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Form **990****Return of Organization Exempt From Income Tax**Department of the Treasury
Internal Revenue ServiceUnder section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung
benefit trust or private foundation)

OMB No 1545-0047

2010Open to Public
Inspection

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

ENVELOPE
POSTMARK DATE MAY 16 2011

A For the 2010 calendar year, or tax year beginning		, and ending	
<input checked="" type="checkbox"/> Check if applicable	C Name of organization	HOPE ABBEY CHAR TRUST	
<input checked="" type="checkbox"/> Address change	Doing Business As		
<input type="checkbox"/> Name change	Number and street (or P O box if mail is not delivered to street address)		
<input type="checkbox"/> Initial return	Room/suite		
<input type="checkbox"/> Terminated	37-1055451		
<input type="checkbox"/> Amended return	E Telephone number		
<input type="checkbox"/> Application pending	888-730-4933		
Wells Fargo Bank N.A. - 1919 Douglas St 2nd FL MACN800		G Gross receipts \$	
City or town, state or country, and ZIP + 4		51,237	
Omaha NE 68102-1317		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
WELLS FARGO BANK N A. 1919 Douglas St 2nd FL MACN8000-027		If "No," attach a list (see instructions)	
I Tax-exempt status <input type="checkbox"/> 501(c)(3) <input checked="" type="checkbox"/> 501(c) (13) (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ►	
J Website: ► N/A		K Form of organization <input type="checkbox"/> Corporation <input checked="" type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ►	
		L Year of formation 1990 M State of legal domicile IL	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities. TRUST GENERATES PORTFOLIO INCOME WHICH IS USED FOR THE MAINTENANCE AND UPKEEP OF THE HOPE ABBEY CEMETERY.																			
	2 Check this box ► <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets																			
Revenue	3 Number of voting members of the governing body (Part VI, line 1a) 3 1																			
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 1																			
Expenses	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a) 5 0																			
	6 Total number of volunteers (estimate if necessary) 6 0																			
Net Assets or Fund Balances	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0																			
	b Net unrelated business taxable income from Form 990-T, line 34 7b 0																			
<table border="1" style="float: left; margin-right: 10px;"> <tr><td>8 Contributions and grants (Part VIII, line 15) MAY 17 2011</td></tr> <tr><td>9 Program service revenue (Part VIII, line 2g)</td></tr> <tr><td>10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) IRS-OSC</td></tr> <tr><td>11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)</td></tr> <tr><td>12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)</td></tr> </table> <table border="1" style="float: left;"> <tr><td colspan="2">Prior Year</td></tr> <tr><td colspan="2">Current Year</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>-11,171</td><td>3,380</td></tr> <tr><td>0</td><td>0</td></tr> <tr><td>-11,171</td><td>3,380</td></tr> </table>		8 Contributions and grants (Part VIII, line 15) MAY 17 2011	9 Program service revenue (Part VIII, line 2g)	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) IRS-OSC	11 Other revenue (Part VIII, column (A), lines 5-6d, 8c, 9c, 10c, and 11e)	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	Prior Year		Current Year		0	0	0	0	-11,171	3,380	0	0	-11,171	3,380
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0	0																			
99,894	100,296																			

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	<i>John N Sulentic</i>	Date 5/4/2011
	Signature of officer JOHN N. SULENTIC	VP & TRUST OFFICER
Type or print name and title		

Paid Preparer's Use Only	Print/Type preparer's name Donald J. Roman	Preparer's signature <i>Donald J. Roman</i>	Date 5/10/2011	Check <input checked="" type="checkbox"/> if self-employed	PTIN P00364310
	Firm's name ► PRICEWATERHOUSECOOPERS, LLP		Firm's EIN ► 13-4008324		
	Firm's address ► 600 GRANT STREET 15219-2777		Phone no (412) 355-6000		

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

For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2010)

(HTA)

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

TRUST GENERATES PORTFOLIO INCOME WHICH IS USED FOR THE MAINTENANCE AND UPKEEP OF THE HOPE ABBEY CEMETERY

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 \$ 1,323 including grants of \$ 500) (Revenue \$ 0)

