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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)

Department of the Treasury Internal Revenue Service

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

A For the 2011 calendar year, or tax year beginning 07/01, 2011, and ending 06/30, 2012

Form 990 header section containing organization name (THE MURDOCK FUND), EIN (04-6029917), address (WINCHENDON, MA 01475), and other identifying information.

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block containing the signature of F. Richard Ladeau, Trustee, dated Nov. 9, 2012.

Preparer information section for Andrew Correia, dated 10/17/2012, representing Silver Bridge Advisors, LLC.

May the IRS discuss this return with the preparer shown above? [X] Yes [ ] No

For Paperwork Reduction Act Notice, see the separate instructions. Form 990 (2011)

SCANNED DEC 10 2012

**Part III** Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission.

THE FUND IS REQUIRED, BY TERMS OF ITS CHARTER, TO DISTRIBUTE ITS CURRENT NET INCOME TO THE TOWN OF WINCHENDON

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 organization's program service accomplishments for each of its three largest program services, as measured 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 \$ \_\_\_\_\_ including grants of \$ 150,079.) (Revenue \$ \_\_\_\_\_)  
TOWN OF WINCHENDON

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 ►

Part IV Checklist of Required Schedules

Table with 3 columns: Question number, Yes, No. Rows 1-20b detailing various organizational requirements and their status.

**Part IV Checklist of Required Schedules (continued)**

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i> . . . . .	X	
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i> . . . . .		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i> . . . . .		X
24 a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If No, go to line 25.</i> . . . . .		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .		X
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? . . . . .		X
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .		X
25 a <b>Section 501(c)(3) and 501(c)(4) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i> . . . . .		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? <i>If "Yes," complete Schedule L, Part II.</i> . . . . .		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i> . . . . .		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions). . . . .		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i> . . . . .		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i> . . . . .		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i> . . . . .		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part I.</i> . . . . .		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1.</i> . . . . .		X
35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .		X
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		X
36 <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i> . . . . .		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? <i>If "Yes," complete Schedule R, Part VI.</i> . . . . .		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O. . . . .	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V.

Form with questions 1a through 14b regarding IRS filings and tax compliance, including sections on backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, and contributions.

**Part VI Governance, Management, and Disclosure** For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI  X

**Section A. Governing Body and Management**

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year. If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. <span style="float: right;">1a 5</span>		
b	Enter the number of voting members included in line 1a, above, who are independent <span style="float: right;">1b 5</span>		
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?	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?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	X	
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?		X
9	Is there any officer, director, 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		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done		
13	Did the organization have a written whistleblower policy?		X
14	Did the organization have a written document retention and destruction policy?		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		X
b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, 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?		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?		

**Section C. Disclosure**

- 17 List the states with which a copy of this Form 990 is required to be filed Massachusetts
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made 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 made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: SILVER BRIDGE ADVISORS LLC TEL: (617) 502-9472

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

Check if Schedule O contains a response to any question in this Part VII

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- 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.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT GREENWOOD TRUSTEE	10	X					1,200	NONE	NONE	
(2) F. RICHARD LADEAU TREASURER	20	X					1,500	NONE	NONE	
(3) MARTIN A. PARKS TRUSTEE	10	X					1,200	NONE	NONE	
(4) RICHARD J. LADEAU TRUSTEE	10	X					1,200	NONE	NONE	
(5) GLENN A. HUNT TRUSTEE	10	X					1,200	NONE	NONE	
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(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
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) -----										
(16) -----										
(17) -----										
(18) -----										
(19) -----										
(20) -----										
(21) -----										
(22) -----										
(23) -----										
(24) -----										
(25) -----										
<b>1b Sub-total</b> .....										
<b>c Total from continuation sheets to Part VII, Section A</b> .....										
<b>d Total (add lines 1b and 1c)</b> .....							6,300	NONE	NONE	

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

- 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* . . . . .
- 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* . . . . .
- 5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If Yes, complete Schedule J for such person* . . . . .

