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Form **990**Department of the Treasury  
Internal Revenue Service**Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

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

OMB No 1545-0047

**2011****Open to Public Inspection****A For the 2011 calendar year, or tax year beginning****, and ending****B Check if applicable**☐ Address change☐ Name change☐ Initial return☐ Terminated☐ Amended return☐ Application pending**C Name of organization**

HOPE ABBEY CHAR TRUST

Doing Business As

Number and street (or P O box if mail is not delivered to street address)

Room/suite

Wells Fargo Bank N.A - 1919 Douglas St 2nd FL MACN800

City or town, state or country, and ZIP + 4

Omaha

NE

68102-1317

**D Employer identification number**

37-1055451

**E Telephone number**

888-730-4933

**G Gross receipts \$**

25,266

**F Name and address of principal officer**

WELLS FARGO BANK N A 1919 DOUGLAS ST 2ND FL MACN800, C

**H(a) Is this a group return for affiliates?**☐ Yes☒ No**H(b) Are all affiliates included?**☐ Yes☐ No

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

**H(c) Group exemption number ▶****I Tax-exempt status**☐ 501(c)(3)☒ 501(c)

( 13 )

(insert no)

☐ 4947(a)(1) or☐ 527**J Website: ▶ N/A****K Form of organization**☐ Corporation☒ Trust☐ Association☐ Other ▶**L Year of formation** 1990**M State of legal domicile** IL**Part I Summary****1** Briefly describe the organization's mission or most significant activities. TRUST GENERATES PORTFOLIO INCOME WHICH IS USED FOR THE MAINTENANCE AND UPKEP OF THE HOPE ABBEY CEMETERY**2** Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets**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

**5** Total number of individuals employed in calendar year 2011 (Part V, line 2a)

5

0

**6** Total number of volunteers (estimate if necessary)

6

0

**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

**8** Contributions and grants (Part VIII, line 1h)

Prior Year

Current Year

**9** Program service revenue (Part VIII, line 2g)

0

**10** Investment income (Part VIII, column (A), lines 3, 4, and 7d)

3,380

3,372

**11** Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)

0

**12** Total revenue. Add lines 8 through 11 (must equal Part VIII, column (A), line 12)

3,380

3,372

**13** Grants and similar amounts paid (Part IX, column (A), lines 1-3)

500

600

**14** Benefits paid to or for members (Part IX, column (A), line 4)

0

**15** Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)

0

**16a** Professional fundraising fees (Part IX, column (A), line 11e)

0

**b** Total fundraising expenses (Part IX, column (D), line 25) ▶

0

0

**17** Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)

2,994

3,197

**18** Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)

3,494

3,797

**19** Revenue less expenses. Subtract line 18 from line 12

-114

-425

**20** Total assets (Part X, line 16)

Beginning of Current Year

End of Year

100,296

99,842

**21** Total liabilities (Part X, line 26)

0

0

**22** Net assets or fund balances. Subtract line 21 from line 20

100,296

99,842

**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***John Sulentich*

Signature of officer

Date

5-9-2012

JOHN SULENTIC

VP AND TAX DIRECTOR

Type or print name and title

**Paid Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☒ if self-employed

PTIN

JOSEPH J. CASTRIANO

5/9/2012

P01251603

Firm's name ▶ PricewaterhouseCoopers, LLP

Firm's EIN ▶ 13-4008324

Firm's address ▶ 600 GRANT STREET, PITTSBURGH, PA 15219-277

Phone no 412-355-600

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** (2011)

(HTA)

RECEIVED  
MAY 11 2012  
POSTMARK DATE

SCANNED JUN 14 2012

20

**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 UPKEP 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 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 \$ 0 including grants of \$ 0 ) (Revenue \$ 0 )**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 0

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	<b>1</b> X	
<b>2</b> Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	<b>2</b>	X
<b>3</b> 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	<b>3</b>	X
<b>4</b> <b>Section 501(c)(3) organizations.</b> 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	<b>4</b>	X
<b>5</b> 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	<b>5</b>	X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which 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	<b>6</b>	X
<b>7</b> 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	<b>7</b>	X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	<b>8</b>	X
<b>9</b> 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	<b>9</b>	X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	<b>10</b>	X
<b>11</b> 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.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	<b>11a</b>	X
<b>b</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	<b>11b</b>	X
<b>c</b> 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	<b>11c</b>	X
<b>d</b> 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	<b>11d</b>	X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	<b>11e</b>	X
<b>f</b> 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	<b>11f</b>	X
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	<b>12a</b>	X
<b>b</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	<b>12b</b>	X
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	<b>13</b>	X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States?	<b>14a</b>	X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	<b>14b</b>	X
<b>15</b> 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	<b>15</b>	X
<b>16</b> 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	<b>16</b>	X
<b>17</b> 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)	<b>17</b>	X
<b>18</b> 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	<b>18</b>	X
<b>19</b> 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	<b>19</b>	X
<b>20a</b> Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	<b>20a</b>	X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	<b>20b</b>	