TRUST GENERATES PORTFOLIO INCOME WHICH IS USED FOR THE MAINTENANCE AND UPKEEP OF THE HOPE ABBEY CEMETERY

4b (Code) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4c (Code:) (Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)

4d Other program services (Describe in Schedule O)

(Expenses \$ 0 including grants of \$ 0)

(Revenue \$ 0)

4e Total program service expenses ► 1,323

Part IV Checklist of Required Schedules

1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A

2 Is the organization required to complete Schedule B, Schedule of Contributors? (see instructions)

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

4 **Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II

5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III

6 Did the organization maintain any donor advised funds or any similar funds or 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

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

8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III

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

10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V

11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable

a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI

b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII

c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII

d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX

e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X

f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X

12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII

b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional

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

14a Did the organization maintain an office, employees, or agents outside of the United States?

b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV

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, Parts II and IV

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, Parts III and IV

17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)

18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II

19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III

20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H

b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? **Note.** Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States 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 of grants and other assistance to individuals in the United States 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, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? 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 lines 24b through 24d and complete Schedule K If "No," go to line 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	
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? If "Yes," complete Schedule L, Part I	25b	
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, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27	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? If "Yes," complete Schedule L, Part IV	28a	X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b	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? 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)?	35	X
a	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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	
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
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	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.

	Yes	No
1a Enter the number reported in Box 3 of Form 1096. 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. (see instructions)		
3a Did the organization have unrelated business gross income of \$1,000 or more during the year? . . .	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O . . .		
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 instructions for 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 line 5a or 5b, did the organization file Form 8886-T? . . .	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and 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? . . .		
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? . . .	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided? . . .		
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . .	7b	
d If "Yes," indicate the number of Forms 8282 filed during the year . . .	7d	N/A
e Did the organization 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 If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . .	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . .	7h	X
8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? . . .	8	X
9 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	N/A
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . .	10b	N/A
11 Section 501(c)(12) organizations. Enter.		
a Gross income from members or shareholders . . .	11a	N/A
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . .	11b	N/A
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	N/A
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state? . . .		
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans . . .	13b	N/A
c Enter the amount of reserves on hand . . .	13c	N/A
14a Did the organization receive any payments for indoor tanning services during the tax year? . . .	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		

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

Section A. Governing Body and Management

1a Enter the number of voting members of the governing body at the end of the tax year. **1a** 1

b Enter the number of voting members included in line 1a, above, who are independent. **1b** 1

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 governing documents since the prior Form 990 was filed? **4** X

5 Did the organization become aware during the year of a significant 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

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 **9** X

	Yes	No
1a	1	
1b	1	
2		X
3	X	
4	X	
5	X	
6	X	
7a		X
7b	X	
8a	X	
8b	X	
9		X

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

10a Does the organization have local chapters, branches, or affiliates? **10a** 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? **10b**

11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? **11a** X

b Describe in Schedule O the process, if any, used by the organization to review this Form 990. **12a** X

12a Does the organization have a written conflict of interest policy? If "No," go to line 13. **12b**

b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? **12c** X

c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done. **13** X

13 Does the organization have a written whistleblower policy? **14** X

14 Does the organization have a written document retention and destruction policy? **15** 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? **15a** X

a The organization's CEO, Executive Director, or top management official **15b** X

b Other officers or key employees of the organization **16a** X

If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.) **16b**

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**

	Yes	No
10a	X	
10b		
11a	X	
12a	X	
12b		
12c	X	
13	X	
14	X	
15a	X	
15b	X	
16a	X	
16b		

Section C. Disclosure

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

18 Section 6104 requires an organization to make its Forms 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: ► Wells Fargo Bank N.A. 888-730-4933

1919 DOUGLAS ST 2ND FL MAC N8000-027

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 (check all that apply)					(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			
(1) WELLS FARGO BANK N.A. TRUSTEE	4	X					2,000	0	0
(2) _____									
(3) _____									
(4) _____									
(5) _____									
(6) _____									
(7) _____									
(8) _____									
(9) _____									
(10) _____									
(11) _____									
(12) _____									
(13) _____									
(14) _____									
(15) _____									
(16) _____									