	Yes	No
<b>3</b>		X
<b>4</b>		X
<b>5</b>		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. Report compensation for the calendar year ending with or within the organization's tax year.

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

**2** Total number of independent contractors (including but not limited to those listed above) 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
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b> Federated campaigns . . . . .	<b>1a</b>					
	<b>b</b> Membership dues . . . . .	<b>1b</b>					
	<b>c</b> Fundraising events . . . . .	<b>1c</b>					
	<b>d</b> Related organizations . . . . .	<b>1d</b>					
	<b>e</b> Government grants (contributions) . .	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .	<b>1f</b>					
	<b>g</b> Noncash contributions included in lines 1a-1f \$						
	<b>h Total</b> Add lines 1a-1f . . . . .						
<b>Program Service Revenue</b>			<b>Business Code</b>				
	<b>2a</b> _____						
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue . . . . .						
<b>g Total</b> Add lines 2a-2f . . . . .							
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) . . . . .			87,493.			87,493.
	<b>4</b> Income from investment of tax-exempt bond proceeds . . . . .						
	<b>5</b> Royalties . . . . .	(i) Real	(ii) Personal				
	<b>6a</b> Gross rents . . . . .						
	<b>b</b> Less rental expenses . . . . .						
	<b>c</b> Rental income or (loss) . . . . .						
	<b>d</b> Net rental income or (loss) . . . . .						
	<b>7a</b> Gross amount from sales of assets other than inventory . . . . .	(i) Securities	(ii) Other	667,954			
	<b>b</b> Less cost or other basis and sales expenses . . . . .			572,104			
	<b>c</b> Gain or (loss) . . . . .			95,850			
	<b>d</b> Net gain or (loss) . . . . .			95,850.			95,850.
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 . . . . .	<b>a</b>					
	<b>b</b> Less direct expenses . . . . .	<b>b</b>					
	<b>c</b> Net income or (loss) from fundraising events . . . . .						
	<b>9a</b> Gross income from gaming activities See Part IV, line 19 . . . . .	<b>a</b>					
<b>b</b> Less direct expenses . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from gaming activities . . . . .							
<b>10a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>a</b>						
<b>b</b> Less cost of goods sold . . . . .	<b>b</b>						
<b>c</b> Net income or (loss) from sales of inventory . . . . .							
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11a</b> _____							
<b>b</b> _____							
<b>c</b> _____							
<b>d</b> All other revenue . . . . .							
<b>e Total.</b> Add lines 11a-11d . . . . .							
<b>12 Total revenue.</b> See instructions . . . . .				183,343.			183,343.

**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)

Check if Schedule O contains a response to any question in this Part IX

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 United States. See Part IV, line 21 . . . . .	150,079.	150,079.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22 . . . . .				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16 . . . . .				
4 Benefits paid to or for members . . . . .				
5 Compensation of current officers, directors, trustees, and key employees . . . . .	6,300.		6,300.	
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 accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
9 Other employee benefits . . . . .				
10 Payroll taxes . . . . .				
11 Fees for services (non-employees):				
a Management . . . . .				
b Legal . . . . .				
c Accounting . . . . .	1,088.	1,088.		
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 (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a -----				
b -----				
c -----				
d -----				
e All other expenses -----	33,617.	35.	33,582.	
25 Total functional expenses. Add lines 1 through 24e	191,084.	151,202.	39,882.	NONE
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing . . . . .		1
	2	Savings and temporary cash investments . . . . .	213,139.	2
	3	Pledges and grants receivable, net . . . . .		3
	4	Accounts receivable, net . . . . .		4
	5	Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .		5
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) . . . . .		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 or other basis. Complete Part VI of Schedule D . . . . .	10a	
	b	Less: accumulated depreciation . . . . .	10b	10c
	11	Investments - publicly traded securities . . . . .	2,906,009.	11
	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	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	3,119,148.	16	3,111,407.
Liabilities	17	Accounts payable and accrued expenses . . . . .		17
	18	Grants payable . . . . .		18
	19	Deferred revenue . . . . .		19
	20	Tax-exempt bond liabilities . . . . .		20
	21	Escrow or custodial 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 to unrelated third parties . . . . .		24
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .		25
	26	<b>Total liabilities.</b> Add lines 17 through 25 . . . . .	NONE	26
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input type="checkbox"/> 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 <input checked="" type="checkbox"/> and complete lines 30 through 34.			
	30	Capital stock or trust principal, or current funds . . . . .		30
	31	Paid-in or capital surplus, or land, building, or equipment fund . . . . .		31
	32	Retained earnings, endowment, accumulated income, or other funds . . . . .	3,119,148.	32
33	<b>Total net assets or fund balances</b> . . . . .	3,119,148.	33	3,111,407.
34	<b>Total liabilities and net assets/fund balances</b> . . . . .	3,119,148.	34	3,111,407.