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

	Yes	No
<b>21</b> 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>	<b>21</b> X	
<b>22</b> 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>	<b>22</b>	X
<b>23</b> 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>	<b>23</b>	X
<b>24a</b> 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>	<b>24a</b>	X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	<b>24b</b>	X
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	<b>24c</b>	X
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	<b>24d</b>	X
<b>25a</b> <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>	<b>25a</b>	X
<b>b</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>	<b>25b</b>	X
<b>26</b> 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>	<b>26</b>	X
<b>27</b> 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>	<b>27</b>	X
<b>28</b> 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)		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28a</b>	X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	<b>28b</b>	X
<b>c</b> 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>	<b>28c</b>	X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	<b>29</b>	X
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	<b>30</b>	X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	<b>31</b>	X
<b>32</b> 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>	<b>32</b>	X
<b>33</b> 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>	<b>33</b>	X
<b>34</b> 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>	<b>34</b>	X
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)?	<b>35a</b>	X
<b>b</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>	<b>35b</b>	X
<b>36</b> <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>	<b>36</b>	X
<b>37</b> 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>	<b>37</b>	X
<b>38</b> 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	<b>38</b> 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
<b>1a</b> Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	<b>1a</b> 0		
<b>b</b> Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	<b>1b</b> 0		
<b>c</b> Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	<b>1c</b> X		
<b>2a</b> 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.	<b>2a</b> 0		
<b>b</b> If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. (see instructions)	<b>2b</b>		
<b>3a</b> Did the organization have unrelated business gross income of \$1,000 or more during the year?	<b>3a</b>		X
<b>b</b> If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	<b>3b</b>		
<b>4a</b> 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)?	<b>4a</b>		X
<b>b</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			
<b>5a</b> Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<b>5a</b>		X
<b>b</b> Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	<b>5b</b>		X
<b>c</b> If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<b>5c</b>		
<b>6a</b> 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?	<b>6a</b>		X
<b>b</b> If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	<b>6b</b>		
<b>7 Organizations that may receive deductible contributions under section 170(c).</b>			
<b>a</b> 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?	<b>7a</b>		X
<b>b</b> If "Yes," did the organization notify the donor of the value of the goods or services provided?	<b>7b</b>		
<b>c</b> Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	<b>7c</b>		X
<b>d</b> If "Yes," indicate the number of Forms 8282 filed during the year	<b>7d</b>		
<b>e</b> Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<b>7e</b>		X
<b>f</b> Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7f</b>		X
<b>g</b> If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	<b>7g</b>		X
<b>h</b> If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	<b>7h</b>		X
<b>8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	<b>8</b>		X
<b>9 Sponsoring organizations maintaining donor advised funds.</b>			
<b>a</b> Did the organization make any taxable distributions under section 4966?	<b>9a</b>		
<b>b</b> Did the organization make a distribution to a donor, donor advisor, or related person?	<b>9b</b>		
<b>10 Section 501(c)(7) organizations.</b> Enter			
<b>a</b> Initiation fees and capital contributions included on Part VIII, line 12	<b>10a</b>		
<b>b</b> Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	<b>10b</b>		
<b>11 Section 501(c)(12) organizations.</b> Enter			
<b>a</b> Gross income from members or shareholders	<b>11a</b>		
<b>b</b> Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	<b>11b</b>		
<b>12a Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	<b>12a</b>		
<b>b</b> If "Yes," enter the amount of tax-exempt interest received or accrued during the year	<b>12b</b>		
<b>13 Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
<b>a</b> Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O	<b>13a</b>		
<b>b</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	<b>13b</b>		
<b>c</b> Enter the amount of reserves on hand	<b>13c</b>		
<b>14a</b> Did the organization receive any payments for indoor tanning services during the tax year?	<b>14a</b>		X
<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	<b>14b</b>		