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 (check all that apply)				(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	
		Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director		
(17)									
(18)									
(19)									
(20)									
(21)									
(22)									
(23)									
(24)									
(25)									
(26)									
(27)									
(28)									
1b Sub-total .							► 2,000	0	0
c Total from continuation sheets to Part VII, Section A							► 0	0	0
d Total (add lines 1b and 1c)							► 2,000	0	0

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

	Yes	No
3		X
4		X
5		X

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

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
NONE		0
		0
		0
		0
		0
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	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns	1a 0				
	1b Membership dues	1b 0				
	1c Fundraising events	1c 0				
	1d Related organizations	1d 0				
	1e Government grants (contributions)	1e 0				
	1f All other contributions, gifts, grants, and similar amounts not included above	1f 0				
	1g Noncash contributions included in lines 1a-1f	1g \$ 0				
	h Total. Add lines 1a-1f	► 0				
Program Service Revenue	Business Code					
	2a			0		
	b			0		
	c			0		
	d			0		
	e			0		
	f All other program service revenue			0		
	g Total. Add lines 2a-2f	► 0				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	► 2,842			2,842	
	4 Income from investment of tax-exempt bond proceeds	► 0				
	5 Royalties	► 0				
	6a Gross Rents	(i) Real	(ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)	0	0			
	d Net rental income or (loss)	► 0				
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
	b Less: cost or other basis and sales expenses	48,395	0			
	c Gain or (loss)	47,857	0			
	d Net gain or (loss)	538	0	538		538
	8a Gross income from fundraising events (not including \$ 0 of contributions reported on line 1c). See Part IV, line 18	a 0				
b Less: direct expenses	b 0					
c Net income or (loss) from fundraising events	► 0					
9a Gross income from gaming activities. See Part IV, line 19	a 0					
b Less: direct expenses	b 0					
c Net income or (loss) from gaming activities	► 0					
10a Gross sales of inventory, less returns and allowances	a 0					
b Less: cost of goods sold	b 0					
c Net income or (loss) from sales of inventory	► 0					
Miscellaneous Revenue	Business Code					
11a			0			
b			0			
c			0			
d All other revenue			0			
e Total. Add lines 11a-11d	► 0					
12 Total revenue. See instructions	► 3,380	0	0	0	3,380	

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	500	500		
2 Grants and other assistance to individuals in the U.S. See Part IV, line 22	0			
3 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	0			
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	0			
8 Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	0			
9 Other employee benefits	0			
10 Payroll taxes	0			
11 Fees for services (non-employees):				
a Management	0			
b Legal	0			
c Accounting	808	808		
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other	0			
12 Advertising and promotion	0			
13 Office expenses	0			
14 Information technology	0			
15 Royalties	0			
16 Occupancy	0			
17 Travel	0			
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	0	0	0	0
23 Insurance	0			
24 Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a Foreign Tax Withheld	39		39	
b Wells Fargo Trustee Fees	2,000	500	1,500	
c Partnership Expenses	32		32	
d Misc Expenses	100		100	
e State AG Fees	15	15		
f All other expenses	0			
25 Total functional expenses. Add lines 1 through 24f .	3,494	1,823	1,671	0
26 Joint costs. Check here ► <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) 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	213	1	76
	2 Savings and temporary cash investments	3,961	2	4,630
	3 Pledges and grants receivable, net	0	3	0
	4 Accounts receivable, net	0	4	0
	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	0	7	0
	8 Inventories for sale or use		8	0
	9 Prepaid expenses and deferred charges		9	0
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a	0	
	b Less, accumulated depreciation	10b	0	10c
	11 Investments—publicly traded securities	95,720	11	95,590
	12 Investments—other securities See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	0	15	0
	16 Total assets. Add lines 1 through 15 (must equal line 34)	99,894	16	100,296
Liabilities	17 Accounts payable and accrued expenses		17	0
	18 Grants payable		18	
	19 Deferred revenue		19	0
	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	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities Complete Part X of Schedule D	0	25	0
	26 Total liabilities. Add lines 17 through 25	0	26	0
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	99,894	30	100,296
	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	99,894	33	100,296
	34 Total liabilities and net assets/fund balances	99,894	34	100,296

Part XI Reconciliation of Net AssetsCheck 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	3,380
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,494
3	Revenue less expenses. Subtract line 2 from line 1	3	-114
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	99,894
5	Other changes in net assets or fund balances (explain in Schedule O)	5	516
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	100,296

Part XII Financial Statements and ReportingCheck 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?	2a	X
b	Were the organization's financial statements audited by an independent accountant?	2b	X
c	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.	2c	
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	X
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?	3b	
b	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 O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2010

Open to Public
Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

HOPE ABBEY CHAR TRUST

Employer identification number

37-1055451

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.