**Part XI Reconciliation of Net Assets**

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	1	183,343.
2	Total expenses (must equal Part IX, column (A), line 25) . . . . .	2	191,084.
3	Revenue less expenses. Subtract line 2 from line 1 . . . . .	3	-7,741.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	4	3,119,148.
5	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	5	
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B)) . . . . .	6	3,111,407.

**Part XII Financial Statements and Reporting**

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . .		X
2b	Were the organization's financial statements audited by an independent accountant? . . . . .		X
2c	If "Yes" to line 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? . . . . . If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
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? . . . . .		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
(Form 990 or 990-EZ)

**Public Charity Status and Public Support**

OMB No 1545-0047

**2011**

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

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

Name of the organization <b>THE MURDOCK FUND</b>	Employer identification number <b>04-6029917</b>
---	---

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is (For lines 1 through 11, check only one box.)

- 1  A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
- 2  A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)
- 3  A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).
- 4  A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state. \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 8  A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)
- 9  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.)
- 10  An organization organized and operated exclusively to test for public safety. See section 509(a)(4).
- 11  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a  Type I      b  Type II      c  Type III - Functionally integrated      d  Type III - Other
- e  By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box.
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
  - (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? 

	Yes	No
11g(i)		X
  - (ii) A family member of a person described in (i) above? 

	Yes	No
11g(ii)		X
  - (iii) A 35% controlled entity of a person described in (i) or (ii) above? 

	Yes	No
11g(iii)		X
- h Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the US?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
(A) SEE PART IV									
(B)									
(C)									
(D)									
(E)									
<b>Total</b>									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2011

**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 or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support						N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .						
<b>4 Total.</b> Add lines 1 through 3 . . . . .						
<b>5</b> 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). . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
<b>7</b> Amounts from line 4 . . . . .						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						
<b>10</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .						
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						
<b>12</b> Gross receipts from related activities, etc (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . . ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
<b>14</b> Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) . . . . .	14	%
<b>15</b> Public support percentage from 2010 Schedule A, Part II, line 14 . . . . .	15	%
<b>16a 33 1/3% support test - 2011.</b> 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 . . . . . ▶ <input type="checkbox"/>		
<b>b 33 1/3% support test - 2010.</b> 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 . . . . . ▶ <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test - 2011.</b> 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 . . . . . ▶ <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test - 2010.</b> 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 . . . . . ▶ <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . ▶ <input type="checkbox"/>		

**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 or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						N/A
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ▶ <input type="checkbox"/>						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%
19a 33 1/3% support tests - 2011. 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 ▶ <input type="checkbox"/>		
b 33 1/3% support tests - 2010. 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 ▶ <input type="checkbox"/>		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ <input type="checkbox"/>		

**Part IV** **Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE A, PART I (h) - INFORMATION ABOUT SUPPORTED ORGANIZATIONS  
=====

NAME OF SUPPORTED ORGANIZATION:

TOWN OF WINCHENDON, MA

TYPE OF ORGANIZATION FROM PART I: 8

IS THE ORGANIZATION LISTED IN GOVERNING DOCUMENT?: YES

DID YOU NOTIFY THE ORGANIZATION OF YOUR SUPPORT?: YES

IS THE ORGANIZATION ORGANIZED IN THE U.S.?: YES

AMOUNT OF SUPPORT: ..... 150,079.