Form 990 (2011)

HOPE ABBEY CHAR TRUST

37-1055451

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**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**

	Yes	No
<b>1a</b> 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.	1	
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent.	1	
<b>2</b> 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
<b>3</b> 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
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets?		X
<b>6</b> Did the organization have members or stockholders?		X
<b>7a</b> 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>7b</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
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body?	X	
<b>b</b> Each committee with authority to act on behalf of the governing body?	X	
<b>9</b> 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
<b>10a</b> Did the organization have local chapters, branches, or affiliates?		X
<b>b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
<b>b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13.	X	
<b>b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
<b>c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done.	X	
<b>13</b> Did the organization have a written whistleblower policy?	X	
<b>14</b> Did the organization have a written document retention and destruction policy?	X	
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official		X
<b>b</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).		
<b>16a</b> 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>b</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. ▶

**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.

**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 (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) WELLS FARGO BANK, N A TRUSTEE	4.00		X					0	0	0
(2)										
(3)										
(4)										
(5)										
(6)										
(7)										
(8)										
(9)										
(10)										
(11)										
(12)										
(13)										
(14)										



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Page **8****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>	0	0	0
<b>c Total from continuation sheets to Part VII, Section A</b>	0	0	0
<b>d Total (add lines 1b and 1c)</b>	0	0	0

**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
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 of compensation from the organization **0**

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**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>	0				
	<b>b</b> Membership dues	<b>1b</b>	0				
	<b>c</b> Fundraising events	<b>1c</b>	0				
	<b>d</b> Related organizations	<b>1d</b>	0				
	<b>e</b> Government grants (contributions)	<b>1e</b>	0				
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>	0				
	<b>g</b> Noncash contributions included in lines 1a-1f.		\$ 0				
	<b>h Total.</b> Add lines 1a-1f			0			
<b>Program Service Revenue</b>	<b>2a</b> _____	<b>Business Code</b>		0			
	<b>b</b> _____			0			
	<b>c</b> _____			0			
	<b>d</b> _____			0			
	<b>e</b> _____			0			
	<b>f</b> All other program service revenue			0			
	<b>g Total.</b> Add lines 2a-2f			0			
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts)			2,361			2,361
	<b>4</b> Income from investment of tax-exempt bond proceeds			0			
	<b>5</b> Royalties			0			
	<b>6a</b> Gross rents	(i) Real	(ii) Personal				
	<b>b</b> Less rental expenses						
	<b>c</b> Rental income or (loss)	0	0				
	<b>d</b> Net rental income or (loss)			0			
	<b>7a</b> Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
	<b>b</b> Less cost or other basis and sales expenses	22,905	0				
	<b>c</b> Gain or (loss)	21,894	0				
	<b>d</b> Net gain or (loss)	1,011	0	1,011			1,011
	<b>8a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c) See Part IV, line 18	<b>a</b>	0				
	<b>b</b> Less direct expenses	<b>b</b>	0				
	<b>c</b> Net income or (loss) from fundraising events			0			
	<b>9a</b> Gross income from gaming activities See Part IV, line 19.	<b>a</b>	0				
	<b>b</b> Less direct expenses	<b>b</b>	0				
	<b>c</b> Net income or (loss) from gaming activities			0			
<b>10a</b> Gross sales of inventory, less returns and allowances	<b>a</b>	0					
<b>b</b> Less cost of goods sold	<b>b</b>	0					
<b>c</b> Net income or (loss) from sales of inventory			0				
<b>Miscellaneous Revenue</b>				<b>Business Code</b>			
<b>11a</b> _____			0				
<b>b</b> _____			0				
<b>c</b> _____			0				
<b>d</b> All other revenue			0				
<b>e Total.</b> Add lines 11a-11d			0				
<b>12 Total revenue.</b> See instructions			3,372	0	0	3,372	

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HOPE ABBEY CHAR TRUST

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Page **10****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	600	600		
2	Grants and other assistance to individuals in the United States. See Part IV, line 22	0			
3	Grants and other assistance to governments, organizations, and individuals outside the United States. 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				
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 accruals and contributions (include section 401(k) and 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	829	829		
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 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	FOREIGN TAX WITHHELD	53		53	
b	STATE AG FEES	15	15		
c	MISC EXPENSE	300		300	
d	WELLS FARGO TRUSTEE FEES	2,000	500	1,500	
e	All other expenses	0			
25	<b>Total functional expenses.</b> Add lines 1 through 24e	3,797	1,944	1,853	0
26	<b>Joint costs.</b> 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)				