Form 990 Part Part VI Section B Line 11A SOLE TRUSTEE RECEIVES AND REVIEWS FORM 990

Form 990 Part Part VI Section B Line 12C ORGANIZATION COMPLIES WITH THE SAME POLICY AND
ENFORCEMENT PROCEDURES AS ITS TRUSTEE

Form 990 Part Part VI Section C Line 19 NO DOCUMENTS AVAILABLE TO THE PUBLIC

Form 990 Part Part XI Line 5 OTHER CHANGES INCLUDE MUTUAL FUND TIMING ADJUSTMENTS, PARTNERSHIP
INCOME ADJUSTMENTS, PY RETURN OF CAPITAL ADJUSTMENTS, AND COST BASIS ADJUSTMENTS

Schedule O (Form 990 or 990-EZ) (2010)

Page 2

Name of the organization

HOPE ABBEY CHAR TRUST

Employer identification number

37-1055451

Item M (990) - State of Legal Domicile

State	Foreign Country
IL	United States

Account Statement For:
HOPE ABBEY CHAR TRUST
**WELL'S
FARGO**

Period Covered January 1, 2010 - December 31, 2010

Account Number 55292000

ASSET DETAIL

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
Cash & Equivalents							
CASH				\$76.16	\$76.16	\$0.00	
INCOME				\$76.16	\$76.16	\$0.00	
Total Cash							
MONEY MARKET							
WELL'S FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106	1,310 100		\$1,310.10	\$1,310.10	\$0.00	0.14%	\$0.03
Asset held in Invested Income Portfolio							
WELL'S FARGO ADVANTAGE HERITAGE MONEY MARKET INSTITUTIONAL #3106	3,320 340		3,320.34	0.00	0.14	0.11	
WELL'S FARGO ADVANTAGE CASH INVESTMENT MONEY MARKET SERVICE #250	0 000		0.00	0.00	0.00	0.00	0.03
Total Money Market			\$4,630.44	\$4,630.44	\$0.00	0.14%	\$0.17
Total Cash & Equivalents			\$4,706.60	\$4,706.60	\$0.00	0.14%	\$0.17

WELL'S
FARGO

Account Statement For:
HOPE ABBEY CHAR TRUST

Period Covered: January 1, 2010 - December 31, 2010

Account Number 55292000

ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
Equities							
DOMESTIC MUTUAL FUNDS							
GOLDMAN SACHS GROWTH OPPORTUNITY FUND INSTITUTIONAL SHARES #1132 SYMBOL: GGOIX CUSIP: 38142Y401	128,817	\$24.350	\$3,136.69	\$2,502.92	\$633.77	0.00%	\$0.00
JP MORGAN MID CAP VALUE FUND-CLASS I #758 SYMBOL: FLMVX CUSIP: 339128100	112,112	23.470	2,631.27	2,099.85	531.42	1.21	0.00
KEELEY SMALL CAP VALUE FUND CLASS I #2251 SYMBOL: KSCIX CUSIP: 487300808	119,717	25.110	3,006.09	1,708.37	1,297.72	0.33	0.00
TCW SMALL CAP GROWTH FUND CLASS I #4724 SYMBOL: TGSCX CUSIP: 87234N849	98,000	29.350	2,876.30	2,652.64	223.66	0.00	0.00
WELL'S FARGO ADVANTAGE C&B LARGE CAP VALUE FUND CLASS I - #1868 SYMBOL: CBLSX CUSIP: 949751268	789,998	8.140	6,430.58	5,328.92	1,101.66	1.63	0.00
WELL'S FARGO ADVANTAGE CAPITAL GROWTH FUND - CLASS I #3121 SYMBOL: WWCIX CUSIP: 949915615	521,084	16.450	8,571.83	5,824.61	2,747.22	0.00	0.00
WELL'S FARGO ADVANTAGE DIVERSIFIED INTERNATIONAL FUND CLASS INSTITUTIONAL #3113 SYMBOL: WFSIX CUSIP: 949917322	1,335,827	10.430	13,932.68	15,806.69	-1,874.01	1.42	0.00
WELL'S FARGO ADVANTAGE EMERGING MARKETS EQUITY FUND CLASS IINS #4146 SYMBOL: EMGNX CUSIP: 94975P751	128,000	23.900	3,059.20	2,897.92	161.28	0.00	0.00
WELL'S FARGO ADVANTAGE INDEX FUND ADMIN CLASS - #88 SYMBOL: WFOX CUSIP: 94975G686	109,918	44.050	4,841.89	5,690.90	-849.01	1.64	0.00
Total Domestic Mutual Funds			\$48,486.53	\$44,512.82	\$3,973.71	0.87%	\$0.00