TOTAL SUPPORT: -----  
150,079.  
=====

**SCHEDULE I  
(Form 990)**

**Grants and Other Assistance to Organizations,  
Governments, and Individuals in the United States**

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

OMB No. 1545-0047

**2011**

**Open to Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

Employer identification number

04-6029917

THE MURDOCK FUND

**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?  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" to 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. Part II can be duplicated 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
1	(1) SEE STATEMENT 1							
2	(2)							
3	(3)							
4	(4)							
5	(5)							
6	(6)							
7	(7)							
8	(8)							
9	(9)							
10	(10)							
11	(11)							
12	(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

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Schedule I (Form 990) (2011)



SCHEDULE O  
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2011

Open to Public  
Inspection

Department of the Treasury  
Internal Revenue Service

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

Name of the organization

THE MURDOCK FUND

Employer identification number

04-6029917

DESCRIPTION OF REASONABLE EFFORTS UNDERTAKEN

FORM 990, PAGE 6, PART VI, LINE 2

F. RICHARD LADEAU AND RICHARD J. LADEAU ARE SECOND COUSINS

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 6

THE ORGANIZATION HAS MEMBERS AND NOT STOCKHOLDERS

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 7a

THE MEMBERS MAY ELECT ADDITIONAL MEMBERS OF THE GOVERNING BODY

EXPLANATION FOR FORM 990, PAGE 6, PART VI, LINE 8a

MINUTES OF THE MEETINGS WERE TAKEN

FORM 990, PAGE 6, PART VI, LINE 11-DESCRIPTION OF PROCESS FOR REVIEW

THE GOVERNING BODY WERE PRESENTED THE TAX RETURN AND REVIEWED IT  
BEFORE IT WAS SIGNED

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 18

THE TAX RETURN IS AVAILABLE UPON REQUEST

DESCRIPTION FOR MAKING DOCUMENTS PUBLIC

FORM 990, PAGE 6, PART VI, LINE 19

FINANCIAL STATEMENTS AND GOVERNING DOCUMENTS ARE AVAILABLE UPON  
REQUEST

Name of the organization

Employer identification number

THE MURDOCK FUND

04-6029917

ESTIMATE OF AVERAGE HOURS PER WEEK DEVOTED TO RELATED ORGANIZATIONS

FORM 990, PAGE 7, PART VII, SECTION A

SCOTT GREEN WOOD 10

F. RICHARD LADEAU 20

MARTIN A. PARKS 10

RICHARD J. LADEAU 10

GLENN A. HUNT 10

THE MURDOCK FUND

04-6029917

SCH I, PART II - GRANTS AND OTHER ASSISTANCE TO ORG'S INSIDE THE US

NAME OF ORGANIZATION:

TOWN OF WINCHENDON, MA

IRC SECTION:

8

AMOUNT OF CASH GRANT..... 150,079.

TOTAL CASH GRANTS..... 150,079.

Silver Bridge

## Investment Detail

23205008827 | MURDOCK FUND

17-Jul-2012 9 36 AM ET

Asset Types: Cash, Cash Equivalents, Domestic Equity, Fixed Income, International Equity, International Fixed Income, Other

Data Current as of: 30-Jun-2012

## SUMMARY

Asset Type	Market Value	Total Cost
Cash	\$142,565.96	\$142,565.96
Domestic Equity	\$516,230.47	\$444,289.45
Fixed Income	\$1,370,034.49	\$1,259,937.30
International Equity	\$537,025.56	\$450,240.93
<b>Totals</b>	<b>\$2,565,856.48</b>	<b>\$2,297,033.64</b>