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HOPE ABBEY CHAR TRUST

37-1055451 Page **11****Part X Balance Sheet**

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing	76	<b>1</b>	
	<b>2</b> Savings and temporary cash investments	4,630	<b>2</b>	4,728
	<b>3</b> Pledges and grants receivable, net	0	<b>3</b>	0
	<b>4</b> Accounts receivable, net	0	<b>4</b>	0
	<b>5</b> Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		<b>5</b>	
	<b>6</b> 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)		<b>6</b>	
	<b>7</b> Notes and loans receivable, net	0	<b>7</b>	0
	<b>8</b> Inventories for sale or use		<b>8</b>	0
	<b>9</b> Prepaid expenses and deferred charges		<b>9</b>	0
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b> 0		
	<b>b</b> Less accumulated depreciation	<b>10b</b> 0	<b>10c</b> 0	0
	<b>11</b> Investments—publicly traded securities	95,590	<b>11</b>	95,114
	<b>12</b> Investments—other securities. See Part IV, line 11	0	<b>12</b>	0
	<b>13</b> Investments—program-related. See Part IV, line 11	0	<b>13</b>	0
	<b>14</b> Intangible assets	0	<b>14</b>	0
	<b>15</b> Other assets. See Part IV, line 11.	0	<b>15</b>	0
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34).	100,296	<b>16</b>	99,842	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses		<b>17</b>	0
	<b>18</b> Grants payable		<b>18</b>	
	<b>19</b> Deferred revenue		<b>19</b>	0
	<b>20</b> Tax-exempt bond liabilities		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D		<b>21</b>	
	<b>22</b> Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties	0	<b>23</b>	0
	<b>24</b> Unsecured notes and loans payable to unrelated third parties.	0	<b>24</b>	0
	<b>25</b> 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	0	<b>25</b>	0
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25.	0	<b>26</b>	0
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets.		<b>27</b>	
	<b>28</b> Temporarily restricted net assets		<b>28</b>	
	<b>29</b> Permanently restricted net assets		<b>29</b>	
	<b>Organizations that do not follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds.	100,296	<b>30</b>	99,842
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds.		<b>32</b>	
	<b>33</b> <b>Total net assets or fund balances</b>	100,296	<b>33</b>	99,842
	<b>34</b> <b>Total liabilities and net assets/fund balances.</b>	100,296	<b>34</b>	99,842

**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response to any question in this Part XI. ☒

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	3,372
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	3,797
<b>3</b>	Revenue less expenses Subtract line 2 from line 1	<b>3</b>	-425
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	100,296
<b>5</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>5</b>	-29
<b>6</b>	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	<b>6</b>	99,842

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response to any question in this Part XII. ☐

	Yes	No
<b>1</b> 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		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant?		X
<b>2b</b> Were the organization's financial statements audited by an independent accountant?		X
<b>2c</b> 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		
<b>d</b> 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		
<b>3a</b> 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
<b>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

**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

Employer identification number

HOPE ABBEY CHAR TRUST

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

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

PROCEDURES AS ITS TRUSTEE.

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

Form 990 Part XI Line 5 ADJUSTMENTS INCLUDE MUTUAL FUND TIMING ADJUSTMENTS, PY RETURN OF

CAPITAL ADJUSTMENTS, AND COST BASIS ADJUSTMENTS

Name of the organization

Employer identification number

HOPE ABBEY CHAR TRUST

37-1055451

Area with horizontal dashed lines for supplemental information.