WELLS
FARGO

Account Statement For:
HOPE ABBEY CHAR TRUST

Period Covered January 1, 2010 - December 31, 2010

Account Number 55292000

ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
Equities (continued)							
INTERNATIONAL MUTUAL FUNDS							
VANGUARD EMERGING MARKETS ETF SYMBOL: VWO CUSIP: 922042858							
Total International Mutual Funds			\$2,985.05	\$1,705.93	\$1,279.12	1.69%	\$0.00
Total Equities			\$51,471.58	\$46,218.75	\$5,252.83	0.92%	\$0.00
 ASSET DESCRIPTION							
Complementary Strategies							
OTHER							
DIAMOND HILL LONG-SHORT FUND CLASS I #11 SYMBOL: DHLSX CUSIP: 252645833	192 000	\$16420	\$3,152.64	\$3,091.20	\$61.44	0.00%	\$0.00
HUSSMAN STRATEGIC GROWTH FUND #601 SYMBOL: HSGFX CUSIP: 448108100	318 767	12 290	3,917.65	4,488.26	-570.61	0.14	0.00
MERGER FD SH BEN INT SYMBOL: MERFX CUSIP: 589509108	128 000	15.780	2,019.84	2,014.64	5.20	0.00	0.00
Total Other			\$9,090.13	\$9,594.10	-\$503.97	0.06%	\$0.00
Total Complementary Strategies			\$9,090.13	\$9,594.10	-\$503.97	0.06%	\$0.00



Account Statement For:
HOPE ABBEY CHAR TRUST

Period Covered January 1, 2010 - December 31, 2010

Account Number 55292000

ASSET DETAIL (continued)

ASSET DESCRIPTION	QUANTITY	PRICE	MARKET VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS	CURRENT YIELD	ACCRUED INCOME
Real Assets							
REAL ASSET FUNDS							
CREDIT SUISSE COMMODITY RETURN STRATEGY COMMON FUND #2156 SYMBOL: CRSOX CUSIP: 22544R305	549 000	\$9 340	\$5,127 66	\$4,941.00	\$186.66	7.14%	\$0.00
SPDR DJ WILSHIRE INTERNATIONAL REAL ESTATE ETF SYMBOL: RWX CUSIP: 78463X863	74 000	38 930	2,880.82	3,058.03	-177.21	6.04	0.00
VANGUARD REIT VIPER SYMBOL: VNO CUSIP: 9222908553	128 000	55 370	7,087.36	4,418.56	2,668.80	3.41	0.00
Total Real Asset Funds			\$15,095.84	\$12,417.59	\$2,678.25	5.18%	\$0.00
Total Real Assets			\$15,095.84	\$12,417.59	\$2,678.25	5.18%	\$0.00
			ACCOUNT VALUE AS OF 12/31/10	COST BASIS	UNREALIZED GAIN/LOSS		ACCRUED INCOME
TOTAL ASSETS			\$108,271.17	\$100,295.82	\$7,975.35		\$0.17