## DETAIL

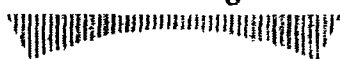
Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
<b>Cash</b>					
CASH - INCOME	-	80,107.2700	1.0000	\$80,107.27	\$80,107.27
CASH - INVESTED INCOME	-	(80,107.2700)	1.0000	(\$80,107.27)	(\$80,107.27)
DREYFUS INS CASH ADVANTAGE I Ticker DADXX   Asset ID 26200V104	26200V104 DADXX	62,458.6900	100.0000%	\$62,458.69	\$62,458.69
DREYFUS INS CASH ADVANTAGE I Ticker DADXX   Asset ID 26200V104	26200V104 DADXX	80,107.2700	100.0000%	\$80,107.27	\$80,107.27
<b>Subtotal</b>				<b>\$142,565.96</b>	<b>\$142,565.96</b>
<b>Domestic Equity</b>					
ALGER SMIDCAP GROWTH I Ticker ASIMX   Asset ID 015565468	015565468 ASIMX	5,175.0260	16.5400	\$85,594.93	\$46,455.59
ASTON TAMRO SMALL CAP FUND I Ticker ATSIX   Asset ID 00078H141	00078H141 ATSIX	7,685.9270	20.6800	\$158,944.97	\$140,868.18
DIAMOND HILL LONG/SHORT-I Ticker DHLSX   Asset ID 25264S833	25264S833 DHLSX	5,014.3180	17.4100	\$87,299.28	\$87,550.00
GATEWAY FUND	367829884	3,886.2850	27.0000	\$104,929.69	\$103,360.00

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
Y Ticker GTEYX   Asset ID 367829884	GTEYX				
WALTHAUSEN SMALL CAP VALUE Ticker WSCVX   Asset ID 933310104	933310104 WSCVX	4,778 2080	16 6300	\$79,461.60	\$66,055.68
<b>Subtotal</b>				<b>\$516,230.47</b>	<b>\$444,289.45</b>
<b>Fixed Income</b>					
BANK AMER MTN V-A 5 000% 8/18/25 Asset ID 06048WDA5	06048WDA5	50,000 0000	97 8490%	\$48,924 50	\$50,000 00
CATERPILLAR INC 5 700% 8/15/16 Asset ID 149123BM2	149123BM2	50,000 0000	117 8160%	\$58,908 00	\$49,614 50
COMCAST CORP 5 875% 2/15/18 Asset ID 20030NAR2	20030NAR2	50,000 0000	118 2480%	\$59,124 00	\$51,952 00
CVS CAREMARK CORP 3 250% 5/18/15 Asset ID 126650BT6	126650BT6	50,000 0000	105 2600%	\$52,630 00	\$52,186 33
DELAWARE HIGH YIELD OPPORT I Ticker DHOIX   Asset ID 245908843	245908843 DHOIX	9,907 1220	4 0700	\$40,321 99	\$32,000 00
DR PEPPER SNAPPLE 2 350% 12/21/12 Asset ID 26138EAL3	26138EAL3	50,000 0000	100 7760%	\$50,388 00	\$51,165 00
FHLB 4 750% 12/12/14 Asset ID 3133XN5L9	3133XN5L9	100,000 0000	110 1770%	\$110,177 00	\$103,445 00
FHLMC 4 500% 1/15/13 Asset ID 3134A4SA3	3134A4SA3	100,000 0000	102 2820%	\$102,282 00	\$96,115 00
FNMA 4 375% 10/15/15 Asset ID 31359MZC0	31359MZC0	100,000 0000	112 2420%	\$112,242 00	\$108,915 80
GE CAPITAL ABS 3 690% 7/15/15 Asset ID 36159JBM2	36159JBM2	100,000 0000	100 0000%	\$100,000 00	\$103,820 31
GENERAL ELECTRIC MTN 5 450% 1/15/13 Asset ID 36962GZY3	36962GZY3	50,000 0000	102 5840%	\$51,292 00	\$49,709 65
GOLDMAN SACHS 5 125% 1/15/15 Asset	38141GEA8	50,000 0000	104 4050%	\$52,202 50	\$47,321 50