**Statement of Capital Gains and Losses From Sales**  
 (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

**HOPE ABBEY CHAR TRUST**

**Trust Year Ending 12/31/2011**

Account Id: 55292000

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
22544R305	CREDIT SUISSE COMM RT ST-CO 2156								
Sold		02/02/11	55	526 35					
Acq		10/08/10	55	526 35	495 00 <input type="checkbox"/>	495 00	31 35	31 35	S
<b>Total for 2/2/2011</b>					495 00	495 00	31 35	31 35	
22544R305	CREDIT SUISSE COMM RT ST-CO 2156								
Sold		04/26/11	18	181 44					
Acq		10/08/10	18	181 44	162 00 <input type="checkbox"/>	162 00	19 44	19 44	S
<b>Total for 4/26/2011</b>					162 00	162 00	19 44	19 44	
25264S833	DIAMOND HILL LONG-SHORT FD CL I 11								
Sold		10/21/11	7	116 34					
Acq		05/03/10	7	116 34	112 70 <input type="checkbox"/>	112 70	3 64	3 64	L
<b>Total for 10/21/2011</b>					112 70	112 70	3 64	3 64	
339128100	JP MORGAN MID CAP VALUE-I 758								
Sold		10/21/11	7	163 45					
Acq		08/11/11	7	163 45	153 51 <input type="checkbox"/>	153 51	9 94	9 94	S
<b>Total for 10/21/2011</b>					153 51	153 51	9 94	9 94	
38142Y401	GOLDMAN SACHS GRTH OPP FD-I 1132								
Sold		02/02/11	20	498 00					
Acq		02/05/10	20	498 00	388 60 <input type="checkbox"/>	388 60	109 40	109 40	S
<b>Total for 2/2/2011</b>					388 60	388 60	109 40	109 40	
448108100	HUSSMAN STRATEGIC GROWTH FUND 601								
Sold		08/09/11	26	323 44					
Acq		02/19/08	26	323 44	401 44 <input type="checkbox"/>	401 44	-78 00	-78 00	L
<b>Total for 8/9/2011</b>					401 44	401 44	-78 00	-78 00	
448108100	HUSSMAN STRATEGIC GROWTH FUND 601								
Sold		10/21/11	18	227 16					
Acq		02/19/08	18	227 16	277 92 <input type="checkbox"/>	277 92	-50 76	-50 76	L
<b>Total for 10/21/2011</b>					277 92	277 92	-50 76	-50 76	
464287242	ISHARES IBOXX \$ INV GR CORP BD FD								
Sold		02/02/11	19	2,046 32					
Acq		11/19/10	1	107 70	110 09 <input type="checkbox"/>	110 09	-2 39	-2 39	S
Acq		10/15/09	1	107 70	103 92 <input type="checkbox"/>	103 92	3 78	3 78	L
Acq		02/04/09	17	1,830 92	1,677 31 <input type="checkbox"/>	1,677 31	153 61	153 61	L
<b>Total for 2/2/2011</b>					1,891 32	1,891 32	155 00	155 00	
487300808	KEELEY SMALL CAP VAL FD CL I 2251								
Sold		02/02/11	10	257 30					
Acq		04/20/09	10	257 30	142 70 <input type="checkbox"/>	142 70	114 60	114 60	L
<b>Total for 2/2/2011</b>					142 70	142 70	114 60	114 60	



**Statement of Capital Gains and Losses From Sales**  
 (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

4/16/2012 14:49:46

Account Id: 55292000

**HOPE ABBEY CHAR TRUST**  
 Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
487300808	KEELEY SMALL CAP VAL FD CL I 2251								
Sold		04/26/11	7	192 64					
Acq		04/20/09	7	192 64	99 89 <input type="checkbox"/>	99 89	92 75	92 75	L
<b>Total for 4/26/2011</b>					99 89	99 89	92 75	92 75	
589509108	MERGER FD SH BEN INT 260								
Sold		10/21/11	7	111 09					
Acq		02/04/11	6 262	99 38	100 00 <input type="checkbox"/>	100 00	-0 62	-0 62	S
Acq		10/08/10	0 738	11 71	11 76 <input type="checkbox"/>	11 76	-0 05	-0 05	L
<b>Total for 10/21/2011</b>					111 76	111 76	-0 67	-0 67	
693390882	PIMCO FOREIGN BD FD USD H-INST 103								
Sold		10/21/11	16	169 76					
Acq		08/11/11	16	169 76	169 92 <input type="checkbox"/>	169 92	-0 16	-0 16	S
<b>Total for 10/21/2011</b>					169 92	169 92	-0 16	-0 16	
78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL								
Sold		08/09/11	22	771 87					
Acq		09/12/07	14	491 19	850 67 <input type="checkbox"/>	850 67	-359 48	-359 48	L
Acq		05/24/07	3	105 26	205 11 <input type="checkbox"/>	205 11	-99 86	-99 86	L
Acq		09/11/07	5	175 43	299 93 <input type="checkbox"/>	299 93	-124 51	-124 51	L
<b>Total for 8/9/2011</b>					1,355 71	1,355 71	-583 84	-583 84	
87234N849	TCW SMALL CAP GROWTH FUND-I 4724								
Sold		02/02/11	5	148 40					
Acq		05/03/10	5	148 40	136 00 <input type="checkbox"/>	136 00	12 40	12 40	S
<b>Total for 2/2/2011</b>					136 00	136 00	12 40	12 40	
87234N849	TCW SMALL CAP GROWTH FUND-I 4724								
Sold		04/26/11	8	262 96					
Acq		05/03/10	8	262 96	217 60 <input type="checkbox"/>	217 60	45 36	45 36	S
<b>Total for 4/26/2011</b>					217 60	217 60	45 36	45 36	
922908553	VANGUARD REIT VIPER								
Sold		02/02/11	10	573 35					
Acq		10/20/05	10	573 35	543 19 <input type="checkbox"/>	543 19	30 16	30 16	L
<b>Total for 2/2/2011</b>					543 19	543 19	30 16	30 16	
922908553	VANGUARD REIT VIPER								
Sold		04/26/11	27	1,642 68					
Acq		05/05/09	8	486 72	258 03 <input type="checkbox"/>	259 12	228 69	227 60	L
Acq		10/20/05	8	486 72	433 46 <input type="checkbox"/>	434 55	53 26	52 17	L
Acq		07/21/10	3	182 52	145 96 <input type="checkbox"/>	146 37	36 56	36 15	S
Acq		07/21/09	8	486 72	246 58 <input type="checkbox"/>	247 67	240 14	239 05	L
<b>Total for 4/26/2011</b>					1,084 03	1,087 71	558 65	554 97	

