUED

SUMMARY BY MATURITY

Fixed Income	Market Value	% of Bond Portfolio
Less than 5 years[1]	793,177 90	100%

SUMMARY BY TYPE

Fixed Income	Market Value	% of Bond Portfolio
Mutual Funds	793,177 90	100%

[1] The years indicate the number of years until the bond is scheduled to mature based on the statement end date. Some bonds may be called, or paid in full, before their stated maturity.

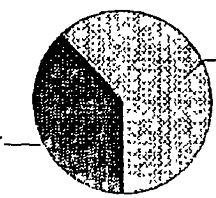
Fixed Income Detail

	Quantity	Price	Market Value	Tax Cost Adjusted / Original	Unrealized Gain/Loss	Estimated Annual Income / Accrued Interest	Yield
US Fixed Income - Taxable							
JPMORGAN TOTAL RETURN FUND SELECT FUND 3218 30-Day Annualized Yield 4 77% 4812A4-43-5	21,376 175	9 80	209,486 52	200,000 00	9,486 52	10,388 82 833 67	4 96 %
JPMORGAN HIGH YIELD BOND FUND SELECT CLASS FUND 3580 30-Day Annualized Yield 9 67% 4812C0-80-3	11,980 936	6.79	81,350 56	93,211.68	(11,861.12)	6,625 45 491.22	8 14 %
JPMORGAN SHORT DURATION BOND FUND SELECT CLASS FUND 3133 30-Day Annualized Yield 2 54% 4812C1-33-0	46,816.479	10.73	502,340 82	500,000.00	2,340 82	17,743.44 1,123.60	3 53 %
Total US Fixed Income - Taxable			**$793,177.90**	**$793,211.68**	**($33.78)**	**$34,757.71** **$2,448.49**	**4.38 %**

Other Assets Summary

Asset Categories	Beginning Estimated Value	Ending Estimated Value	Change In Value	Current Allocation
Structured Investments	545,033 49	468,300.63	(76,732 86)	9%
Other	130,761 25	289,292.80	158,531.55	6%
Total Value	**$675,794.74**	**$757,593.43**	**$81,798.69**	**15%**

Asset Categories



Other Assets Detail

	Quantity	Pnce	Estimated Value	Cost	Estimated Gain/Loss
Structured Investments					
BARCLAYS ARN SPX 9/09/10 (90/100/100-10% BUFFER-11 45% PMT) INTL LVL-SPX: 1479.37 DD 08/24/07 06738G-QD-5	50,000 000	63 25	31,625 00	50,000 00	(18,375 00)

	Quantity	Price	Estimated Value	Cost	Estimated Gain/Loss
Structured Investments					
CREDIT SUISSE BREN EAFE 9/23/09 10%BUFER 2XLEV 7.43%CAP 14 86%MAX DD 9/5/08 22546E-CW-2	100,000 000	85 57	85,570.00	100,000 00	(14,430.00)
CREDIT SUISSE BREN AIB 5/03/10 10%BUFFER 2XLEV 10.90%CAP 21 8%MAX DD 05/22/09 22546E-JG-0	50,000.000	99 09	49,545 00	50,000.00	(455.00)
HSBC SARN SPX 3/01/11 (90/100/100/-10%BUFF-15.2%PYMT) INITIAL LEVEL-SPX.2/12/09 835 19 4042K0-VG-7	50,000.000	107 63	53,815.00	50,000.00	3,815.00
JPM ISSUED 2 YR NOTE C-IGAR CONDITIONAL LONG/SHORT II ADDL AMOUNT 4 50% INITIAL LEVEL. 145 68424 DD 03/12/08 MAT DATE 03/18/10 48123M-ZW-5	100,000.000	67.99	67,985.80	100,000.00	(32,014.20)
JPMORGAN CHASE SARN SPX 2/24/11 (90/100/100-10%BUFF-16.2% PYMT) INITIAL LEVEL-SPX 2/06/09 869 89 48123L-E5-9	26,000.000	105 92	27,540.26	26,000.00	1,540.26
JPMORGAN CHASE SARN SPX 4/08/10 SEMI-ANNUAL REVIEW NOTES LINKED TO THE SPX (90/100-10%BUFFER-8.75%PAYMENT) INITIAL LEVEL-SPX 3/20/09. 822.92 48123L-Q2-3	54,000.000	107 15	57,859.12	54,000.00	3,859.12

	Quantity	Price	Estimated Value	Cost	Estimated Gain/Loss
Structured Investments					
MORGAN STANLEY ARN SPX 2/09/11 (90/100/100-10%BUFF -10.75%PYMT) INITIAL LEVEL-SPX.1330 61 DD 01/25/08 617446-3B-3	50,000.000	71.90	35,947 50	50,000.00	(14,052 50)
MORGAN STANLEY BREN LKD TO ASIA BASKET MAT 06/30/10(10%BUFFER-2XLEV-9.25% CAP-18 5%MAXPYMT) INITIAL LEVEL -ASIA BASKET 06/05/09.100 00 617482-FV-1	59,000.000	99 01	58,412 95	59,000 00	(587.05)
Total Structured Investments			**$468,300.63**	**$539,000.00**	**($70,699.37)**
Other					
HIGHBRIDGE STATISTICAL MARKET NEUTRAL FUND SELECT SHARES FUND # 1011 4812A2-43-9 HSKS X	5,778.953	16.14	93,272 30	88,475.77	4,796.53
IPATH GOLDMAN SACHS CRUDE OIL 06738C-78-6 OIL	1,550 000	25.03	38,796.50	27,310 85	11,485.65
ISHARES RUSSELL MIDCAP INDEX FUND 464287-49-9 IWR	2,400 000	65 51	157,224.00	203,194 80	(45,970.80)
Total Other			**$289,292.80**	**$318,981.42**	**($29,688.62)**