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
ID 38141GEA8 JP MORGAN CHASE 6 000% 1/15/18 Asset ID 46625HGY0	46625HGY0 -	50,000 0000	114 7860%	\$57,393 00	\$48,552 00
LORILLARD TOBACCO CO 6 875% 5/01/20 Asset ID 544152AB7	544152AB7 -	75,000 0000	118 2560%	\$88,692 00	\$77,642 25
MORGAN STANLEY 5 375% 10/15/15 Asset ID 61746SBR9	61746SBR9 -	50,000 0000	102 2220%	\$51,111 00	\$45,641 50
ORACLE CORP 5 250% 1/15/16 Asset ID 68402LAC8	68402LAC8 -	50,000 0000	114 6540%	\$57,327 00	\$48,048 50
PITNEY BOWES INC 4 625% 10/01/12 Asset ID 724479AF7	724479AF7 -	50,000 0000	100 9910%	\$50,495 50	\$47,952 50
U S TREASURY BONDS 5 125% 5/15/16 Asset ID 912828FF2	912828FF2 -	100,000 0000	117 3830%	\$117,383 00	\$100,429 69
U S TREASURY NOTES 4 250% 11/15/14 Asset ID 912828DC1	912828DC1 -	100,000 0000	109 1410%	\$109,141 00	\$95,425 77
<b>Subtotal</b>				<b>\$1,370,034.49</b>	<b>\$1,259,937.30</b>
<b>International Equity</b>					
ARTISAN INTL VALUE FUND-INV Ticker ARTKX   Asset ID 04314H881	04314H881 ARTKX	7,684 7880	26 4700	\$203,416 34	\$123,878 79
HARBOR INTERNATIONAL GRO-INS Ticker HAIGX   Asset ID 411511801	411511801 HAIGX	14,090 1040	10 9400	\$154,145 74	\$175,140.00
HARDING LOEVNER EMERGING MARKETS Ticker.HLEMX   Asset ID 412295305	412295305 HLEMX	2,274 3820	45.7600	\$104,075 72	\$81,886 59
MATTHEWS ASIA DIVIDEND FUND Ticker MAPIX   Asset ID 577125107	577125107 MAPIX	4,015 7110	13 3700	\$53,690 06	\$51,120 00
MATTHEWS PACIFIC TIGER FD-I Ticker MAPTX   Asset ID 577130107	577130107 MAPTX	1,000 3550	21 6900	\$21,697 70	\$18,215 55

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
<b>Subtotal</b>				<b>\$537,025.56</b>	<b>\$450,240.93</b>

## Silver Bridge



## Investment Detail

23205008827E | MURDOCK FUND - LCE

17-Jul-2012 9:37 AM ET

Asset Types: Cash, Cash Equivalents, Domestic Equity, Fixed Income, International Equity, International Fixed Income, Other

Data Current as of: 30-Jun-2012

## SUMMARY

Asset Type	Market Value	Total Cost
Cash	\$71,551.03	\$71,551.03
Domestic Equity	\$974,974.60	\$714,503.37
International Equity	\$42,045.70	\$28,319.28
<b>Totals</b>	<b>\$1,088,571.33</b>	<b>\$814,373.68</b>