**Statement of Capital Gains and Losses From Sales**  
 (Does not include capital gain distributions from mutual  
 funds or CTF's - See Tax Transaction Detail)

Account Id: 55292000

**HOPE ABBEY CHAR TRUST**  
 Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
922908553	VANGUARD REIT VIPER								
Sold		08/09/11	14	701 54					
Acq		07/21/09	14	701 54	429 23	433 43	272 31	268 11	L
Total for 8/9/2011					429 23	433 43	272 31	268 11	
94975G686	WF ADV INDEX FUND-ADMIN 88								
Sold		08/09/11	10	415 10					
Acq		11/13/06	10	415 10	563 10	563 10	-148 00	-148 00	L
Total for 8/9/2011					563 10	563 10	-148 00	-148 00	
94975G686	WF ADV INDEX FUND-ADMIN 88								
Sold		10/21/11	4	176 08					
Acq		11/13/06	4	176 08	225 24	225 24	-49 16	-49 16	L
Total for 10/21/2011					225 24	225 24	-49 16	-49 16	
94975J268	WF ADV C & B LARGE CAP VAL-I 1868								
Sold		10/21/11	46	371 22					
Acq		04/03/07	46	371 22	454 07	454 07	-82 85	-82 85	L
Total for 10/21/2011					454 07	454 07	-82 85	-82 85	
94975J581	WELLS FARGO ADV TOT RT BD FD-IN 944								
Sold		04/26/11	55	692 45					
Acq		10/08/10	22	276 98	288 86	288 86	-11 88	-11 88	S
Acq		02/04/11	33	415 47	407 22	407 22	8 25	8 25	S
Total for 4/26/2011					696 08	696 08	-3 63	-3 63	
94975J581	WELLS FARGO ADV TOT RT BD FD-IN 944								
Sold		08/09/11	108	1,402 92					
Acq		12/22/08	108	1,402 92	1,291 68	1,291 68	111 24	111 24	L
Total for 8/9/2011					1,291 68	1,291 68	111 24	111 24	
94975J581	WELLS FARGO ADV TOT RT BD FD-IN 944								
Sold		10/21/11	10	129 70					
Acq		12/22/08	10	129 70	119 60	119 60	10 10	10 10	L
Total for 10/21/2011					119 60	119 60	10 10	10 10	
94985D582	WELLS FARGO INTL ADV FUND-IS 4705								
Sold		08/09/11	245	3,023 30					
Acq		07/23/10	53	654 02	595 19	595 19	58 83	58 83	L
Acq		11/19/10	40	493 60	472 40	472 40	21 20	21 20	S
Acq		10/08/10	152	1,875 68	1,866 56	1,866 56	9 12	9 12	S
Total for 8/9/2011					2,934 15	2,934 15	89 15	89 15	
949915615	WF ADV CAPITAL GROWTH FUND-I3121								
Sold		02/02/11	80	1,353 60					
Acq		10/16/08	0 876	14 82	10 40	10 40	4 42	4 42	L
Acq		02/05/10	79 124	1,338 78	1,027 61	1,027 61	311 17	311 17	S
Total for 2/2/2011					1,038 01	1,038 01	315 59	315 59	

**Statement of Capital Gains and Losses From Sales**  
 (Does not include capital gain distributions from mutual funds or CTF's - See Tax Transaction Detail)

4/16/2012 14:49:47

Account Id: 55292000

HOPE ABBEY CHAR TRUST

Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
949915615	WF ADV CAPITAL GROWTH FUND-I3121								
Sold		04/26/11	11	195 36					
Acq		10/16/08	11	195 36	130 55	130 55	64 81	64 81	L
Total for 4/26/2011					130 55	130 55	64 81	64 81	
949917322	WELLS FARGO ADV DIV INTL FD-I 3113								
Sold		02/02/11	15	164 10					
Acq		02/19/08	15	164 10	226 30	226 30	-62 20	-62 20	L
Total for 2/2/2011					226 30	226 30	-62 20	-62 20	
949917322	WELLS FARGO ADV DIV INTL FD-I 3113								
Sold		04/26/11	16	181 12					
Acq		02/19/08	16	181 12	241 39	241 39	-60 27	-60 27	L
Total for 4/26/2011					241 39	241 39	-60 27	-60 27	
949917322	WELLS FARGO ADV DIV INTL FD-I 3113								
Sold		08/09/11	86	838 50					
Acq		02/19/08	77 709	757 66	1,172 39	1,172 39	-414 73	-414 73	L
Acq		03/13/06	8 291	80 84	123 18	123 18	-42 34	-42 34	L
Total for 8/9/2011					1,295 57	1,295 57	-457 07	-457 07	
949917538	WELLS FARGO ADV HI INC-INS 3110								
Sold		08/09/11	17	122 40					
Acq		04/28/11	17	122 40	130 22	130 22	-7 82	-7 82	S
Total for 8/9/2011					130 22	130 22	-7 82	-7 82	
949917579	WF ADV GOVT SECURITIES- I 3101								
Sold		04/26/11	50	544 50					
Acq		10/08/10	29	315 81	323 93	323 93	-8 12	-8 12	S
Acq		02/04/11	21	228 69	225 75	225 75	2 94	2 94	S
Total for 4/26/2011					549 68	549 68	-5 18	-5 18	
949917579	WF ADV GOVT SECURITIES- I 3101								
Sold		08/09/11	121 021	1,356 64					
Acq		11/13/06	79 098	886 69	824 44	824 44	62 25	62 25	L
Acq		04/03/07	41 923	469 95	436 15	436 15	33 80	33 80	L
Total for 8/9/2011					1,260 59	1,260 59	96 05	96 05	
949917579	WF ADV GOVT SECURITIES- I 3101								
Sold		10/21/11	14	156 52					
Acq		04/03/07	14	156 52	145 65	145 65	10 87	10 87	L
Total for 10/21/2011					145 65	145 65	10 87	10 87	
949917652	WF ADV SHORT-TERM BOND FUND-I3102								
Sold		02/02/11	160	1,396 80					
Acq		02/05/10	160	1,396 80	1,384 00	1,384 00	12 80	12 80	S
Total for 2/2/2011					1,384 00	1,384 00	12 80	12 80	

**Statement of Capital Gains and Losses From Sales**  
 (Does not include capital gain distributions from mutual  
 funds or CTF's - See Tax Transaction Detail)

Account Id: 55292000

**HOPE ABBEY CHAR TRUST**  
 Trust Year Ending 12/31/2011

Type	Description	Date	Shares	Price	Fed Cost	State Cost	Fed Gain	State Gain	(Type)
949917652	WF ADV SHORT-TERM BOND FUND-I3102								
<b>Sold</b>		08/09/11	95	835 05					
<b>Acq</b>		04/28/11	95	835 05	834 10	834 10	0 95	0 95	S
<b>Total for 8/9/2011</b>					834 10	834 10	0 95	0 95	
949917652	WF ADV SHORT-TERM BOND FUND-I3102								
<b>Sold</b>		10/21/11	23	200 33					
<b>Acq</b>		04/28/11	23	200 33	201 94	201 94	-1 61	-1 61	S
<b>Total for 10/21/2011</b>					201 94	201 94	-1 61	-1 61	
<b>Total for Account: 55292000</b>					21,894 44	21,902 32	575 34	567 46	
<b>Total Proceeds:</b>						<b>Fed</b>	<b>State</b>		
22,469 78					<b>S/T Gain/Loss</b>	598 28	597 87		
					<b>L/T Gain/Loss</b>	-22 94	-30 41		