## DETAIL

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
<b>Cash</b>					
CASH - INCOME	-	2,578.6500	1.0000	\$2,578.65	\$2,578.65
CASH - INVESTED INCOME	-	(2,578.6500)	1.0000	(\$2,578.65)	(\$2,578.65)
DREYFUS INS CASH ADVANTAGE	26200V104 DADXX	68,972.3800	100.0000%	\$68,972.38	\$68,972.38
Ticker DADXX   Asset ID 26200V104					
DREYFUS INS CASH ADVANTAGE	26200V104 DADXX	2,578.6500	100.0000%	\$2,578.65	\$2,578.65
Ticker DADXX   Asset ID 26200V104					
<b>Subtotal</b>				<b>\$71,551.03</b>	<b>\$71,551.03</b>
<b>Domestic Equity</b>					
ABBOTT LABS	002824100	415.0000	64.4700	\$26,755.05	\$19,719.32
Ticker ABT   Asset ID 002824100					
AFLAC INC	001055102	820.0000	42.5900	\$34,923.80	\$29,091.68
Ticker AFL   Asset ID 001055102					
AMAZON COM INC	023135106	120.0000	228.3500	\$27,402.00	\$18,649.23
Ticker AMZN   Asset ID 023135106					
AMERIPRISE FINANCIAL INC	03076C106	495.0000	52.2600	\$25,868.70	\$29,127.73
Ticker AMP   Asset ID 03076C106					
AMGEN INC	031162100	285.0000	72.9100	\$20,779.35	\$15,854.14
Ticker AMGN   Asset ID 031162100					
APPLE INC	037833100	90.0000	584.0000	\$52,560.00	\$8,701.16
Ticker AAPL   Asset ID 037833100					
BAKER HUGHES INC	057224107	265.0000	41.1000	\$10,891.50	\$10,947.65
Ticker BHI					

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
Ticker BHI   Asset ID 057224107					
BAXTER INTL INC Ticker BAX   Asset ID 071813109	071813109 BAX	175 0000	53 1500	\$9,301 25	\$8,928 17
CELGENE CORP Ticker CELG   Asset ID 151020104	151020104 CELG	380 0000	64 1600	\$24,380 80	\$19,045 86
CHESAPEAKE ENERGY CORP Ticker CHK   Asset ID 165167107	165167107 CHK	1,198 0000	18 6000	\$22,282 80	\$35,222 12
CHEVRON CORPORATION Ticker CVX   Asset ID 166764100	166764100 CVX	200 0000	105 5000	\$21,100 00	\$12,162 80
COLGATE PALMOLIVE CO Ticker CL   Asset ID 194162103	194162103 CL	225 0000	104 1000	\$23,422 50	\$18,657.72
COMCAST CORP- CL A Ticker CMCSA   Asset ID 20030N101	20030N101 CMCSA	960 0000	31 9700	\$30,691 20	\$15,611 42
CONCHO RESOURCES Ticker CXO   Asset ID 20605P101	20605P101 CXO	153 0000	85 1200	\$13,023 36	\$14,620 50
CONSTELLATION BRANDS INC Ticker STZ   Asset ID 21036P108	21036P108 STZ	805 0000	27 0600	\$21,783 30	\$15,949 76
DISCOVERY COMMUNICATIONS CL A Ticker DISCA   Asset ID 25470F104	25470F104 DISCA	330 0000	54 0000	\$17,820 00	\$13,170 30
EMERSON ELEC CO Ticker EMR   Asset ID 291011104	291011104 EMR	330 0000	46 5800	\$15,371 40	\$11,005 77
ENERGIZER HLDGS INC Ticker ENR   Asset ID 29266R108	29266R108 ENR	285 0000	75 2500	\$21,446 25	\$20,975 17
EXXON MOBIL CORPORATION Ticker XOM   Asset ID 30231G102	30231G102 XOM	210 0000	85 5700	\$17,969 70	\$460 80
FEDEX CORPORATION Ticker FDX   Asset ID 31428X106	31428X106 FDX	185 0000	91 6100	\$16,947 85	\$15,926 24
GENERAL ELECTRIC CORP Ticker GE   Asset ID 369604103	369604103 GE	1,275 0000	20 8400	\$26,571 00	\$6,013 80
GOOGLE INC-CL A Ticker GOOG   Asset ID 38259P508	38259P508 GOOG	20 0000	580 0700	\$11,601 40	\$11,999 53
HOLOGIC INC Ticker HOLX   Asset ID 436440101	436440101 HOLX	1,330.0000	18 0400	\$23,993 20	\$22,057.81
HONEYWELL INTERNATIONAL INC Ticker HON   Asset	438516106 HON	420 0000	55 8400	\$23,452 80	\$20,742 39

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
ID 438516106					
INTEL CORP Ticker INTC   Asset ID 458140100	458140100 INTC	1,010 0000	26 6500	\$26,916 50	\$20,357 28
INTERNATIONAL BUSINESS MACHINES CORP Ticker IBM   Asset ID 459200101	459200101 IBM	140 0000	195 5800	\$27,381 20	\$2,204 04
JP MORGAN CHASE & CO Ticker JPM   Asset ID 46625H100	46625H100 JPM	545 0000	35 7300	\$19,472 85	\$25,385.95
KROGER CO Ticker KR   Asset ID 501044101	501044101 KR	1,195 0000	23 1900	\$27,712 05	\$28,439 55
MCDONALDS CORP Ticker MCD   Asset ID 580135101	580135101 MCD	315 0000	88 5300	\$27,886 95	\$17,647 52
MICROSOFT CORP Ticker MSFT   Asset ID 594918104	594918104 MSFT	1,400 0000	30 5900	\$42,826 00	\$42,321 66
NATIONAL- OILWELL INC Ticker NOV   Asset ID 637071101	637071101 NOV	265 0000	64 4400	\$17,076 60	\$18,930 34
PROCTER & GAMBLE CO Ticker PG   Asset ID 742718109	742718109 PG	330 0000	61 2500	\$20,212 50	\$1,355 64
QUALCOMM INC Ticker QCOM   Asset ID 747525103	747525103 QCOM	530 0000	55 6800	\$29,510 40	\$20,910 47
SKYWORKS SOLUTIONS INC Ticker SWKS   Asset ID 83088M102	83088M102 SWKS	972 0000	27 3200	\$26,555 04	\$18,943 21
TARGET CORP Ticker TGT   Asset ID 87612E106	87612E106 TGT	420 0000	58 1900	\$24,439 80	\$21,933 38
THE MOSAIC COMPANY Ticker MOS   Asset ID 61945C103	61945C103 MOS	305 0000	54 7600	\$16,701 80	\$15,865 65
UNITED TECHNOLOGIES CORP Ticker UTX   Asset ID 913017109	913017109 UTX	230 0000	75 5300	\$17,371 90	\$575 05
US BANCORP NEW Ticker USB   Asset ID 902973304	902973304 USB	940 0000	32 1600	\$30,230 40	\$23,493 01
VERIZON COMMUNICATIONS Ticker VZ   Asset ID 92343V104	92343V104 VZ	895 0000	44 4400	\$39,773 80	\$28,627 07
WELLS FARGO & CO Ticker WFC   Asset ID 949746101	949746101 WFC	655 0000	33 4400	\$21,903 20	\$15,578 93
ZIMMER HLDGS INC Ticker ZMH   Asset	98956P102 ZMH	290 0000	64 3600	\$18,664 40	\$17,293 55

Asset Name	CUSIP Ticker	Quantity	Current Price	Market Value	Total Cost
ID 98956P102					
<b>Subtotal</b>				<b>\$974,974.60</b>	<b>\$714,503.37</b>
<b>International Equity</b>					
DIAGEO PLC SPONS ADR Ticker DEO   Asset ID 25243Q205	25243Q205 DEO	230 0000	103 0700	\$23,706 10	\$16,353 29
TEVA PHARMACEUTICAL INDS LTD ADR Ticker TEVA   Asset ID 881624209	881624209 TEVA	465 0000	39 4400	\$18,339 60	\$11,965 99
<b>Subtotal</b>				<b>\$42,045.70</b>	<b>\$28,319.28</b>