# YEAR END STATEMENT

ACCOUNT: HOPE ABBEY CHAR TRUST  
 ACCOUNT: 55292000  
 FYE: Calendar Year End 12/31/2011  
 EIN: 37-1055451

SECURITY	ACCOUNT NUMBER	CUSIP	ASSET NAME	UNITS	FED COST	FMV
Cash	55292000				26.51	26.51
Invest - Other	55292000	589509108	MERGER FD SH BEN INT #260	127.26	2,002.88	1,984.01
Invest - Other	55292000	6933390882	PIMCO FOREIGN BD FD USD H-INST #103	189.15	2,008.80	2,001.24
Invest - Other	55292000	94975G686	WF ADV INDEX FUND-ADMIN #88	95.92	4,902.56	4,065.00
Invest - Other	55292000	87234N849	TCW SMALL CAP GROWTH FUND-I #4724	116.42	3,109.38	3,025.78
Invest - Other	55292000	261980494	DREYFUS EMG MKT DEBT LOC C-I #6083	317.08	4,739.22	4,172.80
Invest - Other	55292000	339128100	JP MORGAN MID CAP VALUE-I #758	129.36	2,478.18	3,072.39
Invest - Other	55292000	448108100	HUSSMAN STRATEGIC GROWTH FUND #601	316.64	4,308.90	3,935.87
Invest - Other	55292000	38142Y401	GOLDMAN SACHS GRTH OPP FD-I #1132	136.26	2,713.99	3,008.66
Invest - Other	55292000	94985D582	WELLS FARGO ADV INTL BOND-IS #4705	177.25	1,995.73	2,011.75
Invest - Other	55292000	94975J581	WELLS FARGO ADV TOT RT BD FD-IN #944	310.18	3,761.91	3,985.84
Invest - Other	55292000	94975P751	WELLS FARGO ADV EMG MK E-INS #4146	174.09	3,907.72	3,507.89
Invest - Other	55292000	94975J268	WF ADV C & B LARGE CAP VAL-I #1868	838.79	5,674.85	6,668.34
Invest - Other	55292000	922908553	VANGUARD REIT VIPER	77.00	2,354.23	4,466.00
Invest - Other	55292000	922042858	VANGUARD MSCI EMERGING MARKETS ETF	96.00	3,092.16	3,668.16
Invest - Other	55292000	949917579	WF ADV GOVT SECURITIES-I #3101	359.74	3,785.45	4,043.43
Invest - Other	55292000	949917652	WF ADV SHORT-TERM BOND FUND-I#3102	635.54	5,509.86	5,529.23
Invest - Other	55292000	949915615	WF ADV CAPITAL GROWTH FUND-I#3121	430.08	4,656.05	6,705.01
Invest - Other	55292000	949917322	WELLS FARGO ADV DIV INTL FD-I #3113	1,259.99	14,435.29	11,528.90
Invest - Other	55292000	78463X863	SPDR DJ WILSHIRE INTERNATIONAL REAL	114.00	4,217.16	3,628.62
Invest - Other	55292000	25264S833	DIAMOND HILL LONG-SHORT FD CL I #11	185.00	2,978.50	3,132.05
Invest - Other	55292000	949917538	WELLS FARGO ADV HI INC-INS #3110	699.94	4,972.12	5,109.56
Invest - Other	55292000	22544R305	CREDIT SUISSE COMM RT ST-CO #2156	597.50	5,375.02	4,887.53
Invest - Other	55292000	487300808	KEELEY SMALL CAP VAL FD CL I #2251	132.51	2,133.94	3,092.69
Savings & Temp In	55292000	VP0528308	FEDERATED TREAS OBL FD 68	3,616.42	3,616.42	3,616.42
Savings & Temp In	55292000	VP0528308	FEDERATED TREAS OBL FD 68	1,084.76	1,084.76	1,084.76
				<b>99,841.59</b>	<b>101,958.44</b>	